



Office of Statewide Health Planning and Development



**Hospital Building Safety Board**

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**MEETING REPORT**  
**HOSPITAL BUILDING SAFETY BOARD (HBSB)**  
**Administrative Processes and Code Changes Committee**

**Wednesday, October 12, 2011**  
**10:00 a.m. - 4:00 p.m.**

Office of Statewide Health Planning and Development  
400 R Street, Suite 317  
Sacramento, CA 95811  
and  
Metropolitan Water District Headquarters  
700 N. Alameda Street, Suit 2-546  
Los Angeles, CA 90012

**Committee Members Present**

Bert Hurlbut, Committee Chair  
Scott Karpinen, Vice Chair  
John Donelan  
Joe La Brie  
Michael O'Connor  
Michael Osur  
Carl Scheuerman

**HBSB Staff Present**

Linda Janssen  
Evelt Torres

**OSHPD Staff**

Gary Dunger  
Glenn Gall  
Mike Marrs  
Chris Murray  
Dave Ring  
Ramin Sadr  
Barbara Silken  
Chris Tokas  
Elizabeth Wied

1 **Welcome and Introductions**



1 Mr. Bert Hurlbut, Committee Chair, called the meeting to order at 10:05 a.m. and  
2 welcomed everyone. Participants took turns introducing themselves.

3

#### 4 **Review and Approve the July 12, 2011 Draft Meeting Report**

5 Mr. Hurlbut reviewed highlights of the July 12 meeting and asked if there were any  
6 comments or corrections.

7

8 Mr. Glenn Gall drew attention to Lines 3 through 5 on Page 5 and clarified that  
9 California does **not** tend to incorporate operational requirements in the building code.

10 He pointed out the word “**terms**” was misspelled on Page 16, Line 12. Referring to  
11 Page 16, Line 3, he said the ASHRAE standard should be 89.2, not 189.2. A committee  
12 member stated that 189.2 is actually the correct number now.

13

14 Mr. Roger Richter recommended rewording Page 2, Line 4, to say “**up to 18 years**” and  
15 “**up to 10 years.**”

16

17 Mr. Gale Bate noted that on Page 2, Line 10, “Title 8” should be “**Article 8.**”

18

19 **MOTION** (M/S/C) [Scheuerman/Karpinen]

20 The committee voted unanimously to approve the July 12 meeting report as amended.

21

#### 22 **Update on Title 22/Title 24 Alignment Process**

23 Mr. Roger Richter, California Hospital Association (CHA), advised that the deadline for  
24 comments on Article 8 of Title 22 was originally June, but the deadline was then moved

1 to September, and now it has been extended to December. He said CHA proposes  
2 adding a requirement for a functional facilities plan, a document that would be submitted  
3 both to OSHPD and licensing. CHA also recommends updating and deleting certain  
4 provisions of Article 8.

5  
6 Mr. Richter reported that Duane Donner, CHA president, has been meeting with Dr. Ron  
7 Chapman, California Department of Public Health, on a number of Title 22 issues, and  
8 Dr. Chapman has expressed interest in incorporating the concept of a functional plan.  
9 He remarked that this requirement would probably have to be added through legislation.  
10 He stated that CHA has also been working with Mr. Gall to identify provisions that  
11 should be moved to the facilities component of the functional plan.

12  
13 Mr. Carl Scheuerman said the American College of Healthcare Architects and the  
14 American Institute of Architects' California Council held a symposium the previous week  
15 dealing with the impacts of national healthcare reform on the hospital industry and the  
16 need to update Title 22.

17  
18 Mr. Michael O'Connor asked if the functional plan was the same thing as a functional  
19 program. Mr. Scheuerman explained that the idea is to develop an architectural  
20 program that provides adequate space for clinical functions within healthcare facilities.  
21 He said such a functional plan would ensure that buildings are designed to meet  
22 functional licensing requirements.

23

1 Mr. Robert Omens, Catholic Healthcare West (CHW), noted that the functional plan  
2 would probably take the form of a narrative rather than sketches or drawings. He asked  
3 if both OSHPD and licensing would have to approve the functional plan. Mr. Richter  
4 confirmed that OSHPD and licensing would both need to concur. Mr. Scheuerman  
5 added that these details still need to be worked out so all parties are comfortable with  
6 the requirement.

