

## SB 261 Report – Emanate Health

prepared by: ecom-energy

Sustainability Compliance | Date: 2025

ECOM-ENERGY, INC.

# TABLE OF CONTENTS

- Introduction ..... 3
- About this Report ..... 4
- Governance ..... 5
  - Board of Directors and Executive Leadership ..... 5
  - Environment of Care and Emergency Management Committee ..... 5
- Strategy ..... 7
  - Enterprise-Wide Climate and Emergency Resilience Vision ..... 7
  - Scenario Planning and Forward-Looking Approach ..... 8
  - Physical Risk Assessment ..... 10
  - Transition Risk Assessment ..... 11
- Risk Management ..... 12
  - Enterprise risk management framework ..... 12
  - Identification and assessment ..... 12
  - Mitigation and response ..... 13
  - Integration of climate risk ..... 13
  - Top Risks, Financial Exposure, and Mitigation ..... 14
- Metrics and Targets ..... 15
- APPENDIX ..... 17
- APPENDIX B ..... 17

## INTRODUCTION

Emanate Health is the largest nonprofit health system serving the San Gabriel Valley. Through its hospitals located in Covina, West Covina, and Glendora, the system provides essential emergency and acute care services that are central to the wellbeing of the communities it serves. As the only community-based health care system in the region, Emanate Health plays a vital role during emergencies and natural disaster events by maintaining access to safe and reliable care.

Emanate Health recognizes that climate related risks such as extreme heat, poor air quality, earthquakes, severe storms, and utility failures threaten both community health and the stability of health care operations. These risks can disrupt power, water, information technology, staffing availability, and supply chain continuity, all of which are essential to patient care. To protect patients and maintain uninterrupted service, the system has integrated environmental and climate risk considerations into its emergency management and business continuity strategies.

The Emergency Operations Plans (EOPs) and Hazard Vulnerability Analyses (HVAs) confirm that Emanate Health uses an all-hazards approach to preparedness. These efforts ensure that even during major regional events such as earthquakes or power failures, the hospitals remain operational and able to serve the community.

## ABOUT THIS REPORT

This report has been developed in alignment with the recommendations of the Task Force on Climate-Related Financial Disclosures (TCFD), established in 2015 by the Financial Stability Board (FSB). TCFD provides a globally recognized framework for organizations to disclose climate-related risks and opportunities in a structured, transparent, and decision-useful way. Its recommendations are widely supported by regulators, investors, and businesses, and they form the foundation of emerging disclosure mandates such as California's SB 261, as well as the U.S. Securities and Exchange Commission's (SEC) proposed climate disclosure rule.

The following locations and entities are covered in this report:

### **EMANATE HEALTH - 1138243**

### **EMANATE HEALTH MEDICAL CENTER - 380505**

For Emanate Health the TCFD framework offers a structured lens to evaluate how climate change and related hazards influence not only our facilities and operations but also our long-term mission to protect children's health. While traditional sustainability reporting focuses on the hospitals impact on the environment, the TCFD framework shifts the perspective to how environmental and climate related risks affect the organization itself.

Through this disclosure, we identify both acute physical risks (e.g., earthquakes, wildfires, IT outages, utility failures) and transition risks (e.g., regulatory compliance with SB 261, supply chain volatility, cybersecurity, and market expectations). We have also highlighted the financial exposures related to these risks, drawn from Hazard Vulnerability Assessments (HVAs), Emergency Operations Plans (EOPs), and industry benchmarks.

By structuring this disclosure under the four TCFD pillars, we aim to enhance transparency, improve internal awareness, and strengthen decision-making across our system:

- **Governance:** Oversight structures for climate and emergency risks, including board-level accountability and hospital command systems.
- **Strategy:** The actual and potential impacts of material climate-related risks and opportunities on our business and communities.
- **Risk Management:** How Emanate identifies, assesses, and mitigates climate-related risks through HVAs, EOPs, and enterprise risk management.
- **Metrics and Targets:** The metrics and performance goals used to track progress, including HVA risk scores, disaster reserve funding, compliance readiness, and net zero targets.

## GOVERNANCE

Emanate Health integrates climate related and operational hazard oversight into its formal Emergency Management Program. Governance begins at the highest level with the Board of Directors and cascades down through executive leadership, the Environment of Care and Emergency Management Committee, and facility level command structures. This ensures accountability, coordination, and a direct line of authority when environmental or climate driven disruptions occur.

