

2024 RURAL HEALTH CARE SYMPOSIUM

RANCHO BERNARDO INN

Rural Seismic Strategy Meeting

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- **Policy/Advocacy**
 - Proposals to allow for hospital compliance to 2030 requirements
- **Community Engagement**
 - Tool kit for community engagement; engage community partners in our advocacy efforts at state and local levels
 - February–June – continued community engagement by members
- **Communications**
 - CHA will develop talking points and other informational materials for members

Opportunities:

- Termed-out legislators understand the risk to their hospitals, willing to push for modest relief
- Senate more sympathetic
- Incoming Senate President ProTem, Michael McGuire, understands the issue
- Speaker Rivas understands the issue, but is close to trades and firefighters

Challenges/headwinds:

- New legislators still learning about the risk to the hospitals in their districts
- Most legislators don't want to vote against the considerable number of unions opposing
- Political opposition to reforming standard is still real: SEIU, CNA, Firefighters, Building Trades, Engineering Unions
- SB 525 could help or hurt the politics

Unknown: Administration position

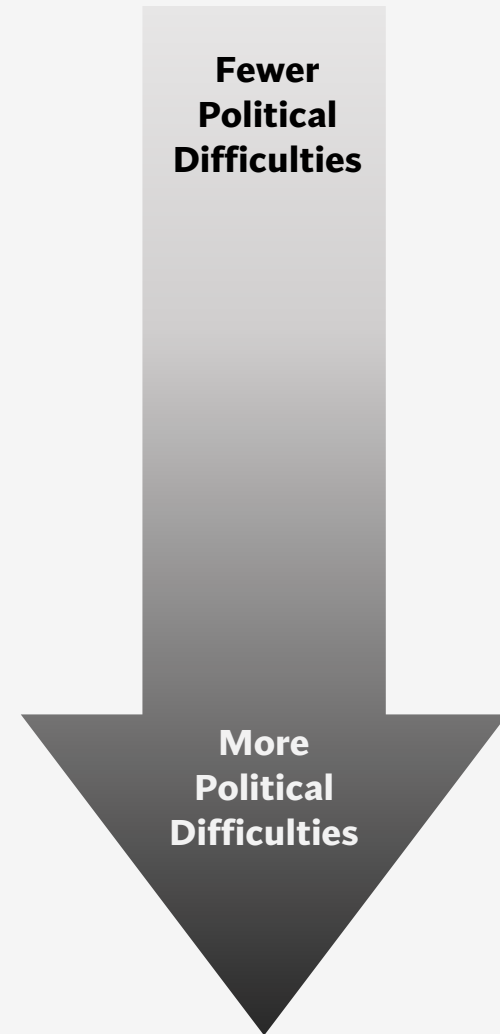
1. Time + OSHPD/OHCA Study

2. Incremental Reform

- Time
- OSHPD/OHCA Study
- Financing in out years
- Exemptions: Rural (in coordination with AB 869 (Wood)) + Long-Term Acute Care Hospitals

3. Full Reform

- 2022 Administration/CHA Agreement – Time + ED Only



- **Additional Time to Comply with 2030 Requirements** – proposal to provide **all hospitals** eight additional years to comply with the requirements, including the NPC categories
- **Additional Disaster Planning Requirements for Hospitals** – proposal to require hospitals to annually submit plans to HCAI that describe how hospitals will ensure that patients continue to receive the care required and workers understand the patient care plan that may affect their workflow after a seismic event

- **Reports to the Legislature** – proposal to require HCAI to develop reports that:
 - Analyze the cost estimate for attaining seismic compliance and the impact on meeting cost targets set by the Office of Health Care Affordability
 - Catalogue an inventory of new and current financing programs available for hospital construction
 - Outline the impact of construction on health care access in communities

Context of rural and critical access hospitals

- Many rural and critical access hospital buildings are old structures or built with Hill-Burton funding
 - Retrofitting an old building does not make both financial or patient care sense
- Many capital or financial tools are unavailable to these hospitals or difficult to obtain in some communities
- Need to modernize hospitals in rural and communities with critical access hospitals
 - Health care has changed and older structures do not reflect modern patient care practices

- **Support for Rural and Critical Access Hospitals** – in addition to additional time available to all hospitals, CHA’s proposal will include specific items only for rural and critical access hospitals
- Discuss concepts for consideration today

- **AB 869**

- Grant program – program for rural hospitals with a seismic safety compliance assessment to help them come into compliance with 2030 seismic safety requirements
- Delay requirement to comply until January 2035 – delay for hospital and exempts a hospital if HCAI determines that the cost of design and construction for compliance results in a financial hardship for the hospital and funds are not available to assist with the cost of compliance
- Establishes a similar program for financially distressed health care district hospitals (HCDHs)

- **Concept 1 – AB 869**
 - Provides additional time to comply
 - Creates funding for rural hospitals and financially distressed health care districts
 - Discussion:
 - Not inclusive of all rural and critical access hospitals
 - Expand criteria to include more rural and critical access hospitals that need to comply with 2030?

