

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

REGARDING THE CALIFORNIA ADMINISTRATIVE CODE
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 1, CHAPTER 7**

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 Office of Statewide Health Planning and Development (OSHPD) finds the following revisions are updates to the Initial Statement of Reasons:

Section 7-119 Functional Program. This section has been added to facilitate the design and approval process for hospitals, skilled nursing facilities and intermediate care facilities. Functional programs are normal to the design process. This section provides for effective use of this tool in the review and approval process and outlines the elements that can be expected to be included. These requirements are based on the nationally recognized standards “*Guidelines for Design and Construction of Health Care Facilities*,” 2014 draft edition by the Facility Guidelines Institute with assistance from the U.S. Department of Health and Human Services.

Section 7-119 (a) 2 Functional Program Purpose. This section is included in the requirement for Functional Program to provide the general intent for the requirement relative to the use of this tool by the design team and by the Office during review of larger projects.

Section 7-119 (a) 3 Nomenclature in the Functional Program. The language of this section is taken from the *Guidelines for Design and Construction of Health Care Facilities* requiring the use of the same terms and names as those used throughout the *Guidelines* for consistency and a common understanding. The proposed amendment redirects the nomenclature to the terms and names used in the *California Building Code* instead of those used in the *Guidelines*. While the terms and names are much the same in each, the Office finds that the *California Administrative Code* should reference the *California Building Code*, as a part of the *California Building Standards Code*, to provide an internally consistent code of regulations.

Section 7-119 (c) 3 Indirect Support Functions. The language of this section is taken from the *Guidelines for Design and Construction of Health Care Facilities* requiring identification of the effects the project would have on a facility’s existing support staff, including a net increase or decrease of demand that may be in an adjacent area. The Office found this component necessary to address various code requirements, and proposes this section as presented in the *Guidelines*, without modifications.

Section 7-119 (c) 6 Architectural Space and Equipment Requirements. The language of this section is taken from the *Guidelines for Design and Construction of Health Facilities* requiring a list of the various spaces in a project and their required sizes by gross floor area and clear floor area. The language also requires that departmental gross floor areas be provided, including appropriate multiplying factors to reflect circulation and wall thicknesses. The Office finds that the model language, taken from the *Guidelines*, is consistent with current terms used in other sections of the code, and that this language be used without modifications.

INITIAL STATEMENT OF REASONS:

The Initial Statement of Reasons includes the following:

Section 7-111 Definitions. Three additional terms have been defined and a term has been amended for clarity and consistency.

Section 7-121 Presubmittal meeting. This section has been amended to provide for the inclusion of a functional program as described in Section 7-119.

Section 7-128 Work performed without a permit. This section has been added to provide for a clear and consistent approach to examine facilities where work has been performed without the benefit of a permit, conduct plan review and provide observation of corrective and remedial work necessary to remedy any code violations, unsafe, dangerous, or hazardous conditions.

Section 7-133 Fees. This section has been amended to provide clarity and consistency in the understanding of "estimated" and "final" construction costs as used in determining plan review and observation fees. The amendments include provisions for resolution of apparent inaccuracies in the stated "estimated" or "final" construction costs. Provision for collaborative review has been added. Minor editorial changes are also proposed at the end of this section for clarity, consistency, and to reflect amendments proposed in other sections.

Section 7-153 Addenda, change orders and instruction bulletins. This section has been amended for clarity and consistency in the review of changes in the work proposed after approval of construction documents. A description of "changes that do not materially alter the work" has been added to clearly identify the types of changes that do not require the submission of amended construction documents to the Office and the requirement for the maintenance of a log of changes to the work of construction has been added.

Section 7-173 Expedited appeals. This section has been added to provide for an expedited procedure for the appeal of certain monetary penalties and regulatory decisions of the Office, under the purview of the Hospital Building Safety Board, including monetary assessment pursuant to Health and Safety Code Section 130061(g) and appeals associated with suspension or revocation of hospital inspector certification.

Section 7-214 Suspension or revocation of certification. This section has been re-written to outline the process for suspension, or revocation, of a hospital inspector of record certification.

MANDATE ON LOCAL AGENCIES OR SCHOOL DISTRICTS

The Office of Statewide Health Planning and Development 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).

- ***Public comments received during the 45-Day Public Comment Period from August 24, 2012 to October 8, 2012.***

Section 7-119 Functional Program

Commenter: Roger Richter, California Hospital Association (CHA)

The commenter agreed with the proposed modifications as submitted and requested that the entire section be approved. The commenter cited the inclusion of Functional Program concept in the draft 2014 national "*Guidelines for Design and Construction of Health Care Facilities,*" and described some of the value of this provision to the industry.