### **Board of Directors and Executive Leadership**

The Board of Directors provides overall oversight and authority for the Emergency Management Program. The Board reviews program performance receives reporting on emergency management activities and approves program updates and policy changes. The Board executes oversight through the Quality and Performance Improvement Committee, the committee formally responsible for reviewing system level risks including climate related risks, emergency preparedness, and regulatory compliance. Executive leadership supports and sponsors the Emergency Management Program and ensures adequate resources are available for preparedness, mitigation and response.

### **Executive Oversight of Risk**

- Byron Swadener – Corporate Director of Plant Operations
- Tony Blakely – VP Facilities and Construction
- Angela Sharma, MPH, CPH, CSSGB – Assistant Director, Environment of Care and Emergency Management
- Christine Rendl, CPHRM, CSSGB – Corporate Director of Risk Management

### **Environment of Care and Emergency Management Committee**

The Environment of Care and Emergency Management Committee is the primary governing body responsible for planning, evaluating, and continuously improving the Emergency Management Program. This multidisciplinary committee includes representation from nursing, human resources, plant operations, performance improvement, emergency department leadership, environmental services, ancillary departments, and administrative leadership. The committee reviews and approves the Emergency Operations Plan on an annual basis, oversees hazard identification and mitigation activities, and ensures that preparedness actions reflect the unique risks of each facility. It also evaluates Hazard Vulnerability Analyses for every hospital within the system, determines the required training for staff and physicians, and ensures that emergency management activities are fully integrated across clinical and operational areas.

## **Assistant Director of Environment of Care and Emergency Management**

The Assistant Director leads the Emergency Management Program at the system level and has full authority to implement mitigation, preparedness, response, and recovery activities. This individual also serves as chair of the Environment of Care and Emergency Management Committee, ensuring coordination and accountability across facilities. Responsibilities include oversight and evaluation of Hazard Vulnerability Analyses, maintenance and updating of both the Emergency Operations Plan and the Continuity of Operations Plan, and coordination of training, drills, and exercises to ensure staff competency. The Assistant Director also serves as the primary point of contact for external partnerships with the Los Angeles County Emergency Medical Services Agency and the Disaster Resource Center, facilitating resource sharing and coordinated response.

## **Hospital Incident Command System**

When climate-related or operational disruption occurs, decision making authority transitions to the Hospital Incident Command System. The Incident Commander, who may be any executive leader or the Administrator on Call, has the authority to activate the Emergency Operations Plan and open the Hospital Command Center. The command structure aligns Emanate Health with the National Incident Management System and mirrors the response framework used by fire, police, and county agencies. Within this structure the Incident Commander directs the overall response strategy and prioritizes resources, while Section Chiefs manage operations, logistics, planning, and finance. Communication moves efficiently across the organization in all directions which supports rapid coordination and decision making during an event.

## **Facility Level Governance**

Each hospital maintains responsibility for executing the Emergency Operations Plan and department level Continuity of Operations Plans. Department Directors ensure that their teams understand their emergency roles, maintain safe environments, and implement department specific procedures during an event. Staff and medical staff are required to participate in drills and demonstrate competency in emergency response.

## **Integration with External Agencies and Coalitions**

Emanate Health maintains strong coordination with local and regional agencies, including fire and police departments, the Los Angeles County Emergency Medical Services Agency, and the Disaster Resource Center and regional hospital partners. These partnerships enable resource sharing, joint emergency exercises, surge planning, and coordination of supply caches so that the hospitals can maintain operations even during large scale or regional events.

## STRATEGY

### **Enterprise-Wide Climate and Emergency Resilience Vision**

Emanate Health is a community-based health system that delivers lifesaving care to a high-density population across the San Gabriel Valley. As an acute care system in this region, maintaining operational continuity during climate driven and disaster events is essential to community health and safety. Emanate Health aims to embed climate resilience into daily operations, capital planning, facility management, and business continuity governance. The strategy aligns with the TCFD and SB 261, ensuring that climate related financial exposure and resilience actions are considered at the enterprise level.