7  
8 Mr. Hurlbut encouraged interested individuals to submit comments and attend public  
9 meetings on the Title 22/Title 24 alignment process.

10

#### 11 **Update on Hospital Water Disruption Mitigation**

12 Mr. Richter gave a PowerPoint presentation on CHA's development of best practices for  
13 hospital water disruption mitigation. He said CHA's Hospital Preparedness Program  
14 receives funding from the federal government to train hospital personnel on disaster  
15 preparedness and response, to educate the industry, and to practice disaster  
16 responses. He noted that a statewide exercise is planned for November 17 focusing on  
17 water disruption. To prepare for that event, CHA compiled a set of best practices to  
18 guide and assist participating hospitals. Mr. Richter stated that CHA plans to update the  
19 best practices every year.

20

21 Mr. Richter explained why water disruption planning is important for the healthcare  
22 industry. He noted that most of Los Angeles' water comes from the California  
23 Aqueduct, and most of the Bay Area's water supply comes from the Hetch Hetchy  
24 system, both of which are vulnerable to seismic damage that could take a long time to

1 repair. He said California also has thousands of private and public water departments,  
2 and each entity is responsible for maintaining its own equipment and distribution  
3 network. Mr. Richter added that water outages can cause significant physical and  
4 mechanical damage as well as contamination that affects the safety of patients and  
5 staff.

6  
7 Mr. Richter displayed a list of specific causes of water disruption and talked about the  
8 effects of water disruption on hospitals.

9  
10 Mr. Richter said HHS, CDC, and the American Water Works Association released an  
11 excellent publication in September titled “Emergency Water Supply Planning Guide for  
12 Hospitals and Health Care Facilities,” and this document forms the basis for the best  
13 practices CHA developed for California.

14  
15 Mr. Richter outlined the steps hospitals should take to ensure an adequate water supply  
16 during times of disruption. He recommended developing a water conservation plan and  
17 a water audit to identify sources of water supply and estimate water demands and uses.

18  
19 Mr. Richter referred to a Cal EMA publication called “Multi-Agency Response Guidance  
20 for Emergency Drinking Water Procurement and Distillation” for an explanation of the  
21 respective roles of state and local government agencies in addressing disruption of  
22 water systems. He reviewed standards and regulations applicable to water disruption in  
23 hospitals. Mr. Richter noted that the California Plumbing Code requires a 72-hour on-  
24 site water supply for NPC-5 buildings based on 50 gallons of potable water per day per

1 bed. He said hospitals can have hook-ups that allow use of transportable services in  
2 lieu of on-site storage. He gave examples of alternative water supply options hospitals  
3 can use in emergency situations.

4

5 Mr. Richter stated that when planning on-site water storage capacity, hospitals need to  
6 consider space and cost constraints. He noted that the amount of water stored is up to  
7 each hospital, provided that minimum regulatory requirements are met. He observed  
8 that the exercise planned for November 17 will provide a wealth of information about  
9 what hospitals need to do to better prepare for water outages, and CHA will incorporate  
10 the lessons learned from that experience in its best practices.

11

12 Mr. Scott Karpinen commented that this presentation is timely because this issue was  
13 raised by the Structural and Nonstructural Regulations Committee in looking at NPC-5  
14 requirements. He said most facilities are still using temporary hook-ups versus on-site  
15 storage, so issuance of the best practices will provide much-needed guidance.

16

17 An interested party advocated flexibility in storage and supply requirements so hospitals  
18 can make plans that fit their individual needs. Mr. Hurlbut questioned whether there  
19 should be some minimum requirement. Mr. Richter commented that the amount of  
20 water stored should be based on an audit rather than a rigid minimum. Mr. Gall  
21 observed that each facility's actual water usage and conservation potential should be  
22 factored into the formula.

23

1 Committee members thanked Mr. Richter for his presentation. Mr. Hurlbut suggested  
2 that the committee gather information about actual water usage in hospitals and then  
3 revisit this issue.

