# ADDITIONAL 15-DAY EXPRESS TERMS AND RATIONALEFOR PROPOSED BUILDING STANDARDSOF THE DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION/OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENTREGARDING THE 2025 CALIFORNIA ADMINISTRATIVE CODECALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 1(OSHPD 03/24)

No state agency may adopt, amend, or repeal a regulation which has been changed from that which was originally made available to the public pursuant to Government Code Section 11346.5, unless the change is (1) non-substantial or solely grammatical in nature, or (2) sufficiently related to the original text that the public was adequately placed on notice that the change could result from the originally proposed regulatory action. If a sufficiently related change is made, the full text of the resulting adoption, amendment, or repeal, with the change clearly indicated, shall be made available to the public for at least 15 or 45 days before the agency adopts, amends, or repeals the resulting regulation.

Any written comments received regarding the change must be responded to in the final statement of reasons required by Government Code Section 11346.9 (Government Code Section 11346.8(c)).

If using assistive technology, please adjust your settings to recognize underline, strikeout, double strikeout and ellipsis. Double underline will be indicated by parenthetical notes within the text. The notes will not be codified or published in the code.

## LEGEND for EXPRESS TERMS (California only codes - Parts 1, 6, 8, 11, 12)

* Existing California amendments appear upright.
* Unmodified California 45-day amendments appear in underline and ~~strikeout~~.
* California additional 15-day amendments appear in double underline and double strikeout.
* Ellipses (…) indicate existing text remains unchanged.
* **Rationale**: The justification for the change is shown after each section or series of related changes.

## ADDITIONAL 15-DAY EXPRESS TERMS

### ITEM 1CHAPTER 6 SEISMIC EVALUATION PROCEDURES FOR HOSPITAL BUILDINGSARTICLE 1 DEFINITIONS AND REQUIREMENTS

[Amend Health to Hospital in the Chapter Title and carry forward existing amendments from the 2022 California Administrative Code. Specific amendments shown below.]…

**1.2 Definitions.** Unless otherwise stated, the words and phrases defined in this section shall have the meaning stated therein throughout Chapter 6, Part 1, Title 24.

…

*[Definitions amended in 45-day not shown and no change. New definitions for 15-day.]*

…

*[begin double underline]* **Critical access hospital** means a hospital designated by the State Department of Public Health as a critical access hospital, and certified as such by the Secretary of the United States Department of Health and Human Services under the federal Medicare Rural Hospital Flexibility Program. *[end double underline]*

…

*[begin double underline]* **department** means the Department of Health Care Access and Information (HCAI).*[end double underline]*

…

*[begin double underline]* **Distressed Hospital Loan Program recipient** is a hospital that received a loan pursuant to Chapter 4 (commencing with Section 129380) of Part 6 of Division 107 of the Health and Safety Code. This may also include a future program recipient, should the Legislature appropriate additional state funding to the program and extend the date identified in Section 129387. *[end double underline]*

…

*[begin double underline]* **Health care district hospital** is a hospital authorized pursuant to Division 23 of the Health and Safety Code. *[end double underline]*

…

*[begin double underline]* **Rural hospital** means a “rural general acute care hospital” as set forth in subdivision (a) of Section 1250 of the Health and Safety Code or a hospital located in a rural or frontier medical study service area, as defined by the California Healthcare Workforce Policy Commission. *[end double underline]*

…

*[begin double underline]* **Small Hospital** is a hospital with 50 beds or fewer. *[end double underline]*

…

**1.3 Seismic evaluation.** *[No 15-day code change.]*

…

**1.4 Compliance plans.** *[No 15-day code change.]*

…

**1.4.4.4** **Compliance plan schedule.** *[No 15-day code change.]*

…

**1.4.5** **Compliance plan update/change notification.** A change to an approved Compliance Plan shall be submitted by a hospital owner when the method or schedule to achieve compliance changes.

…

An owner of a hospital building not in compliance with Health and Safety Code Section 130065 shall submit for review and approval a revised compliance plan to the Office *[begin double underline]* Department *[end double underline]* no later than March *[begin double underline]* January *[end double underline]* 1, 2025 *[begin double underline]* 6. *[end double underline]*

A revised Compliance Plan shall contain the following information at a minimum:

1. Facility name, address and five-digit facility identification number;

…

5. List of approved OSHPD project numbers and titles related to the seismic compliance improvement plan for each building, including building evaluations, materials testing project and test reports, and compliance construction project.

**1.4.5.1 Change in seismic performance category.** *[No 15-day code change.]*

…

**1.4.5.1.3** *[No 15-day code change.]*

…

**1.5 Compliance requirements.** *[No 45-day or 15-day code change; shown for reference.]*

…

**1.5.2** **Delay in compliance.**

* 1. **Requirements for NPC***. [No 15-day code change.]*

…

2. **Requirements for SPC.** *[No 15-day code change.]*

…

*[begin double underline]* 3. **Extensions beyond the January 1, 2030 deadline.** For both the structural and nonstructural requirements for qualifying hospitals under items (a) or (b) and which satisfy the requirements in item (c) of this section are eligible for extensions beyond the January 1, 2030 deadline, subject to the additional requirements in items (d) through (g).