Strategic oversight flows through the Quality and Performance Improvement Committee of the Board of Directors and through the Environment of Care and Emergency Management Committee. These bodies jointly oversee the Emergency Operations Plan which applies to Queen of the Valley Hospital, Inter Community Hospital, Foothill Presbyterian Hospital, and affiliated outpatient centers. The strategy supports the system's mission to provide uninterrupted care and complies with CMS Emergency Preparedness requirements and Joint Commission Emergency Management standards.

### **Integrating Climate Resilience into Core Operations**

Emanate Health conducts Hazard Vulnerability Analyses every year at each hospital. These assessments identify and score events that could disrupt care, supply chain, utilities, or staff availability. The results drive resource allocation, EOP updates, and departmental Continuity of Operations Plans. By using an all-hazards approach, climate related events such as extreme heat, wildfire smoke, and severe rainfall are assessed alongside operational threats including cyberattacks, workplace violence, or supply chain interruption.

This integration ensures climate is not treated as a sustainability initiative but as an operational readiness priority. The EOP incorporates the HVA findings so that risks are translated directly into facility level protocols, staffing plans, vendor agreements, supply caches, and communication procedures. Emanate's approach ensures that every facility can function independently if regional roads close, utilities fail, or vendors cannot reach the site.

### **Infrastructure and Facility Resilience**

The EOP emphasizes redundancy of utilities, systems, and services that are essential to patient care. Facilities maintain redundant electrical power through generators that undergo preventive maintenance and are required to sustain clinical operations for a minimum of 96 hours without external support. Backup water supplies, portable lighting, disaster kits, and departmental autonomy procedures ensure that units can continue patient care even if a main campus or another program becomes isolated.

Long term resilience planning incorporates infrastructure improvements such as seismic hardening, modernization of mechanical and electrical systems, and utility reliability upgrades. These investments

are prioritized using Hazard Vulnerability Analysis data, insurance loss data, and risk reduction return on investment. Future capital planning will evaluate opportunities for increasing energy resilience through possible on-site generation, renewable ready equipment, and energy efficiency improvements during major renovations.

### **Business Continuity and Operational Readiness**

During an emergency, decision making transitions to the Hospital Incident Command System (HICS). When climate or operational disruption occurs, the Incident Commander or Administrator on Call activates the Emergency Operations Plan and opens the Hospital Command Center. The command structure follows the National Incident Management System and mirrors the framework used by local public safety agencies.

Each facility maintains rapid activation capability and clear staffing roles so that authority transitions smoothly from normal operations to incident command. Continuity priorities include maintaining essential care, coordinating staff redeployment from labor pools, and restoring emergency and intensive care services first.

### **Scenario Planning and Forward-Looking Approach**

Emanate Health conducted dual scenario analyses to evaluate organizational resilience under both low-warming (1.5–2 °C) and high-warming (3–4 °C) climate pathways. These scenarios integrate hazard-risk data from Emanate’s HVAs, financial modeling of uninsured losses, and compliance considerations associated with SB 261.

Loss estimates were calculated by integrating HVA probability scores with financial data from audited statements, insurance coverage limits, and FEMA/HHS disaster cost benchmarks to model potential capital damage, business interruption, and surge-response costs under each risk scenario. Loss modeling integrates independent hazard damage estimates with audited asset values to quantify total exposure, then applies insurance coverage data to determine residual, uninsured risk. This ensures risk-reduction measures are prioritized based on true exposure rather than coverage limits. Quantitative loss estimates are provided only for the high-warming scenario, as physical damage under the low-warming pathway are substantially mitigated and primarily addressed through existing risk and transition plans.

- **Low Warming (1.5–2 °C, high policy response):** In a coordinated global effort to limit warming to 1.5–2 °C, physical risks such as extreme heat, wildfire smoke, and utility interruptions are reduced through stronger infrastructure standards, public-health investments, and statewide resilience programs. Transition risks increase as new climate-related disclosure requirements and reporting mandates expand under SB 261 and future federal rules. Emanate incurs moderate compliance and data-management costs associated with disclosure readiness, facility equipment upgrades, and supplier transparency. Capital priorities gradually shift toward building efficiency,

modernization of HVAC and electrical systems, and electrification where feasible. These initiatives strengthen operational reliability, reduce long-term risk exposure, and align the system with California's broader climate-resilience framework while preserving financial stability.