OSHPD Response:

The Office held many outreach meetings with various stakeholders in the development of this provision appreciates the validation from CHA.

Section 7-119 (a) 2 Functional Program Purpose

Commenter: Carol Corr, Kaiser Permanente

The commenter suggested amendments to the section and recommended approval as amended, based on Points #3 and #4. The suggested amendments included that the functional program be “*made available... when requested*” in lieu of “*submitted... at the time of application for plan review,*” and that item “B,” requiring submission of revision to the functional program, be deleted from the section.

OSHPD Response:

The Office held a teleconference with the commenter to discuss this item. There was concern over exposure of proprietary information being available as a public record. The Office assured the commenter that only the information listed in the Agency proposed language should be associated with the “functional program” and that the additional, more sensitive, proprietary information need not be included. The Office will be making no change to this section.

Section 7-119 (a) 3 Nomenclature in the Functional Program - A

Commenter: Carol Corr, Kaiser Permanente

The commenter suggested amendments to the section and recommended approval as amended. The suggested amendments included the provision of a key to equate non-Title 24 nomenclature to the names and spaces used in the *California Building Code* in lieu of using the required nomenclature in the body of the program documents.

OSHPD Response:

The Office held a teleconference with the commenter to discuss this item. There was concern over an apparent need to duplicate effort in adapting current programmatic tools and documents to include *California Building Code* nomenclature in addition to the current non-Title 24 nomenclature intended for internal use. Documents submitted to the Office need to clearly represent how Basic and Supplemental Services, and the required spaces associated with those services, are included in a facility in terms that are consistent with those used within the code. The Office will be making no change to this section.

Section 7-119 (c) 3 Indirect Support Functions

Commenter: Carol Corr, Kaiser Permanente

The commenter suggested amendments to the section and recommended approval as amended, based on Points #4 and #6. The suggested amendment was to delete this section in its entirety.

OSHPD Response:

The Office held a teleconference with the commenter to discuss this item. There was concern over exposure of proprietary information. This section has been included along with the entire Functional Program provisions in the draft 2014 national “*Guidelines for Design and Construction of Health Care Facilities,*” used as a “model code” source. Current provisions of the *California Building Code* and the *California Plumbing Code* require certain minimum plumbing fixture counts associated with the number of staff served by these facilities. The number of staff associated with subject, and possibly adjacent, departments must be shared with the Agency Having Jurisdiction (AHJ) to determine code compliance. Programs associated with alteration projects should address net changes in staffing relative to the adequacy of existing and proposed plumbing facilities intended for those projects. The Office will be making no change to this section.

Sections 7-119 (c) 6 A Space List and B Area

Commenter: Carol Corr, Kaiser Permanente

The commenter suggested amendments to the section and recommended approval as amended, based on Point #6. The suggested amendments requested that the space listing indicate “*net floor area*” in lieu of “*gross floor area and clear floor area*,” and that “*appropriate*” be struck from the application of “*multiplying factors*” in aggregation of the Department Gross Square Footage (DGSF).

OSHPD Response:

This section has been included along with the entire Functional Program provisions in the draft 2014 national “*Guidelines for Design and Construction of Health Care Facilities*,” used as a “model code” source. The terms “*gross floor area*” and “*clear floor area*” are defined terms used in other sections of the code, and are required to remain for clarity and consistency. The term “*appropriate*” modifying the concept of “*multiplying factors*” is taken from the draft 2014 national “*Guidelines for Design and Construction of Health Care Facilities*,” used as a “model code” source. It limits the allowance for necessary latitude in the application of such factors. The Office will be making no change to this section.

Section 7-153 (b) Amended construction documents.

Commenter: Roger Richter, California Hospital Association (CHA)

The commenter agreed with the proposed modifications as submitted and requested that the entire section be approved. The commenter found that this section will clarify what constitutes a change for materially altered work which will expedite projects and cut project costs.

OSHPD Response:

The Office held many outreach meetings with various stakeholders in the development of this provision appreciates the validation from CHA.

DETERMINATION OF ALTERNATIVES CONSIDERED AND EFFECT ON PRIVATE PERSONS

OSHPD has determined that no alternative 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:

OSHPD has determined that the proposed regulations will not have an adverse economic impact on small businesses.