4

5 **Discussion regarding Parameters for a Collaborative Review Process**

6 Mr. Hurlbut drew attention to his list of recommendations for creation of a collaborative  
7 review process and reviewed each item. He advocated replacing OSHPD's phased  
8 plan review program with a collaborative review process. He suggested collecting fees  
9 at certain milestones. He recommended that OSHPD assign a dedicated project  
10 manager and plan check personnel, limiting eligibility to projects exceeding \$100 million,  
11 and having structural plan check performed by outside firms. Mr. Hurlbut proposed that  
12 the plan check team be part of the post-approval team to ensure continuity throughout  
13 construction; developing memoranda of understanding (MOU's) to clarify the schedule,  
14 work plans, and deliverables; involving licensing representatives in the process; and  
15 conducting frequent meetings between OSHPD, the design team, contractor, and facility  
16 owner. In addition, he recommended not allowing deferred approvals, requiring plans to  
17 be submitted in 3D, and accepting only minimal changes after a schematic design is  
18 submitted.

19

20 Mr. Omens commented that it would be difficult to minimize changes after the schematic  
21 design. He recommended requiring creation of a master plan and referring back to that  
22 document throughout the process.

23

1 Mr. Dave Ring distributed a description of OSHPD's phased plan review program and  
2 discussed key differences and similarities between phased review and collaborative  
3 review. He suggested keeping a phased review program for smaller projects rather  
4 than replacing it with collaborative review.

5

6 Mr. Ring recalled that at the last meeting, Mr. Scheuerman argued that projects going  
7 through the collaborative review process should be charged lower fees because they  
8 will save staff time and effort. He said he tended to agree, provided there were actually  
9 fewer change orders. He suggested it might be appropriate to wait until the conclusion  
10 of a project to determine if a discount was warranted.

11

12 Mr. Scheuerman thanked Mr. Ring for taking his concerns into consideration. He  
13 observed that the model proposed by Mr. Hurlbut assures a minimal number of changes  
14 after schematic design. He added that the collaborative process can serve as an  
15 incentive for the entire project team to make sure documents are complete when  
16 submitted, and this effort will save time and money in the long run.

17

18 Mr. Scheuerman noted that the code currently limits incremental projects to a single  
19 building, but replacement hospital projects often involve more than one structure. For  
20 this reason, he asked OSHPD to look at the possibility of allowing a negotiated building  
21 program so the hospital can be viewed as a whole.

22

1 Mr. Scheuerman expressed concern about requiring dedicated staff through the life a  
2 project. He pointed out that projects sometimes take years to complete, so this  
3 requirement might not be realistic.

4

5 Mr. Karpinen asked for clarification as to whether contractors would be required to  
6 submit drawings in 3D as well as architects. Mr. Hurlbut said he envisioned specialty  
7 contractors producing 3D drawings as well as designers.

8

9 Mr. Joe La Brie asked if OSHPD had the resources to implement collaborative reviews.

10 Mr. Ramin Sadr replied that OSHPD had not yet engaged in collaborative reviews, but  
11 the phased review program entails considerable collaboration. He added that OSHPD is  
12 in the process of considering a MOU for a collaborative project.

13

14 Mr. Scheuerman stated that Sutter Health entered into MOU's three years ago for six  
15 major seismic projects using phased plan review, and that process has delivered  
16 demonstrable results and savings. He commented that integrated project delivery (IPD)  
17 does not work without a phased approach, and he said he looked forward to  
18 collaborative review.

19

20 Mr. La Brie suggested that a helpful next step for the committee might be to consolidate  
21 the existing white paper on phased plan review, the summary and comparison prepared  
22 by Mr. Ring, and Mr. Hurlbut's list of recommendations.

23

1 Committee members asked if OSHPD was willing to embrace a collaborative review  
2 process. Mr. Sadr said Mr. Paul Coleman is definitely interested in pursuing a  
3 collaborative approach. He noted that OSHPD has learned a great deal through the  
4 phased review process, but collaborative review will entail much more time and more  
5 frequent meetings. He expressed his opinion that the staff was not yet ready to  
6 implement collaborative review. He suggested that the committee look at phased plan  
7 review projects in more detail and then formulate some recommendations for OSHPD.  
8 Mr. Scheuerman proposed focusing on IPD projects for examples of how collaboration  
9 can work.