- **High Warming (3–4 °C, limited policy response):** In a high-warming scenario characterized by limited policy action, Emanate faces escalating exposure to extreme heat, wildfire smoke, internal flooding, prolonged utility failures, and seismic events. The system faces a total climate-related disruption range of approximately \$268 to \$474 million in capital damage and operational loss. Modeled catastrophic asset losses indicate that an earthquake represents the most significant exposure, with structural and equipment damage estimated between \$200 to \$250 million and associated business interruption losses of approximately \$20-\$40 million, reflecting the high probability and severity of seismic disruption. Internal flooding and water intrusion caused by severe rainfall or infrastructure failure could result in an additional \$10 to \$50 million in remediation and temporary unit closures, while heat-driven power outages and utility failures may generate \$8.3 to \$25 million in infrastructure and operational losses from generator reliance, HVAC strain, and damage to temperature-sensitive equipment. Technology and cyber disruptions brought on by grid instability add an additional \$16 to \$42 million in business-interruption impacts and manual workflow transition costs over a multi-week to multi-month recovery period. Such impacts reinforce the financial importance of maintaining strong insurance coverage, adequate disaster reserves, and capital planning that prioritizes redundancy, utility resilience, and facility autonomy across all campuses.

### **Short Term (0 to 3 Years)**

In the near term, Emanate Health is expected to face the direct effects of extreme heat, wildfire smoke, and localized flooding, each of which can strain HVAC systems, increase emergency department visits, and delay deliveries of pharmaceuticals and medical supplies. These challenges may produce higher insurance deductibles and modest increases in energy and utility costs. At the same time, they present opportunities to strengthen resilience through pursuit of grant funding for energy-efficiency upgrades, installation of improved air filtration and cooling systems, and reinforcement of vendor redundancy to ensure supply continuity during regional disruptions.

### **Medium Term (3 to 10 Years)**

Over the next decade, Emanate anticipates more frequent heat events and drought-related water constraints that will raise electricity and water costs while testing aging infrastructure. Compliance with seismic and building efficiency standards under California's SB 1953 and Title 24 will require additional capital investment, but these projects also enable modernization of hospitals and clinics with renewable-ready equipment and efficient plumbing and energy systems. By incorporating these upgrades into planned renovation cycles, Emanate can reduce long-term operating expenses, extend the life of its assets, and demonstrate leadership in sustainable healthcare operations.

## **Long Term (10 Years and Beyond)**

In the long term, continued climate change may shift regional disease patterns, increasing demand for respiratory and cardiovascular care, and heightening dependence on reliable energy and water infrastructure. Sustained heat, drought, and seismic risk could also challenge transportation routes and utility networks critical to hospital access. To prepare, Emanate will need to embed climate resilience into every phase of its facility master planning, adopting low-carbon design standards, expanding on-site power generation and storage, and enhancing partnerships with local and regional health agencies for community preparedness and preventive education. By integrating long-term climate foresight with health equity and emergency management goals, Emanate can ensure the ongoing stability of its mission and service to the San Gabriel Valley region.

## **Physical Risk Assessment**

Based on Emanate Health's HVA's, the most significant physical and operational risks stem from earthquakes, IT outages, infectious-disease events, and utility or supply-chain disruptions across its three hospitals which include Queen of the Valley, Inter-Community, and Foothill Presbyterian.

### EARTHQUAKES

Emanate Health prioritizes seismic resilience through ongoing structural retrofits, equipment anchoring, and modernization of critical systems across its hospitals. Engineering assessments guide capital planning to ensure compliance with state seismic mandates and CMS preparedness standards. Coordination with local emergency agencies and the Disaster Resource Center supports rapid recovery and continuity of essential services following a major event.

### IT & CYBER SECURITY

To protect digital infrastructure, Emanate maintains redundant data centers, mirrored EHR systems, and 24/7 monitoring to safeguard against outages or cyber incidents. Regular drills, network-hardening initiatives, and cybersecurity training ensure rapid recovery and continuous access to patient data, aligning operations with national standards for healthcare technology resilience.

### INFECTIOUS DISEASE

Emanate integrates infection-control readiness into operations through surge-capacity planning, PPE stockpiles, and close coordination with Los Angeles County EMS and public-health agencies. Lessons from COVID-19 have strengthened the system's ability to mobilize staff, isolate patients, and sustain care delivery during widespread outbreaks or seasonal surges.

