

**INITIAL STATEMENT OF REASONS
FOR
PROPOSED BUILDING STANDARDS
OF THE
OFFICE OF STATEWIDE HEALTH PLANNING & DEVELOPMENT**

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

Health Facility Design and Construction

The Administrative Procedure Act (APA) requires that an Initial Statement of Reasons be available to the public upon request when rulemaking action is being undertaken. The following information required by the APA pertains to this particular rulemaking action:

STATEMENT OF SPECIFIC PURPOSE AND RATIONALE:

This rulemaking represents OSHPD's proposal to amend requirements regarding service space for endoscopy and Magnetic Resonance Imaging (MRI) services in hospitals and the adoption of new service space requirements for cancer treatment/infusion therapy services. Editorial and minor technical modifications to the existing requirements are also being proposed for clarification and consistency within the code.

Additionally, new optional "household model" provisions for skilled nursing facilities are being proposed for adoption. These provisions were developed by OSHPD in conjunction with the Care Delivery and Design Improvement Committee (CDDIC), California Association of Health Facilities (CAHF), and with the assistance of Skip Gregory, Florida Agency for Health Care Administration, which serves as the Authority Having Jurisdiction for the State of Florida's health facility construction. The committee's recommendation was to use the Florida model as a basis for OSHPD's "household model".

Specific amendments are as follows:

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 1224.4.6.5 and Table 1224.4.6.5 – This section and table are being added to 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 1224.4.5 – 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 1224.15.3.8 – 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.

TECHNICAL, THEORETICAL, AND EMPIRICAL STUDY, REPORT, OR SIMILAR DOCUMENTS:

- The Facility Guidelines Institute’s *Guidelines for Design and Construction of Health Care Facilities*
- American College of Radiology’s “Guideline Document for Safe MRI Practices”.

CONSIDERATION OF REASONABLE ALTERNATIVES

There are no alternatives to be considered by OSHPD.

REASONABLE ALTERNATIVES THE AGENCY HAS IDENTIFIED THAT WOULD LESSEN ANY ADVERSE IMPACT ON SMALL BUSINESS.

There will not be an adverse impact to small businesses.

FACTS, EVIDENCE, DOCUMENTS, TESTIMONY, OR OTHER EVIDENCE OF NO SIGNIFICANT ADVERSE IMPACT ON BUSINESS.

There will not be an adverse impact to small businesses.

DUPLICATION OR CONFLICTS WITH FEDERAL REGULATIONS

Not applicable.