

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY
CALIFORNIA BUILDING STANDARDS COMMISSION
2525 NATOMAS PARK DR., SUITE 130
SACRAMENTO, CA 95833
(916) 263-0916 Phone
(916) 263-0959 Fax
Email: cbsc@dgs.ca.gov

Office Use Item No. _____

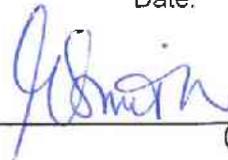
PARTICIPATION COMMENTS FOR THE NOTICE DATED AUGUST 24, 2012
Written comments are to be sent to the above address.

WRITTEN COMMENT DEADLINE: OCTOBER 8, 2012

Date: October 8, 2012

From:

Ginger Smith
Name (Print or type)



(Signature)

California Primary Care Association
Agency, jurisdiction, chapter, company, association, individual, etc.

1231 I Street Sacramento CA 95814
Street City State Zip

On behalf of the California Primary Care Association (CPCA), the 825 nonprofit community clinics and health centers (CCHCs), and the four million patients they serve in California, I thank you for the opportunity to comment on the Proposed Building Standards for primary care clinics. As you are likely aware, CCHCs from their inception in the 1960s, have worked to provide high quality medical and behavioral health services, reduce racial disparities, improve patient safety, coordinate care, improve overall efficiency, and ultimately through this work have improved population health. CCHCs have become the medical home for the majority of low-income, uninsured, and medically under-served Californians.

The community clinics and health centers CPCA represents are nonprofit, tax-exempt clinics that are licensed as community or free clinics, as defined under Section 1204 of the California Health and Safety Code, and provide services to patients on a sliding fee scale basis or, in the case of free clinics, at no charge to the patients. Over 400 of the 825 CCHCs in California are designated as Federally Qualified Health Centers (FQHCs); FQHCs receive federal grants under Section 330 of the Public Health Service Act (42 U.S.C. 254b) from the Bureau of Primary Health Care (BPHC), within the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (HHS).

We wish to express our gratitude for the months of work of OSHPD staff to draft these proposed revised regulations. CPCA and several of our member clinics have actively participated in the Clinic Stakeholder meetings that OSHPD has hosted. CPCA is very thankful for the responsiveness of OSHPD staff in regards to several of our prior recommendations. We are supportive of many of the proposed changes which recognize that primary care clinics are unique. By developing regulations that are appropriate to

community clinics, preventive and primary care will become more accessible across California.

We respectfully submit the following comments regarding additional improvements for the proposed regulations:

I/We ~~(do)~~(do not) agree with:

[X] The Agency proposed modifications As Submitted on Section No. 1226.2

and request that this section or reference provision be recommended:

[] Approved [] Disapproved [] Held for Further Study [] Approved as Amended by the reviewing Code Advisory Committee.

Suggested Revisions to the Text of the Regulations:

"All new building and additions, alterations or repairs to existing buildings, and conversion of non medical space to a clinic use within existing buildings, subject to licensure by Licensing and Certification, California Department of Public Health, shall comply with applicable provisions of the California Electrical Code, California Mechanical Code, California Plumbing Code, California Fire Code, (Parts 3, 4, 5, and 9 of Title 24) and this section."

Reason: [The reason should be concise if the request is for "Disapproval," "Further Study," or "Approve As Amend" and identify at least one of the 9-point criteria (following) of Health and Safety Code §18930.]

Criteria # 5 - The cost to the public is not reasonable, based on the overall benefit to be derived from the building standards.

Many community clinics in California are working in low-income, underserved communities. In order to provide services to this population, community clinics often lease medical office space that was previously utilized by private physicians. These private physicians have developed space that is appropriate for high quality medical care with required safety standards. However these medical offices may not meet all of the OSHPD-3 regulations for community clinics. Renovating this space simply to meet the OSHPD-3 regulations is not cost-effective. This could cost a clinic hundreds of thousands of dollars with little or no overall benefit derived.

Community clinics operate largely with public funding – including federal grants and state Medi-Cal funds. When costs for community clinics increase, the cost to the public also increases.

We request that the requirement to meet OSHPD-3 standards be limited to instances where a new building is being constructed, where alterations or repairs are being done to existing buildings or when a community clinic is converting non medical space to a clinic use.

I/We ~~(do)~~(do not) agree with:

[X] The Agency proposed modifications As Submitted on Section No. 1226.4.1.3

and request that this section or reference provision be recommended:

[] Approved [] Disapproved [] Held for Further Study [] Approved as Amended
by the reviewing Code Advisory Committee.

Suggested Revisions to the Text of the Regulations:

Exception: Where renovation or licensing of existing exam rooms is undertaken in facilities built under the 2001 or prior California Building Code, exam rooms shall have no less than 70 square feet (7.43 m) of clear floor area – provided that there is a minimum of one exam room that is 80 square feet.

Reason: [The reason should be concise if the request is for “Disapproval,” “Further Study,” or “Approve As Amend” and identify at least one of the 9-point criteria (following) of Health and Safety Code §18930.]

Criteria # 5 – The cost to the public is unreasonable, based on the overall benefit.

This suggested revision is the same type of exception is provided to hospitals in the current code – section 1224.33.2.2. This is provided due to the economic burden and physical barriers involved in changing exam room size. The hospitals exception allows for a reduction of 33% of the square footage requirement. CPCA is requesting a reduction of only 12.5% for primary care clinics. This exception would be time-limited.