## SUPPLY CHAIN

Under a high-warming scenario characterized by increased transportation costs, supply constraints, and vendor compliance costs, a 5 to 15 percent increase in pricing or volatility across these categories would result in approximately \$4 to \$12 million per year in incremental procurement cost or inefficiency.

The organization mitigates these risks through vendor diversification, contracted sourcing through its GPO, maintenance of critical supply buffers, and ensuring at least 96 hours of backup power and fuel at each hospital to support continuity of operations during short-term disruptions.

### **Transition Risk Assessment**

Emanate Health faces growing transition risks as the healthcare sector adapts to new climate disclosure laws, shifting supply-chain expectations, and rising insurance and operational costs. California's SB 261 requires greater transparency around climate-related risks, prompting hospitals to strengthen data management, supplier coordination, and financial planning. These regulatory and market shifts are expected to increase compliance and procurement costs across several key spend categories.

Insurance and financial risks are also escalating, with coverage premiums for earthquake, cyber, and property insurance projected to rise between 8–12 % annually, reflecting higher modeled exposure and tightening markets. On the supply-chain side, vendor costs for pharmaceuticals, medical-surgical supplies, and food services may increase as manufacturers and distributors transition toward more sustainable production and logistics practices. Based on Emanate's Group Purchasing Organization (GPO) data, these categories represent the majority of system procurement, meaning even modest pricing changes could result in significant financial impacts over time.

Looking ahead, opportunities exist for Emanate to work with its GPO and key suppliers to evaluate cost-efficiency, product reliability, and emerging sustainability requirements. Coordination with Southern California Edison and other utility partners may also help identify potential energy-efficiency and grid-resilience opportunities in future planning cycles. Such initiatives can help control long-term operational costs, strengthen business continuity, and support alignment with evolving state and federal climate-disclosure expectations.

By incorporating climate compliance, operational efficiency, and supply-chain planning into its broader financial and capital strategy, Emanate Health can continue to enhance resilience and maintain its commitment to providing safe, reliable, and sustainable healthcare.

## RISK MANAGEMENT

### Enterprise risk management framework

Emanate Health integrates climate-related, operational, and emergency-preparedness risks into a coordinated systemwide risk-management framework. This framework is designed to identify, evaluate, prioritize, and mitigate risks that could affect the organization's ability to maintain safe, continuous patient care. It aligns with regulatory requirements including CMS 482.15, Joint Commission Emergency Management standards, and California Title 22, and incorporates findings from annual Hazard Vulnerability Analyses and the Emergency Operations Plans for each hospital. Materiality is assessed based on the potential for a hazard to disrupt healthcare services, impact patient or staff safety, or create significant financial exposure. Through this structured approach, Emanate Health ensures that climate-related and operational risks are consistently evaluated and integrated into planning, mitigation, and decision-making across the system.

### Identification and assessment

Each year, facility-level Emergency Preparedness Committees conduct HVAs that score the probability and severity of climate-related and operational hazards such as earthquakes, IT outages, infectious disease outbreaks, and supply chain disruptions. These results are aggregated at the system level and reviewed by the Emergency Management Coordinator and senior leadership. Climate-related risks are categorized by likelihood, impact, and time horizon (short-, medium-, and long-term) to ensure both acute disruptions and emerging risks are captured.

### Oversight and accountability

Responsibility for risk management is embedded throughout Emanate Health's governance structure. At each hospital, department leaders and Emergency Preparedness representatives are responsible for identifying risks, maintaining departmental readiness, and implementing mitigation measures consistent with the Emergency Operations Plan. Systemwide coordination is led by the Assistant Director of Environment of Care and Emergency Management, who oversees emergency preparedness for all three hospitals and chairs the Environment of Care and Emergency Management Committee. This committee provides multidisciplinary oversight, ensures consistency across facilities, and integrates hazard findings and preparedness activities with organizational priorities. Findings and recommendations are escalated to senior leadership and the Board of Directors, who provide final oversight and accountability for system-level risks.