10

11 Mr. Ring said that he was not sure how many true IPD projects OSHPD had done,  
12 noting that many projects incorporate some elements of that approach. He added that  
13 he spoke with Mr. Coleman earlier that day and could confirm his interest in  
14 collaborative review.

15

16 Mr. Hurlbut volunteered to work with Mr. Ring and other OSHPD staff to consolidate the  
17 materials on phased review and collaborative review before the next committee  
18 meeting. He suggested creating a matrix showing all projects completed with phased  
19 plan review and IPD.

20

## 21 **Update on Temporary Conditions Permits**

22 Mr. Karpinen distributed a handout describing proposed guidelines for temporary  
23 equipment installations.

24

1 Mr. Hurlbut suggested taking the SB 90 update out of order and returning to temporary  
2 equipment conditions once Mr. Gall returned.

3

4 **Update on the Status of Developing Emergency Regulations for SB 90**

5 Mr. Chris Tokas provided an updated on the status of developing emergency  
6 regulations for SB 90. He explained that SB 90 authorizes OSHPD to grant compliance  
7 extensions of up to seven years from the January 1, 2013 deadline for qualifying  
8 hospitals with SPC-1 buildings. Pursuant to SB 90, hospital owners must meet certain  
9 milestones for applying and submitting their materials to OSHPD. Mr. Tokas said draft  
10 regulations are posted on OSHPD's Website.

11

12 Mr. Tokas noted that the first milestone identified in the statute is March 31, 2012; by  
13 that time, hospital owners interested in an extension must submit letters of intent with a  
14 explanation of why an extension is needed, a description of the work they plan, and  
15 estimated time frames. By September 30, 2012, hospital owners must submit an  
16 application and documents necessary to conduct a HAZUS assessment of their  
17 candidate buildings. The third milestone is January 1, 2013, by which time owners must  
18 submit detailed construction plans ready for review and information demonstrating their  
19 financial capability to complete construction as planned. Finally, building permits must  
20 be obtained no later than July 2018. Mr. Tokas displayed a timeline highlighting the  
21 requirements for each of the four milestones.

22

23 Mr. Tokas stated that SB 90 identifies three factors for OSHPD to consider when  
24 granting extensions: structural integrity, community access to healthcare, and financial

1 hardship. He said OSHPD can determine the length of extension on a case-by-case  
2 basis depending on what would be a reasonable time to complete the proposed work.  
3 He added that OSHPD's draft regulations provide definitions and detailed criteria for  
4 each of these factors.

5  
6 Mr. Tokas noted that because of the timing of the deadlines in the statute, OSHPD will  
7 grant administrative extensions up to two years to allow time for hospitals to complete  
8 HAZUS evaluations and submit the necessary documentation.

9  
10 Mr. Tokas explained how OSHPD will evaluate applications for extensions due to a  
11 building's structural integrity. He said the SB 90 Committee and staff agreed that this  
12 factor should take into account both the risk of building collapse and type of occupancy.  
13 In response, the staff developed a formula combining these two components to arrive at  
14 an overall risk coefficient score that will be used to determine the appropriate length of  
15 time for an extension.

16  
17 Mr. Tokas described the steps in the regulatory process. He said draft regulations were  
18 posted on the OSHPD Website in August, and OSHPD is developing a Policy Intent  
19 Notice (PIN) explaining the process and providing guidance to hospitals interested in an  
20 extension. He noted that implementation of SB 90 is contingent upon allocation of  
21 funding in the 2011-12 federal budget, and the timing of that is still uncertain. Once  
22 funding is approved, emergency regulations will be proposed to the Building Standards  
23 Commission for adoption.

24

1 Mr. Tokas advised that there are currently 212 facilities in California with at least one  
2 SPC-1 buildings, for a total of 625 buildings; 394 of those buildings have not had a  
3 HAZUS assessment. He indicated that OSHPD does not yet know how many hospital  
4 owners will apply for SB 90 extensions because some SPC-1 buildings will be taken out  
5 of service and some SPC-1 buildings are already in the process of being retrofitted.

6  
7 Mr. Richter clarified that SB 90 is triggered by obtaining a commitment of federal  
8 funding, which could happen in March of 2012.

