

California's Hospital Seismic Standards – 101

What's the history?

In 1994, California's Legislature created two sets of new construction standards for hospital buildings to ensure they can withstand powerful earthquakes.

The first set, originally required by 2008 and later extended to 2020, mandated that hospitals must **remain safe and standing**, preventing major damage that could endanger workers, patients, and visitors during and after a powerful earthquake. As of 2025, all but a small handful have met that standard.

The second set, required to be in place by 2030, mandates that all hospital buildings be fully operational after a major earthquake. As of 2025, only one-third of hospitals are able to meet this standard.

*As of 2025,
just 38%
of hospitals have
been able to meet
the 2030 standard.*



What's at risk?



Any hospital that does not meet this standard by Jan. 1, 2030, will be forced by law to close.

What makes this so hard?

After 30 years and billions of dollars invested to meet the first seismic standard, three challenges remain:



Construction timelines — including local planning; permitting; securing financing, environmental permits, and state agency approvals; construction; and more — can take more than 10 years.



Affordability: A price tag is conservatively estimated at more than \$100 billion. Many hospitals simply don't have the funding for this and cannot borrow the money, or pass it on to consumers through higher prices.



Time is running short. Hospitals that have already begun work to meet this standard were set back by at least three years due to the pandemic. Others that have not begun work cannot complete the upgrades in time.

What will it take to get there?

California hospitals stand ready to meet these standards, but they need help in several ways:

The state should examine a plan that supports a realistic path to compliance — as services are closed for construction, care is available in the community so patients are not negatively impacted.

For hospitals that don't have the money for construction, the state must identify and develop funding sources, such as bonds, zero-interest/forgivable loans, or other budget allocations.

For other hospitals, more time is needed. Even if work began this minute, the amount of time it takes to secure construction permits and easements, obtain state approvals, and more, would go well beyond 2030.