## **Mitigation and response**

Emanate Health's mitigation and response approach is grounded in the procedures outlined in its Emergency Operations Plans and is coordinated through the Environment of Care and Emergency Management Committee. The system maintains the ability to sustain essential operations for at least 96 hours during disruption through emergency generators, fuel reserves, and backup resources. Each hospital conducts regular testing and maintenance of its power and utility systems and follows established procedures for electrical outages, water interruptions, and HVAC failures. Communication redundancy is supported through systems such as Everbridge, FirstNet, radios, and POTS lines, allowing clinical operations to continue during IT or network interruptions. Emanate also maintains established vendor agreements and county-level mutual-aid partnerships to support access to critical supplies and resources during extended emergencies. These measures help ensure continuity of essential patient care functions during operational and climate-related disruptions.

## **Integration of climate risk**

Emanate Health integrates climate-related and operational hazards into its systemwide risk-management and emergency-preparedness processes through the annual Hazard Vulnerability Analyses and the Emergency Operations Plans for each hospital. These tools allow the organization to evaluate physical risks such as earthquakes, utility failures, IT outages, and extreme weather events, alongside operational factors that may influence continuity of care. Emanate Health's risk governance and emergency preparedness structures integrate Environment of Care and Emergency Management functions. These governance forums routinely assess operational risks, hazards, and resource needs that could impact clinical operations and facility readiness as part of broader emergency and environmental risk management processes.

Rather than being viewed in isolation, climate-driven threats are considered in the context of organizational priorities such as patient safety, regulatory compliance, and continuity of essential services. This integrated approach supports alignment across departments, ensures that planning efforts reflect hazard severity and likelihood, and enables leadership to balance immediate preparedness needs with longer-term facility and infrastructure planning.

## Top Risks, Financial Exposure, and Mitigation

<b>Risk</b>	<b>Likelihood (HVA Score)</b>	<b>Potential Financial Exposure</b>	<b>Time Horizon</b>	<b>Mitigation / Response in Place</b>	<b>Mitigation / Response Potential Add</b>
<b>Earthquake</b>	High (56%)	\$200–250M asset damage; \$20–40M business interruption	Short to Long	SB1953 Seismic retrofits; earthquake insurance; HICS activation	Disaster reserve fund
<b>Utility Failure</b>	High (45%)	\$8.3 -24.9M operational losses in extended outage (1-3 days)	Short	96–120 hours backup water & power; on-site generation	Microgrid, battery storage systems to become utility independent
<b>Flooding</b>	Medium (32%)	\$10-\$50M asset damage, \$8-\$58M in business interruption (1-7 days)	Medium to Long	Pumps; barriers; remediation vendors; HICS; flood insurance	Drainage; elevate equipment; permanent barriers
<b>Fire</b>	Medium (31%)	\$5-\$30M asset damage, \$8-\$58M in business interruption (1-7 days)	Short to Medium	Fire suppression; HVAC and electrical maintenance; drills; defensible space	Smoke filtration; ember resistant retrofits
<b>IT Outage or Cyber Attack</b>	Medium (27%)	\$16.6–\$41.5M business interruption; \$5–10M remediation	Short	Cyber protections; backups; redundant comms; Everbridge	Offline backups; cyber drills
<b>Pandemic</b>	Low (25%)	\$15–30M surge costs;	Short to Medium	Infection prevention; surge plans; PPE; Hospital Preparedness Program	Expanded PPE; staffing MOUs; telehealth
<b>Supply Chain Shortages</b>	Low (17%)	\$11–46M inefficiency	Short to Medium	Stockpiles; MOUs; vendor coordination	On site storage; dual sourcing

**Time Horizons in Years:** Short (0-3), Medium (3-10), Long (10+)

## METRICS AND TARGETS

Emanate Health has begun advancing its sustainability and resilience efforts to support operational reliability, community health, and long-term climate goals. Building on existing initiatives, Emanate Health is expanding its sustainability benchmarking to include energy and emissions accounting, resource efficiency indicators, and risk-finance measurements. Establishing a comprehensive baseline across its hospital system will allow Emanate Health to set formal quantitative targets and long-term goals aligned with state requirements and internal resilience priorities.