9  
10 Mr. Ramin Sadr reported that OSHPD has been receiving calls regarding the impact of  
11 SB 90 on SB 306 projects. Mr. Tokas said the statutory amendments do not override  
12 each other, so there are parallel or concurrent approaches to compliance. He stated  
13 that buildings with SB 306 extensions can either continue on that course or apply for a  
14 SB 90 extension. Ms. Elizabeth Wied advised that SB 306 projects still need to  
15 maintain their eligibility under that statute.

16  
17 Committee members thanked Mr. Tokas for the update.

18

19 **Update on Temporary Conditions Permits (Continued)**

20 Mr. Karpinen said his draft guidelines are intended to be the starting point for a  
21 discussion of temporary condition permits. He pointed out that his document identifies  
22 the most common types of temporary equipment and separates temporary conditions  
23 into three time frames: equipment in use for less than 24 hours, less than 120 hours,  
24 and up to six months. He noted the guidelines indicate what code requirements would

1 apply to air handlers, boilers, chillers, automatic transfer switches, transformers,  
2 electrical distribution panels, and generators in each scenario. Using air handlers as an  
3 example, Mr. Karpinen reviewed the differences in the applicable requirements based  
4 on the length of the temporary installation.

5  
6 Mr. Gall observed that the only thing lacking in the draft guidelines is how to address  
7 components connected to temporary services. He suggested making a distinction  
8 between sensitive areas and more general patient care areas.

9  
10 Mr. Gall questioned the process by which OSHPD would commission and  
11 decommission temporary installations, especially those of short duration. He said the  
12 building code currently allows the building official to approve temporary installations, but  
13 they must be code-compliant. He remarked that it might make sense to issue  
14 conditional permits for temporary installations, and he welcomed ideas on this issue.

15  
16 Mr. Karpinen acknowledged that the details and administrative processes still need to  
17 be worked out.

18  
19 Mr. Tony Moddesette commented that there are some situations that require quick  
20 remedial action, such as when an automatic transfer switch is about to fail. He  
21 cautioned that the process for obtaining a temporary permit needs to be expeditious  
22 enough to avoid jeopardizing critical care areas. Mr. Gall said he viewed temporary  
23 installation permits as being applicable to planned and known construction conditions,  
24 not emergent situations.

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Mr. Hurlbut asked Mr. Gall to review Mr. Karpinen's guidelines document and identify proposed revisions.

Mr. John Donelan observed that there are other pieces of equipment that OSHPD might want to include, and he cited bulk oxygen systems and fire and life safety components as examples. Mr. Karpinen said he focused only on critical major utilities. Committee members agreed that the guidelines should be expanded to address other temporary conditions.

At 12:20 p.m., the committee recessed for lunch. Mr. Hurlbut reconvened the meeting at 1:05 p.m.

**Update on the Accessibility Code Application Notice (CAN 2-11B) and the Certified Access Specialist Program (CASP)**

Mr. O'Connor drew attention to CAN 2-11B, which was revised and updated for the 2010 CBC. He observed that most of the revisions were minor, and the amendments are indicated with vertical lines in the left margin of the document. He said there were changes in how ICU beds are factored into the relative ratio, and scrub sinks are not required to be accessible.

Mr. Gall clarified that the law now requires certified access specialists in local building jurisdictions to enforce accessibility standards. He said there had been some debate about whether the requirement applied to OSHPD. He noted that it might be helpful for

1 the Hospital Building Safety Board to encourage hospitals to use certified access  
2 specialists as a way of avoiding litigation on accessibility issues.

3

4 Mr. Hurlbut asked how vigorously OSHPD plans to enforce accessibility. He talked  
5 about a situation involving a last-minute dispute over Braille signage that held up  
6 approval of a construction project. Mr. Gall responded that Section 1117(B) of the 2007  
7 CBC contains new signage requirements that OSHPD is required to enforce. He said  
8 these provisions have been added to the 2010 edition of OSHPD's testing, inspection,  
9 and observation requirements, so designers should be aware of the need to comply.

10

11 Mr. Omens indicated that CHW was sued over accessibility issues. He said the  
12 Americans with Disabilities Act (ADA) and Title 24 requirements are different, and  
13 hospitals in California need to comply with both. He recommended hiring designers and  
14 inspectors familiar with both ADA and Title 24 requirements. He added that facilities  
15 should comply with the most restrictive requirements to ensure compliance.

