FINAL STATEMENT OF REASONS
FOR
PROPOSED BUILDING STANDARDS
OF THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

REGARDING THE CALIFORNIA BUILDING CODE
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 2, VOLUME 1

The Administrative Procedure Act requires that every agency shall maintain a file of each rulemaking that shall be deemed to be the record for that rulemaking proceeding. The rulemaking file shall include a final statement of reasons. The Final Statement of Reasons shall be available to the public upon request when rulemaking action is being undertaken. The following are the reasons for proposing this particular rulemaking action:

UPDATES TO THE INITIAL STATEMENT OF REASONS:

The following updates to the initial statement of reasons identify minor amendments that were proposed and noticed during the 15-day comment period from June 16, 2011, ending on June 30, 2011:

Section 1225.4.2.1.2, 1225.2.1.3 and 1225.4.2.3 The replacement of the word "patient" with "resident" is necessary for consistency with the specific wording in Section 1225.

Section 1225.5.2.4.11 The amendment clarifies that the code requirement for all common use areas are to be made accessible pursuant to California Building Code Section 1109B.3.1.

Section 1225.5.2.4.12 The amendment clarifies that the accessible code requirement applies to the patient bedrooms and associated toilet facilities of long-term care facilities including skilled nursing facilities, intermediate facilities, bed and care, and nursing homes, pursuant to California Building Code Section 1109B.3.1.

Initial Statement of Reasons

The following are the initial statement of reasons:

Section 1224.3 – A definition of exam room is added in order to distinguish it from a treatment room in which procedures to be performed require a specialized suite.

Section 1224.4.5 – Due to the extensive reformatting and moving of Section 420A of the 2001 CBC to Section 1224 in the 2007 CBC, the longstanding outpatient waiting room requirements were unintentionally omitted from general construction requirements for health facilities. The text as provided in the express terms document is copied exactly from the 2001 CBC Section 420A.4.4.

Section 1224.4.6.5 and Table 1224.4.6.5 – This section and table are being added to the provide consistency with the California Electrical Code (CEC) requirements for signaling and nurse call systems in hospitals, skilled nursing facilities, licensed clinics and correctional treatment. The table supplements the CEC provisions and clarifies the type of call station required for specific rooms or areas within these health facilities. The requirements identified in this table are consistent with nationally recognized standards of The Facility Guidelines Institute's *Guidelines for Design and Construction of Health Care Facilities.*

Section 1224.15.3.8 – This subsection is being relocated to Section 1224.15 which is a more appropriate location. Additionally, minor modifications to the language are being made for clarity.

Section 1224.18.4 – This section is being amended to include requirements for the design and configuration of hospital rooms where MRI equipment is to be installed. These amendments will provide clarification of MRI installation requirements and are consistent with the nationally recognized safety standards of the American College of Radiology's "Guideline Document for Safe MRI Practices".

Section 1224.39.3 – This section is being amended to clarify requirements for rooms/areas where gastrointestinal endoscopy is performed.

Section 1224.39.4 – This section adds requirements for cancer treatment and infusion therapy service space in a hospital. Currently, there are no space requirements for this outpatient service when it's provided in a hospital. The proposed space requirements are consistent with nationally recognized standards of The Facility Guidelines Institute's *Guidelines for Design and Construction of Health Care Facilities.*

Section 1224.39.4 – This section is added to provide space requirements for Cancer Treatment/Infusion Therapy services.

Section 1225.4 - Section 1225.4 Common Elements for Skilled Nursing are existing parts of Section 1225 and are being relocated to include all common elements and support services required for both the "medical model" and the "household model".

Section 1225.4.2 - The dietetic service space provisions are being amended to adopt the nationally recognized standards of the "2006 AIA Guidelines for Design and Construction of Health Care Facilities".

Section 1225.5.1 - Medical Model is part of Section 1225 that is being relocated to provide clarity to the requirements. Section 1225.5.1 contains existing requirements which will be considered as the "medical model" requirements.

Section 1225.5.2 - Household Model is part of Section 1225 that is being amended to provide clarity to the requirements. The "household model" provisions will be "optional" and will be located in new Section 1225.5.2. These provisions are being amended to adopt the nationally recognized standards of the "2006 AIA Guidelines for Design and Construction of Healthcare Facilities."