### Current Metrics in Use

- **Hazard Vulnerability Analysis (HVA) Scores:** Annual scoring of natural, technological, and human-caused hazards across all facilities to assess likelihood, severity, and preparedness.
- **Emergency Operations Plan Performance:** Tracking the completion of annual drills, after-action reports, corrective action items, and operational readiness indicators.
- **Facility Resilience Indicators:** Monitoring infrastructure reliability, including backup power test results, HVAC performance during extreme weather events, and water and utility redundancy measures.
- **Regulatory and Accreditation Compliance:** Continuous monitoring of CMS Emergency Management requirements, Joint Commission Emergency Management standards, and state regulatory standards relevant to preparedness and infrastructure resilience.
- **Distributed Energy Asset Utilization:** Tracking performance metrics for on-site renewable energy systems, including solar generation at Queen of the Valley Hospital, to understand contributions to facility load reduction and resilience.
- **EV Charging Infrastructure:** Measuring the number of active electric vehicle charging stations, utilization rates by staff and visitors, and their contribution to reduced transportation emissions consistent with broader sustainability goals.

### Alignment with California's Statewide Sustainability Goals

In developing these metrics, Emanate Health references the sustainability and climate targets established by the State of California:

- **Greenhouse Gas Reduction:** Aligning future emissions reduction targets with state goals of reaching 40% below 1990 levels by 2030 and net-zero greenhouse gas emissions by 2045.
- **Renewable Energy:** Advancing clean energy integration in support of California's Renewable Portfolio Standard and energy resiliency benchmarks, including eventual pathways toward 100% clean electricity use.
- **Transportation Decarbonization:** Supporting zero-emission vehicle infrastructure and transportation electrification consistent with California's vehicle and emissions standards.
- **Building and Energy Performance:** Aligning facility upgrades, including energy efficiency

improvements and on-site generation, with Title 24 and other California energy standards for new construction and retrofits.

These early metrics provide the foundation for Emanate Health to build a consistent, transparent measurement framework under SB 261 and TCFD, ensuring that future targets are evidence-based, achievable, and directly linked to operational resilience, patient safety, and environmental stewardship.