16

17 Mr. Scheuerman said Sutter Health faces the same problem. He agreed with Mr.  
18 Omens that complying with the most stringent standard was the best way to avoid  
19 problems.

20

21 Mr. Bate advised that the new ADA will go into effect in 2012, and Title 24 will lag  
22 behind at that point.

23

1 Mr. Scheuerman noted that Sutter is looking for safe harbor provisions. Mr. Gall  
2 cautioned that there are no safe harbor guarantees at this point.

3

4 Mr. Bill Zellmer stated that he was CASP-certified. He said he was working on  
5 developing a spreadsheet comparing the new 2010 ADA standards and CBC  
6 requirements. He advised that in most cases, California's requirements are more  
7 stringent than the 2010 ADA standards, so there will not be a significant change for  
8 California.

9

10 Mr. Bate commented that California's hardship exemption is the biggest difference  
11 because there is no hardship provision in the ADA.

12

13 Mr. Hurlbut asked what the committee can do to help clarify. Mr. O'Connor suggested  
14 focusing on the California amendments to make them more in line with the ADA.

15

16 Mr. Bate advised that the Division of the State Architect (DSA), the California agency  
17 responsible for accessibility enforcement, is currently looking at what format California  
18 should adopt for its accessibility provisions. He invited interested individuals to attend  
19 DSA Access Committee meetings and provide input on hospitals.

20

21 Mr. Zellmer asked about the reason for the revision regarding specific work stations on  
22 Page 8 of CAN 2-11B. Mr. Gall explained that the Los Angeles office raised the  
23 question of whether nurse stations need to comply.

24

1 **Recommendations on the Green Building Standards for Sustainable Buildings**  
2 **from a Mechanical Standpoint**

3 Mr. Karpinen noted that during the process of updating the code for the 2010 cycle, the  
4 Hospital Building Safety Board formed a committee to look at particular provisions of the  
5 Green Building Standards for adoption in California. He said the committee eventually  
6 decided not to impose any mandatory green building standards at that time, but the  
7 current code cycle provides another opportunity to revisit this issue. He added that  
8 OSHPD has adopted certain provisions as voluntary standards.

9  
10 Mr. Karpinen reported that ASHRAE is in the process of developed a new Standard  
11 189.2, described as “A Standard for Design, Construction, and Operation of  
12 Sustainable, High-Performance Healthcare Buildings,” similar to LEED. He added that  
13 this document is expected to be published sometime next year.

14  
15 Mr. Karpinen drew attention to his summary of the 2010 Non-Residential Green Building  
16 Standards and identified the voluntary provisions adopted by OSHPD so far.

17  
18 Ms. Jane Taylor, California Building Standards Commission (CBSC), advised that the  
19 CBSC had adopted Chapter 5 for nonresidential buildings other than hospitals and  
20 schools.

21  
22 Mr. Karpinen remarked that he was not aware of any hospitals in California that had  
23 implemented the voluntary standards. Mr. Gall commented that ASHRAE 189.2 is

1 geared specifically for healthcare facilities, so it might be a more appropriate standard  
2 for California hospitals, even on a voluntary basis. Mr. Scheuerman agreed.

3

4 Mr. Bate noted the International Green Construction Code will be voted on in  
5 November, and that document might also be useful for OSHPD.

6

### 7 **Detailed Comparison of ASHRAE 170 and California Mechanical Code (CMC)**

8 Mr. Karpinen referred to his document summarizing differences between the California  
9 Mechanical Code (CMC) and ASHRAE Standard 170. He said the ASHRAE standard  
10 is continually being updated, so it might behoove California to adopt the ASHRAE  
11 standard rather than trying to amend the CMC to keep up with the changes. Mr.  
12 Karpinen observed that in general, the CMC is much more restrictive than ASHRAE  
13 170.

14

15 Mr. Gall commented that the Mr. Schlomo Rosenfeld expressed strong reservations  
16 about abandoning the CMC in favor of the ASHRAE standard because the California  
17 code covers so much more. In particular, he noted, the CMC allows non-100 percent  
18 outside air, which saves considerable energy and money when applied to the diverse  
19 climate zones in California. Mr. Gall said OSHPD staff favors the concept of adopting  
20 national model standards to simplify the updating process, and California can always  
21 propose changes to the national standards. He suggested working to make ASHRAE  
22 170 more like the California code where appropriate. Committee members expressed  
23 support for this approach.