This section does not apply to Structural Performance Category-1 buildings.

(a) A Distressed Hospital Loan Program recipient, a small hospital, a rural hospital, a critical access hospital, or a health care district hospital, except as otherwise provided in this section, may seek approval from the Department for a delay to the January 1, 2030 compliance deadline of up to three years with the submission and departmental approval of a seismic compliance plan, submitted in accordance with Section 1.4 of Article 1 of Chapter 6 of Title 24 of the California Administrative Code by January 1, 2026, and, a Nonstructural Performance Category-5 evaluation report, submitted in accordance with Article 11 of Chapter 6 of Title 24 of the California Administrative Code to the Department by January 1, 2025.

(b) Hospitals that belong to integrated health care systems with two or more separately licensed hospital facilities shall be ineligible for a delay under item (a), including a health care district hospital that has a contractual agreement with a health system that imposes upon the health system any financial responsibility for the health care district’s infrastructure costs for compliance with Health and Safety Code Section 130065, unless the entire integrated health care system is determined by the Department to be in financial distress.

**Exception:** Item (b) does not apply to any of the following:

(1) A rural hospital with fewer than 80 general acute care beds and general acute care hospital revenue of seventy-five million dollars ($75,000,000) or less, as reported to the Department pursuant to Health and Safety Code Section 128740 in 2020.

(2) A hospital that is part of an integrated health care system that is operated by a health care district or a nonprofit corporation that is affiliated with the health care district hospital owner by means of the district’s status as the nonprofit corporation’s sole corporate member.

(3) A health care district hospital that does not have a contractual, management, lease, or operating agreement with a health system that imposes upon the health system any financial responsibility for the health care district’s infrastructure cost for compliance with Health and Safety Code Section 130065.

(c) The hospital owner requesting an extension in accordance with this section must submit to the Department, the following:

(1) A Nonstructural Performance Category-5 evaluation report in compliance with Article 11 of Chapter 6 of Title 24 of the California Administrative Code for each building, if necessary, by no later than January 1, 2025.

(2) The hospital’s seismic compliance plan in accordance with Section 1.4 of Article 1 of Chapter 6 of Title 24 of the California Administrative Code and related regulations, by January 1, 2026. The seismic compliance plan shall outline steps, including milestones, to achieve compliance with seismic safety standards at the earliest reasonable date, but by no later than January 1, 2033. The seismic compliance plan shall be approved by the Department subject to the following:

(i) The subject hospital shall identify at least two major milestones relating to the seismic compliance plan that will be used as the basis for determining whether the hospital is making adequate progress toward meeting the subject hospital’s seismic compliance deadline.

(ii) If the seismic compliance plan includes a compliance schedule that is delayed beyond the 2030 seismic compliance deadline, the hospital shall submit any documentation requested by the Department to assist the Department in its review of the reasonableness of the compliance schedule.

(iii) The Department shall within 120 days of the submittal deadline approve or deny the hospital’s seismic compliance plan and any delay to the seismic compliance deadline submitted in accordance with Section 1.4. If the Department determines the compliance schedule is unreasonable based on the information submitted, the Department shall notify the hospital and provide the Departmental rationale for its determination. The hospital shall be given the opportunity to address the identified concerns or to provide additional information to substantiate the compliance schedule.

(d) The Department may additionally delay the amount of time for hospitals that qualify for the extension under items (a) or (b) by two years, up to a maximum of January 1, 2035. This delay may be authorized as necessary for hospitals that continue to experience financial distress or that need to deal with contractor, labor, or material delays, acts of God, governmental entitlements, or other circumstances beyond the hospital’s control. If up to an additional two-year delay is granted, the hospital shall submit a revised construction schedule and associated milestones to the Department.

The hospital requesting the extension shall provide the Department with information that the Department deems necessary including information to assess whether the hospital is in financial distress or continues to be in financial distress.

The Department will make a determination of financial distress using financial criteria including days cash on hand, current ratio, access to working capital, operating margin, cash burn rate, the financial impact of mandatory seismic compliance costs on the hospital or integrated health care system, and other methodologies developed pursuant to Chapter 4 (commencing with Health and Safety Code Section 129380) of Part 6 of Division 107 of the Health and Safety Code.

If the Department determines that an eligible hospital or integrated health care system is no longer in financial distress and is not likely to return to financial distress due to complying with seismic safety standards, the hospital or integrated health care system shall submit a revised seismic compliance plan to the Department for review and approval one month after being informed of the Department’s determination that the hospital or integrated health care system is no longer in financial distress. Notwithstanding any delay of the January 1, 2030, seismic requirements granted to the hospital or integrated health care system pursuant to item (a), the Department may adjust compliance deadlines to reflect the fact that the hospital or integrated system is no longer in financial distress.

