



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

November 9, 2007

Rosario Marin
Agency Secretary, State and Consumer Services Agency
Chair, California Building Standards Commission
915 Capitol Mall, Suite 200
Sacramento, CA 95814

Dear Secretary Marin:

The California Hospital Association (CHA), representing nearly 450 hospitals and health systems, is pleased to comment on and support the Office of Statewide Health Planning and Development's (OSHPD) proposal for emergency building standards related to seismic collapse probability assessment, using the Hazards U.S. Multi-Hazard (HAZUS) earthquake module methodology.

OSHPD and the Hospital Building Safety Board (HBSB) are to be commended for their quality work, use of knowledgeable consultants and use of an open process to develop the HAZUS standards.

CHA concurs with OSHPD that the proposal meets the California Building Standards Commission's (CBSC) Nine-Point Criteria for an emergency regulation.

Following are CHA's comments on each of the Nine-Point Criteria:

1. The proposed building standards do not conflict with, overlap or duplicate other building standards.

There is no conflict, overlap or duplication between HAZUS and other building standards. The proposed regulation substitutes the more sophisticated HAZUS model for evaluating the seismic collapse potential of hospital buildings for the current FEMA 178 methodology, which is based on a true/false checklist and overstates the problem of how many hospitals are a seismic risk.

2. The proposed building standards are within the parameters established by enabling legislation and are not expressly within the exclusive jurisdiction of another agency.

This building standard is within the parameters of OSHPD's purview. Health and Safety Code, Section 129850 authorizes OSHPD to develop building standards to carry out the Hospital Facilities Seismic Safety Act (HFSSA). The adoption of HAZUS meets the requirements for evaluating hospital buildings under Article 8, Section 130005 of the HFSSA and meets the emergency regulation authority available under Article 8, Section 130021 of the HFSSA.

3. The public interest requires the adoption of the building standards.

The public interest requires the adoption of HAZUS. Based on the 1990 *Milestone Four Report* developed by the HBSB in response to the California Seismic Safety Commission's *California at Risk Report*, structural engineers estimated, using appropriate professional judgment, that approximately 500 hospital buildings were a seismic risk. In 1995 and 1996, when the building evaluation regulations to implement SB 1953 (Chapter 740, Statutes of 1994) were developed, HBSB and the Ad Hoc Committee for the Implementation of SB 1953 (Ad Hoc Committee) recommended the use of "off the shelf evaluation systems to minimize changes" so the building evaluation regulations could be developed in a timely manner (Ad Hoc Committee, January 24, 1995, minutes, page 2). February 15 and 16, 1995, public hearings were held on the implementation of SB 1953.

In a February 28, 1995, progress report, OSHPD reported that there were six major concerns expressed at the hearings and one of them was a concern that the available seismic evaluation procedure is not state of the art and, therefore; not suitable for use in the program. However, due to the fact that hospital's had to meet SPC-2 criteria by 2008, the February 28, 1995, progress report stated that "FEMA 178 is the best candidate to use." The use of FEMA 178 has resulted in more than, 1000 hospital buildings being classified as SPC-1. Structural engineers now know that FEMA 178 is more conservative than originally thought and if HAZUS is not adopted as a substitute, access-to-care problems will result due to hospitals being forced to close by 2013 because they are being evaluated with an overly conservative methodology.

4. The proposed building standards are not unreasonable, arbitrary, unfair or capricious, in whole or in part.

The proposed HAZUS regulations are reasonable and fair. OSHPD retained consultants to modify the HAZUS model to address the seismic-collapse potential of hospitals. The consultants worked with OSHPD and HBSB structural engineers, and explained the HAZUS model at a number of public meetings with numerous structural engineers present. OSHPD requested the consultants to factor out buildings with characteristics that affected a buildings seismic performance to the point that it could collapse. The majority of HAZUS input parameters were modified to make it more conservative. The HAZUS model was run on known SPC-2 buildings. Based on those runs, OSHPD could have used 2.0 percent or less chance of collapse to designate SPC-2 buildings. To error on the side of caution, OSHPD and HBSB chose 0.75 percent or less chance of collapse for a hospital building to be classified as SPC-2. SPC-2 buildings are able to operate up to 2030.

5. The cost to the public is reasonable, based on the overall benefit to be derived from the building standards.

The cost to the public is reasonable. In January 2007, the California HealthCare Foundation issued a report developed by RAND titled *Seismic Safety: Will California Hospitals be Ready for the Next Big Quake?* The report indicates that the hospital seismic mandate could cost as much as \$110 billion and that almost half of the hospitals needing retrofitting will not meet the 2013 deadline. Also, there are not adequate design/construction/inspection

resources to carry out the mandate by 2013. RAND projects that the cost per adjusted patient day would increase between \$200 to \$950 due to the seismic mandate costs. OSHPD estimates that the use of HAZUS will conservatively reduce the cost of the seismic mandate by \$4.6 billion.

6. The proposed building standards are not unnecessarily ambiguous or vague, in whole or in part.

The HAZUS standards are not unnecessarily ambiguous or vague. Some standards are technical, but were understood by outside structural engineers at numerous HBSB meetings and HBSB committee meetings at which they were presented.

7. The applicable national specifications, published standards and model codes have been incorporated therein as provided in this part, where appropriate.

OSHPD has incorporated applicable national specifications, published standards and model codes into the HAZUS standards.

8. The format of the proposed building standards is consistent with that adopted by CBSC.

In developing the HAZUS standards, the format of the proposal is consistent with the format adopted by CBSC.

9. The proposed building standards, if they promote fire and panic safety, as determined by the State Fire Marshal, have the written approval of the State Fire Marshal.

The HAZUS standards do not promote fire and panic safety.

For the above reasons, CHA requests the CBSC's approval of the HAZUS emergency regulations.

CHA and its member hospitals thank you for the opportunity to comment.

Sincerely,



Roger Richter
Senior Vice President, Professional Services

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cc: Isam Hasenin, Commissioner, California Building Standards Commission
Richard Sawhill, Commissioner, California Building Standards Commission
Steven Winkel, Commissioner, California Building Standards Commission
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