The federal Health Resources and Services Administration requires health centers to provide services in medically underserved areas. Yet these communities often have very few clinic spaces available. Sometimes the only existing clinic spaces has 70 square foot exam rooms. If health centers are prohibited from utilizing these type of facilities, then the community will go unserved. CPCA is supportive of the goal of expanding exam room size, but this needs to be done gradually so that health centers can continue to operate in underserved communities.

In addition some community clinics in current operation also have exam rooms that are 70 square feet. This is sufficient for certain types of services. Providing for at least one exam room that is 80 square feet would provide the necessary accommodation for individuals in wheelchairs. Changing all exam rooms to 80 square feet during renovation projects would be very costly and may not be feasible. It may also result in a decrease in the number of exam rooms available to patients – thereby decreasing access to care.

I/We (do not) agree with:

The Agency proposed modifications As Submitted on Section No. 1226.4.13.4

and request that this section or reference provision be recommended:

Approved Disapproved Held for Further Study Approved as Amended

Suggested Revisions to the Text of the Regulations:

If the room is used only for holding prior to removal and no processing of the waste occurs on the premises, the work counter and handwashing fixture may be omitted and no minimum square footage is required. If all waste is stored in container(s) outside of the clinic, then no soiled workroom is required.

Reason: [The reason should be concise if the request is for "Disapproval," "Further Study," or "Approve As Amend" and identify at least one of the 9-point criteria (following) of Health and Safety Code §18930.]

Criteria #3 - The public interest does not require the adoption of the building standards.

For many health centers waste is not processed or stored on site. Waste is deposited into the red bags in the exam room and then the red bags are retrieved by a third-party vendor who disposes of the waste properly. In some health centers the red bags are stored in a cabinet for a few days prior to retrieval, and in others the red bags are deposited directly into a locked container outside the building which the waste company then retrieves. In this way contamination is avoided.

I/We ~~(do)~~(do not) agree with;

[X] The Agency proposed modifications As Submitted on Section No. 1226.4.14

and request that this section or reference provision be recommended:

[] Approved [] Disapproved [] Held for Further Study [] Approved as Amended
by the reviewing Code Advisory Committee.

Suggested Revisions to the Text of the Regulations:

Exception: For primary care clinics where the facility contains no more than six examination and/or treatment rooms, the patient toilet room shall be permitted to serve outpatient waiting room(s).

Reason: [The reason should be concise if the request is for "Disapproval," "Further Study," or "Approve As Amend" and identify at least one of the 9-point criteria (following) of Health and Safety Code §18930.]

Criteria # 4 – The requirement is unreasonable.

Criteria # 5 – The cost to the public is unreasonable, based on the overall benefit to be derived.

Community clinics are able to serve patients very effectively on the limited budgets that public funding provides. When building new clinic sites, plumbing is a very expensive element. The number of toilets required should be limited to what is appropriate based on occupancy.

Under the proposed regulations a small community clinic with one physician and four exam rooms could be required to have five separate toilet facilities. This would require unnecessary additional costs and would require space that could be better utilized for patient care.

The National Association of Community Health Centers defines a small clinic as those with less than 7, 110 patients.* The standard panel size for a medical provider is 1,500 patients, and each 1.0 FTE provider needs a minimum of two exam rooms. So a six exam-room clinic meets the definition of a small clinic.

HEALTH & SAFETY CODE SECTION 18930

SECTION 18930. APPROVAL OR ADOPTION OF BUILDING STANDARDS; ANALYSIS AND CRITERIA; REVIEW CONSIDERATIONS; FACTUAL DETERMINATIONS

- (a) Any building standard adopted or proposed by state agencies shall be submitted to, and approved or adopted by, the California Building Standards Commission prior to codification. Prior to submission to the commission, building standards shall be adopted in compliance with the procedures specified in Article 5 (commencing with Section 11346) of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government Code. Building standards adopted by state agencies and submitted to the commission for approval shall be accompanied by an analysis written by the adopting agency or state agency that proposes the building standards which shall, to the satisfaction of the commission, justify the approval thereof in terms of the following criteria:
- (1) The proposed building standards do not conflict with, overlap, or duplicate other building standards.
 - (2) The proposed building standard is within the parameters established by enabling legislation and is not expressly within the exclusive jurisdiction of another agency.
 - (3) The public interest requires the adoption of the building standards.
 - (4) The proposed building standard is not unreasonable, arbitrary, unfair, or capricious, in whole or in part.
 - (5) The cost to the public is reasonable, based on the overall benefit to be derived from the building standards.
 - (6) The proposed building standard is not unnecessarily ambiguous or vague, in whole or in part.
 - (7) The applicable national specifications, published standards, and model codes have been incorporated therein as provided in this part, where appropriate.
 - (A) If a national specification, published standard, or model code does not adequately address the goals of the state agency, a statement defining the inadequacy shall accompany the proposed building standard when submitted to the commission.
 - (B) If there is no national specification, published standard, or model code that is relevant to the proposed building standard, the state agency shall prepare a statement informing the commission and submit that statement with the proposed building standard.
 - (8) The format of the proposed building standards is consistent with that adopted by the commission.
 - (9) The proposed building standard, if it promotes fire and panic safety as determined by the State Fire Marshal, has the written approval of the State Fire Marshal.