

**NINE-POINT CRITERIA ANALYSIS
OF
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**

Building standards submitted to the California Building Standards Commission for approval are required, by Health and Safety Code Subsection 18930(a), to be accompanied by an analysis which will, to the satisfaction of the Commission, justify their approval. The approval of these proposed building standards is justified as follows:

1) The proposed building standards do not conflict with, overlap, or duplicate other building standards.

Current building standards provide requirements for cardiac catheterization laboratory service space located within a hospital building. Assembly Bill (AB) 491(Chapter 722, Statutes of 2012) authorizes the Office of Statewide Health Planning and Development (OSHPD) to promulgate building standards for cardiac catheterization laboratory service space housed in a non-hospital building that is connected to a hospital building by an enclosed passageway. As specified in AB 491, the building standards will apply to only two hospitals. OSHPD is the only entity in California that has specific authority to develop these regulations; therefore, no conflict, overlap or duplication will occur between these proposed regulations and the existing regulations.

2) The proposed building standards are within the parameters established by enabling legislation and are not expressly within the exclusive jurisdiction of another agency.

OSHPD's authority and jurisdiction are mandated by the Alfred E. Alquist Hospital Facilities Seismic Safety Act (HFSSA) of 1983 (Health and Safety Code, Division 107, Part 7, Chapter 1, Articles 1 through 9, Section 129675 through 130070). The Office is authorized to develop building standards, as necessary and appropriate, for general acute care hospitals, skilled nursing facilities, intermediate care facilities, and licensed clinics.

In addition, provisions of Health and Safety Code Section 1255, which were recently enacted by AB 491 (Chapter 722, Statutes of 2012), give OSHPD specific authority to promulgate regulations for cardiac catheterization laboratory service space housed in non-hospital buildings of two hospitals. This statute also mandates that these building standards must be adopted as emergency regulations by February 28, 2013.

3) The public interest requires the adoption of the building standards.

AB 491 (Chapter 722, Statutes of 2012), which mandated that OSHPD promulgate the proposed emergency building standards, contains an urgency clause stating: "This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are: In order to improve access to health care for patients requiring cardiac catheterization services at the earliest possible time, it is necessary that this act take effect immediately."

4) The proposed building standards are not unreasonable, arbitrary, unfair, or capricious, in whole or in part.

The proposed building standards are not unreasonable, arbitrary, unfair, or capricious, in whole or in part. The regulations implement specific provisions of AB 491 and provide minimum requirements for cardiac catheterization laboratory service space in a non-hospital building of two general acute care hospitals.

OSHPD's development of the building standards involved review of the national standards for cardiac catheterization laboratory service space in a freestanding building. In addition, the Hospital Building Safety Board's Administrative Process and Code Changes Committee reviewed and discussed the draft regulations at a public meeting held on November 30, 2012. In attendance at this meeting, were representatives of the two hospitals that will be affected by the regulations, as well as, a representative of the California Hospital Association and the California Nurses Association. The proponents and opponents of AB 491 were also given the opportunity to review and comment on the proposed regulations.

5) The cost to the public is reasonable, based on the overall benefit to be derived from the building standards.

The proposed building standards apply to two general acute care hospitals. Since the cardiac catheterization laboratory services are optional the proposed regulations will not impose a cost impact on these hospitals.

6) The proposed building standards are not unnecessarily ambiguous or vague, in whole or in part.

The Administrative Processes and Code Changes Committee of the Hospital Building Safety Board, which is an advisory board to OSHPD, reviewed the proposed building standards. The Committee found the regulations to be clear and complete.

7) The applicable national specifications, published standards, and model codes have been incorporated therein as provided in this part, where appropriate.

OSHPD reviewed applicable national standards for cardiac catheterization laboratory service space in a freestanding non-hospital building in the *2010 Guidelines for Design and Construction of Health Care Facilities*, published by the Facility Guidelines Institute with assistance from the U.S. Department of Health and Human Services. The proposed regulations are structured similar to the national standards.

8) The format of the proposed building standards is consistent with that adopted by the Commission.

The format of this proposal is consistent with the format adopted by the California Building Standards Commission. OSHPD has followed the procedural outline of the Commission and has complied with the requirements of the State Building Standards Law and the Administrative Procedures Act.

9) The proposed building standards, if they promote fire and panic safety as determined by the State Fire Marshal, have the written approval of the State Fire Marshal.

The Office of State Marshal has determined that this proposal does not promote fire and panic safety and therefore, meets the criteria of Health and Safety Code §18930(a)(9).