Section 1225.6 - Optional Services. Parts of Section 1225 are being relocated to provide clarity to requirements that may be included in a Skilled Nursing Facility whether it's a "medical" or "household" model.

MANDATE ON LOCAL AGENCIES OR SCHOOL DISTRICTS

The OSHPD has determined that the proposed regulatory action would not impose a mandate on local agencies or school districts.

OBJECTIONS OR RECOMMENDATIONS MADE REGARDING THE PROPOSED REGULATION(S)

- **45-Day Comment Period – April 22, 2011 to June 6, 2011**

The OSHPD received the following comments for this proposed action as noticed during the 45-Day Comment Period from April 22, 2011, through June 6, 2011:

Comment #1
Commenter: Representatives of the following organizations: California Culture Change Coalition, Aging Services of California, and California Association of Health Facilities

A letter was submitted strongly supporting OSHPD's proposed amendments to Title 24, Part 2, Chapter 12, Section 1225 regarding the skilled nursing facility space requirements. The letter stated that the changes provide sufficient flexibility allowing providers to meet the requirements using either a medical model or a household model. This flexibility is necessary to address demographic, acuity and other related changes of California consumers in need of long term care. The representatives that signed the letter are dedicated to improving and sustaining highest quality of life for the aged and disabled individuals that require services provided in long-term care facilities.

OSHPD Response: OSHPD would like to express appreciation for the support of these organizations.

Comment # 2
Commenter: Jesse Jantzen, Operator/Owner of Elder Care Alliance

The commenter stated that there was an inconsistency in the use of the terms "patients" and "residents" in the "household model" requirements. He recommended that only the term "resident" be used throughout the requirements because it emphasizes the resident character of a facility using the household model. In contrast, the word "patient" is appropriate for acute care hospitals that treat a patient and discharge them.

OSHPD Response: OSHPD appreciates the comments submitted by Mr. Jantzen and agrees in-part with suggestion to remove the word "patient". In applying the words "patient" and "resident", OSHPD must take into consideration Title 22 regulations and maintain consistency with its use of these words.

OSHPD did propose to replace the word "patient" with "resident" in Sections 1225.4.2.1.2, 1225.4.2.1.3 and 1225.4.2.3 to provide consistency with the wording in Section 1225. These changes were noticed during the 15-Day Comment Period from June 16, 2011, ending on June 30, 2011. No comments were received during this 15-day period.

Comment #3
Commenter: Yumiko Westland of Northern California Presbyterian Homes & Services

The commenter expressed approval of OSHPD's the proposed code changes to Part 2, Volume 1.

OSHPD Response: OSHPD would like to express appreciation for Yumiko Westland's letter of support.

- **15-Day Comment Period – June 16, 2011 to June 30, 2011**

OSHPD proposed amendments: OSHPD did find it necessary to make a few minor clarifying amendments to the express terms that were noticed during the period 45-Day Comment Period from April 22, 2011, ending on June 6, 2011. These proposed amendments provide clarification regarding the use of "resident" and "patient" in the household model requirements and clarification regarding accessibility in common use areas and in patient bedrooms and their associated toilet facilities in skilled nursing facilities. The proposed changes were noticed during the 15-Day Comment Period from June 16, 2011, ending on June 30, 2011.

OSHPD did not receive any objections or recommendations for these proposed changes. The OSHPD did not receive the comments for this proposed action as noticed during the 15-Day Comment Period from June 16, 2011 ending June 30, 2011.

DETERMINATION OF ALTERNATIVES CONSIDERED AND EFFECT ON PRIVATE PERSONS

OSHPD has determined that no alternative considered would be more effective in carrying out the purpose for which the regulation is proposed or would be as effective and less burdensome to affected private persons than the adopted regulation.

REJECTED PROPOSED ALTERNATIVE THAT WOULD LESSEN THE ADVERSE ECONOMIC IMPACT ON SMALL BUSINESSES:

No alternatives were proposed. OSHPD has determined that the proposed regulations will not have an adverse economic impact on small businesses.