



# EARTHQUAKE ENGINEERING RESEARCH INSTITUTE

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May 1, 2020

Assemblymember Jim Wood  
Chair, Assembly Health Committee  
Capitol Office, Room 6005  
P.O. Box 942849  
Sacramento, CA 94249-0002

**Subject: EERI Opposition to SB 758 Hospitals: Seismic Safety**

Dear Assemblymember Wood:

On behalf of the Earthquake Engineering Research Institute (EERI), I am writing to express our **OPPOSITION** to California Senate Bill 758 - Hospitals: Seismic Safety, authored by Senator Anthony Portantino and now under consideration by your Committee.

EERI is an international, nonprofit technical society of experts dedicated to reducing earthquake risk. In this role, EERI advocates for comprehensive and realistic measures for reducing the destructive effects of earthquakes. EERI membership includes professionals in a wide range of seismic safety-related scientific and design disciplines, including but not limited to architects, planners, social scientists, seismologists, geologists, structural engineers, geotechnical engineers, public health professionals and public policy experts, many of whom are proud California residents and who have been instrumental in developing and implementing California seismic safety policy.

The Hospital Seismic Safety Act of 1982, which created a statewide program based on legislation passed in 1972 and subsequent legislation, currently ensures that all acute care inpatient hospital facilities will be fully functioning following a damaging earthquake or else will be removed from service by January 1, 2030. Currently enacted legislation assures Californian's that there will be critical medical care available to them after a major earthquake, unlike what happened after the earthquakes in 1971, 1989 and 1994. Also, facility owners are required to submit by January 1, 2021 an attestation that hospital board members are aware of the deadline for compliance by 2030 and the responsibility they have to their communities.

SB 758 alters the current seismic safety standard such that facilities currently out of compliance must only be certified capable of providing services for 72 hours following a seismic event by 2030. This arbitrary limitation implies that an acute care facility could be operated in a damaged state for 72 hours, which would not be suitable for long-term use. This is problematic because the 72 hour utilization of a damaged facility would potentially involve significant risk to the community, especially in light of the potential for additional damage from aftershocks. Moreover, it goes against the need

for acute healthcare facility operations during the intermediate (weeks to months) recovery period per FEMA's National Disaster Recovery Framework.

EERI strongly urges communities to develop Community Resilience Plans that address not only public safety and emergency response, but also what is needed for full recovery (refer to EERI policy on Creating Earthquake Resilience Communities at: <https://www.eeri.org/advocacy-and-public-policy/creating-earthquake-resilient-communities/>). These plans must identify what communities need to do to plan for the recovery of their Social and Economic Institutions and the built environment that supports them. Hospitals and plans to maintain public health are at the top of the list of what should be addressed by community resilience plans that include the availability of full-service acute care hospitals. Standards enacted by the State Legislature in 1982 related to new construction and in 1995 related to existing construction the California legislature set the 2030 deadline based on a thoughtful program that would give all communities in California the hospitals they will need when a major earthquake strikes their area.

The proposed language in this bill enables non-compliant hospitals to continue to forgo necessary upgrades that support community recovery. Several non-compliant facilities that may choose to certify under the proposed limited 72 hour time period are in rural areas that still have a decade before the 2030 deadline to seek funding support and upgrade to ensure compliance with the current law without jeopardizing essential acute care services that will be necessary in the wake of a damaging seismic event. While we recognize the financial strain on some smaller hospitals supporting rural communities or underserved populations, this legislation is not the right solution as it will put these California citizens at higher risk after an earthquake. Instead, this legislation should empower and support hospital owners to correct course to assure the seismic structural integrity of their facilities. Any suggestion that this is not necessary because of the numerous compliant hospitals that now meet the 2030 deadline and are now available, ignores the unprecedented demand that a severe earthquake will create in metropolitan areas and leaves rural communities without their own hospital acute services.

As an internationally recognized authority on earthquake science and engineering for more than 70 years, EERI **OPPOSES** SB 758 as written. We urge the Assembly Health Committee to recommit to the goals of previous legislatures and, in the best interests of Californians, prevent any further advancement of SB 758 through the legislative process. Many of the members of your committee are from areas that still have non-compliant acute service hospitals that will end up not available when needed.

Thank you for considering EERI's informed position on this important seismic safety issue.

Sincerely,

A handwritten signature in cursive script that reads "Laurie A. Johnson".

Laurie A. Johnson  
EERI President