- **Concept 2 – Exemptions for Certain Hospitals**
 - Should exemptions from the 2030 standard be provided for some rural and critical access hospitals?
 - If so, what would be the criteria? Type, i.e. single story, wood frame? Financial hardship? Size of hospital? Other criteria?

- **Concept 3 – Future Cost Sharing Between State & Hospitals**
 - Percentage split between State and hospitals for building new hospitals (e.g. 50/50)
 - State provides funding for the cost of retrofitting hospital to SPC 4-D

- **Concept 4 – Prior CHA proposal only for rural and critical access hospitals**
 - Focus on emergency services: Rural and critical access hospitals will comply for ED services only based on the previous proposal that defines “post-event emergency medical services.” This would result in an exemption of hospitals that do not provide emergency services. Eligibility criteria are:
 - Demonstrate that the community will lose access to important health care services but for reforming the standard to focus on emergency services.
 - For hospitals that do not provide emergency services, additionally demonstrate capacity to care for transferred patients outside of the disaster zone.

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Questions?





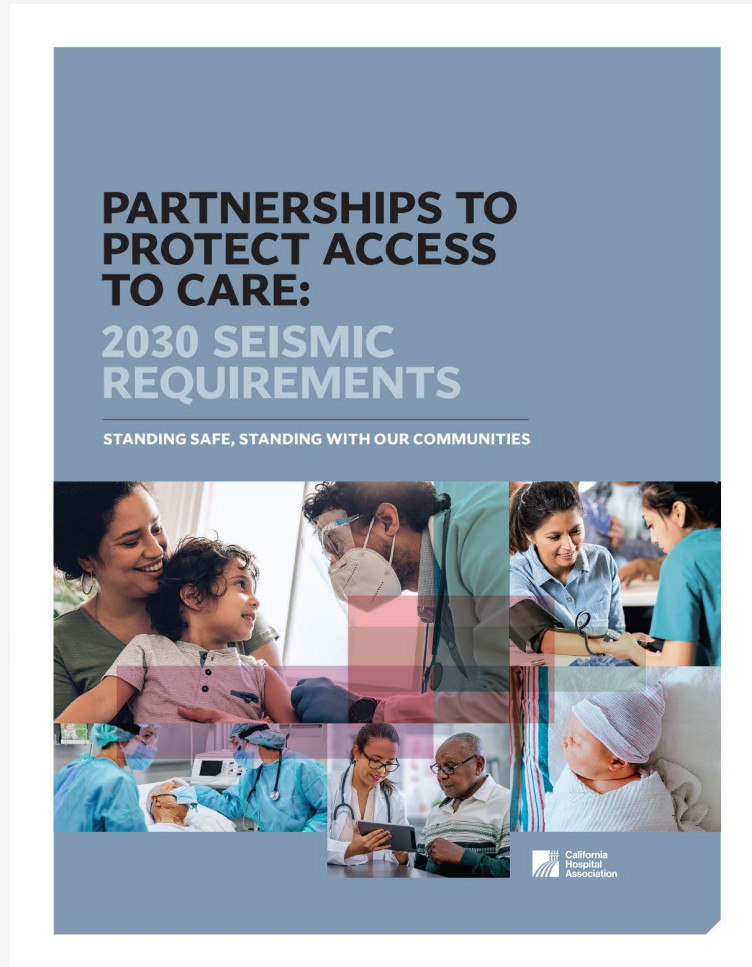
Bobby Peña
President & CEO
BPcubed, Inc.

Bobby is the leader and founder of BPcubed, which specializes in public relations and community engagement. With more than 30 years of experience in the health care arena, he has led public relations efforts for foundations, trade associations, hospitals, health plans, state agencies, non-profits and more. In the health sector, he has worked on various projects including expanding coverage for vulnerable populations, issue education, community engagement and media outreach, workforce diversity, and has helped to drive policy issues. He is based in Sacramento, California.



Cristina Correa
Director of Outreach & Engagement,
BPcubed, Inc.