24

1 Mr. Karpinen noted that ASHRAE has a technical committee that develops changes to  
2 the national standard. He offered to contact that group and try to become involved in  
3 that committee's work.

4

### 5 **Report on the OSHPD 3 Updating Process**

6 Mr. Scheuerman said he just discovered another error in the minutes of the July 12  
7 meeting: referring to Line 8 on Page 21, he clarified that he was the clinic  
8 representative on the Health Facilities Advisory Committee of the Building Standards  
9 Commission, not the chair.

10

11 Mr. Scheuerman noted that this initiative to examine the clinic code portions of Title 24  
12 was brought forward by OSHPD in response to criticisms about certain restrictive and  
13 onerous requirements for OSHPD 3 facilities. He explained that some of the current  
14 requirements create an economic hardship on free clinics and community clinic  
15 providers, especially when licensed entities take over operations from unlicensed  
16 entities.

17

18 Mr. Scheuerman reported that he has been working with Mr. Gall and Ms. Barbara  
19 Silken to review the code pertaining to primary and specialty clinics and to identify  
20 possible changes. He noted that this group has met twice already, and another meeting  
21 is scheduled for November. He said much of the discussion so far has been  
22 philosophical, but he hoped to have some concrete proposals ready by the end of the  
23 year.

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Mr. Gall remarked that there were statutory constraints on OSHPD’s ability to change some of the regulations. He observed that many primary care providers have a lack of understanding of code requirements and how they apply to licensed facilities. As a result, they are often confused about the distinction between OSHPD’s operational requirements and building standards. Although clinic operators are looking for relief from what they view as expensive and cumbersome restrictions, few of them are able to suggest good standards. Mr. Gall acknowledged that some relaxation of standards may be appropriate, but OSHPD also needs to maintain some minimum standards. He added that adoption of national standards or tiered standards would make it easier for clinics to comply.

Ms. Silken indicated that draft regulations should be ready for the committee’s review at its next meeting in January.

Mr. Zellmer commented that OSHPD 3 compliance seems to be an all-or-nothing determination. Mr. Gall clarified that the statute allows primary care clinics to apply for a provisional license with a three-year grace period to achieve full compliance with OSHPD 3.

Mr. Gall observed that inadequate ventilation seems to be one of the biggest compliance problems. Mr. Zellmer noted that drainage piping is also a major issue. Mr. Richter encouraged OSHPD to consider alternate means of compliance.

1 Mr. Scheuerman emphasized that cost matters a great deal because it impacts  
2 affordability of care. He said when counties outsource clinic functions to outside  
3 vendors, the vendors must be licensed, even if they provide same services in the same  
4 building to the same patients. He noted that having to upgrade existing buildings to  
5 meet OSHPD 3 regulations is viewed as unfair and discriminatory, and it presents an  
6 obstacle to availability of care to the community.

7  
8 Mr. Gall stated that OSHPD is doing what it can to ease overly burdensome regulations,  
9 but OSHPD cannot change statutory requirements.

10

11 **Comments from the Public/Board Members on Issues not on this Agenda**

12 Mr. Hurlbut asked Mr. Gall to apprise the committee of upcoming CAN's, PIN's, or code  
13 changes. Mr. Gall said OSHPD prepared a summary as part of a presentation to CHA  
14 the previous day. He recommended consulting the Website for more information.

15

16 Mr. Moddesette advised that OSHPD was working on PIN 52, pertaining to seismic  
17 compliance extensions under SB 90, and a PIN clarifying SB 1661 and SB 499  
18 applications. He said CAN's in development include CAN 2-108, permitting of  
19 temporary installations; CAN 2-3408(A), removal of acute care services; and CAN 3-  
20 517.40, electrical life support equipment for nursing homes and limited care facilities.

21

22 Ms. Linda Janssen recommended scheduling the next committee meeting for the end of  
23 January or beginning of February.

24

1 **Adjournment**

2 **MOTION (M/S/C)**

3 There being no further business, the committee voted unanimously to adjourn. The  
4 meeting was adjourned at 2:12 p.m.