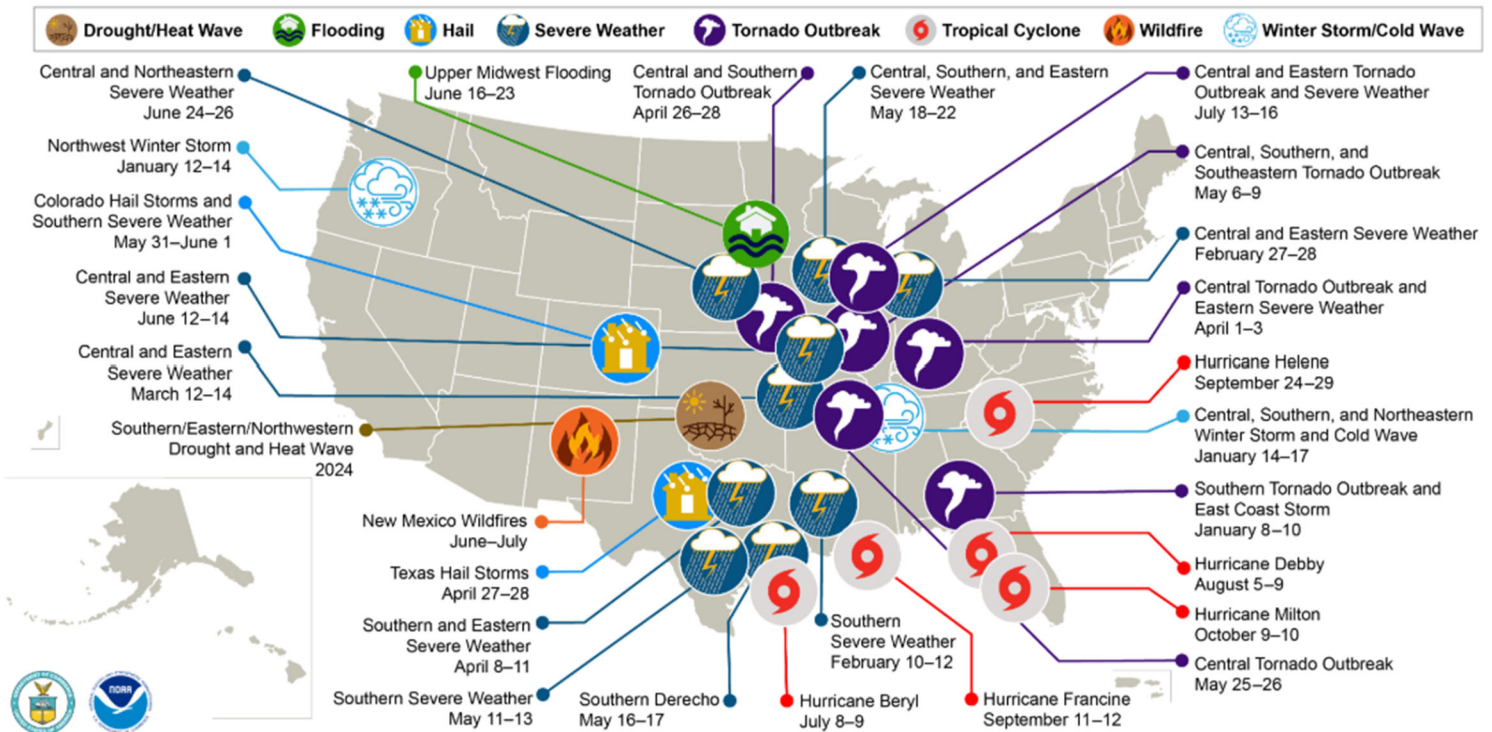


## APPENDIX

- Quantitative ranges (e.g., potential \$200–250 million earthquake losses) are modeled estimates based on Emanate’s Climate Resilience Plan risk priorities, insurance program data, and FEMA/ASHE loss-ratio benchmarks.
- Pandemic and infectious-disease risk estimates (32–33 % likelihood; \$15–30 million surge-response cost) are modeled using Emanate’s HVA probability ratings, COVID-19 expense experience, and FEMA/HHS reimbursement data.

## APPENDIX B

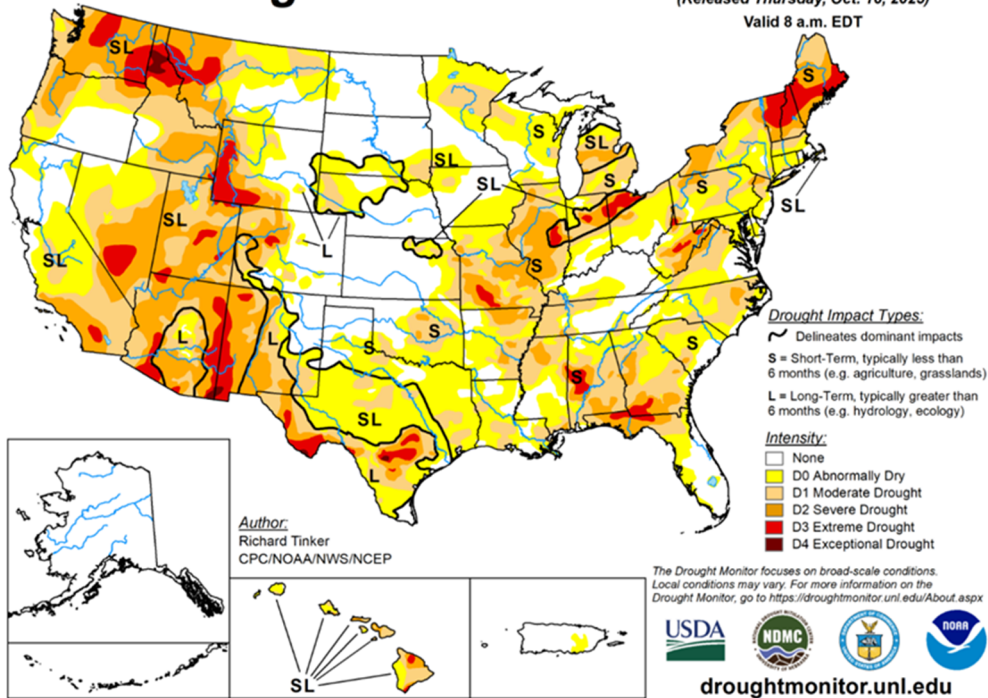
### U.S. 2024 Billion-Dollar Weather and Climate Disasters



This map denotes the approximate location for each of the 27 separate billion-dollar weather and climate disasters that impacted the United States in 2024.

# U.S. Drought Monitor

October 14, 2025  
 (Released Thursday, Oct. 16, 2025)  
 Valid 8 a.m. EDT



## 2025 Wildfire Incidents Summary in California

The image below illustrates the number of wildfires which occurred in 2025 and their detrimental impacts.