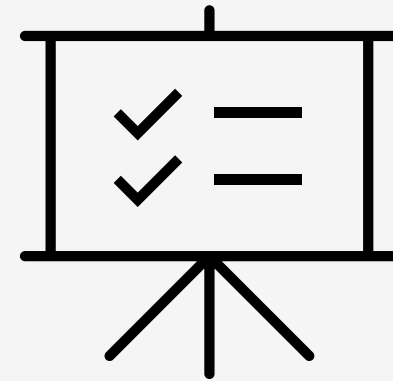
Cristina has over 20 years of experience in community outreach and engagement projects. She has served as a liaison between clients and ethnic communities to help organizations better understand the communities they serve and develop culturally relevant messages. Cristina has been instrumental in developing sustainable curriculums and outreach programs to increase awareness of various public health topics for community-based organizations, clinics, and hospitals. Cristina has worked with BPcubed, Inc. since 2009. She is based in Long Beach, California.



California Hospital Association is providing support to member hospitals to engage in this important work to build stronger advocacy efforts.

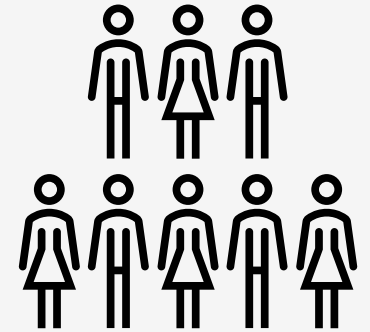
Toolkit: <https://calhospital.org/seismic-toolkit/>

- Program Overview
- Community Engagement & Advocacy
- The Steps: What hospitals will need to do
- Best Practices & Take Aways
- We are here to support you!

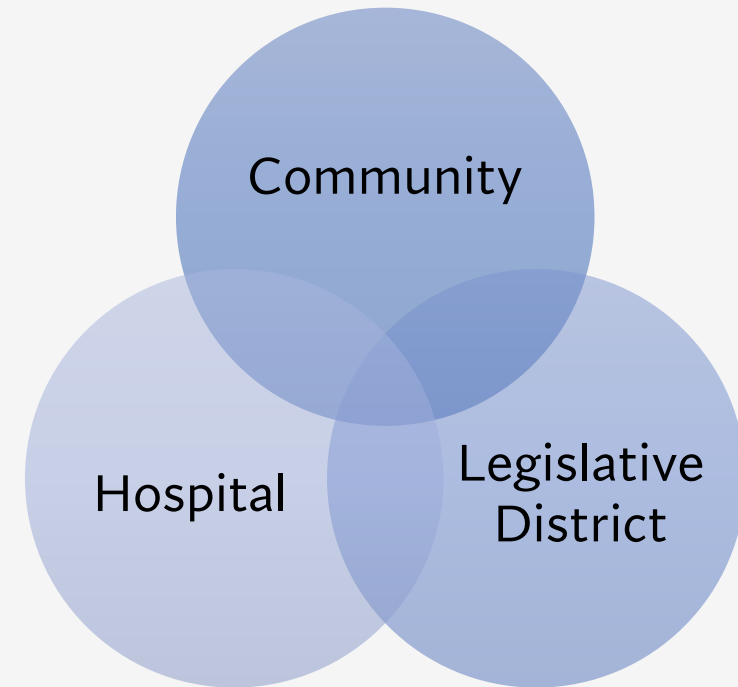


Adding Community Voices for Greater Impact

- Addresses community priorities and needs in addition to hospital impact
- Develops community investment in this issue
- Elevates the community voice on issues of importance for hospitals



- Builds meaningful partnership
- Paves the way for new approach
- Establishes connection points



The Steps: What will hospitals need to do

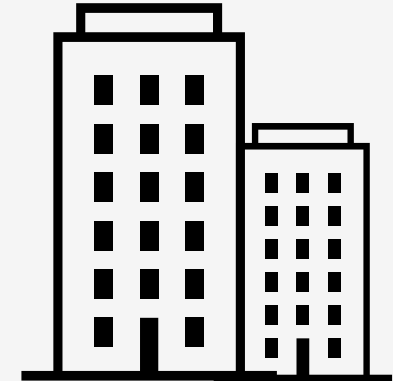


2020 requirements:

- Your hospital will stand
- Patients and employees will be safe
- Protecting access to care now and in the future

2030 requirements:

- This hurts our communities



Best Practices: What's working for peer hospitals

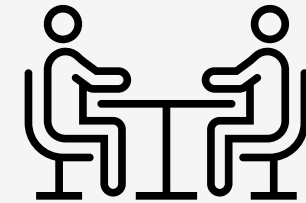
- Putting together a multidisciplinary team matters
- Building influential relationships is an investment in advocacy
- Telling your story may seem hard but it was worth it
- We can't jump to the last step



Schedule Consultation with BPcubed, Inc.

- Come find us, we can get you started today!
- Click here to schedule your one-on-one appointment:

<https://bit.ly/45qT2d4>



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Thank You

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