(e) Adjustments to Schedules. The Department may grant an adjustment as necessary to deal with contractor, labor, material delays, with acts of God, or with governmental entitlements, experienced by the hospital. The hospital shall submit the reason for the delay along with substantiating documents, a revised construction schedule and identify new milestones consistent with the adjustment. Requests for adjustments shall be made with the Department as soon as the reasons for the delay are known but no less than 30 calendar days before any upcoming affected extension schedule or construction milestone date.

Failure to comply with the revised construction schedule or meet any of the major milestones shall result in penalties as specified in items (f) and (g) The adjustment shall not exceed the corresponding final seismic compliance date of January 1, 2033 under item (a) or January 1, 2035 under item (d).

(f) Failure to comply with the construction schedule or meet any milestone established by the Department and the hospital shall result in the assessment of a fine of five thousand dollars ($5,000) per calendar day until the requirements or milestones, respectively, are met.

(g) Hospitals that fail to meet any milestone or seismic compliance deadline approved in its compliance plan shall not be issued a building permit for any building in the facility except those required for seismic compliance, maintenance, and emergency repairs until the milestone is met and the hospital is adequately progressing toward meeting the subject hospital’s seismic compliance, as determined by the Department. *[end double underline]*

…

**1.9 State grant programs**. The State of California may from time to time establish programs that provide grant funding for general acute care hospitals to advance seismic safety. Standards of eligibility to participate in a state grant program are established in its enabling statute.

**1.9.1 The Small and Rural Hospital Relief Program** is established in statute for the purpose of providing funding for improvement of a building’s seismic performance rating. The program is administered by the Office of Health Facility Loan Insurance (OHFLI) of HCAI, who is responsible for issuing grants to facilities for seismic improvement projects approved by the Office. A grant provided by OHFLI under this program may be used only for funding seismic safety compliance.

*[begin double underline]* **1.9.1 Eligibility.** *[end double underline]* OHFLI *[begin double underline]* HCAI *[end double underline]* determines eligibility of a hospital to participate in *[begin double underline]* this *[end double underline]* program on *[begin double underline]* in accordance with *[end double underline]* the following criteria:

a. A s *[begin double underline]* Small *[end double underline]* hospital.

b. A r *[begin double underline]* Rural *[end double underline]* hospital.

c. A c *[begin double underline]* Critical *[end double underline]* access hospital.

*[begin double underline]* d. Distressed Hospital Loan Program recipient that seeks delay under Section 1.5.2. item 3. beyond January 1, 2030 deadline.

e. Health care district hospital that seeks delay under Section 1.5.2 item 3. beyond January 1, 2030 deadline. *[end double underline]*

The eligible hospitals shall meet both of the following criteria:

1. Compliance imposes a financial burden on the applicant that may result in hospital closure.

2. The hospital closure would substantially impact the accessibility of health care in the communities surrounding the hospital.

*[begin double underline]* **1.9.2 Grant Requirements**.

1. Grants shall provide a general acute care hospital with funds to secure an SPC-4D assessment for purposes of planning for, and estimating the costs of, complying with Health and Safety Code Section 130065.

2. A general acute care hospital receiving a grant for an assessment shall provide the estimated cost of SPC-4D compliance to the Department.

3. A general acute care hospital that has received a grant for an assessment may apply for a grant for purposes of complying with Health and Safety Code Section 130065.

4. For a general acute care hospital that already has an SPC-4D assessment approved by the Department, the Department may award the general acute care hospital grant money for purposes of complying with Health and Safety Code Section 130065.

5. If state funds are appropriated to the Small and Rural Hospital Relief Fund for the purpose of complying with Health and Safety Code Section 130065, before being awarded state funds, a hospital that qualifies for assessment grants shall submit financial information to HCAI, on a form as required by HCAI, related to all of the following:

a) Whether the hospital has attempted to secure other methods of funding for SPC-4D compliance, including federal funding, and if not, the reason why.

b) The accuracy of the hospital’s SPC-4D cost estimates and confirmation that the estimated costs are only for purposes of SPC-4D compliance.

c) The hospital’s need for assistance due to financial hardship and lack of ability to finance the required improvements, in order to access state funds.

6. In awarding grants, HCAI shall have the authority to deny any costs from the completed assessment that the Department determines are not necessary to comply with SPC-4D requirements. *[end double underline]*

**1.10 Integrated Review for seismic compliance projects.**

1. Purpose. The purpose of integrated review is to provide technical assistance to a hospital’s project team in the development of a cost-efficient structural or non-structural seismic retrofit program. A cost-efficient retrofit program is one that achieves a compliant condition for SPC-4D/SPC-5 and NPC-3/NPC-4/NPC-4D and NPC-5 with no more work than is necessary to attain the rating while limiting impact to operations from project delivery.
2. Voluntary requests. The Office *[begin double underline]* Department *[end double underline]*, at its sole discretion, may enter into a written agreement with the hospital governing board or authority for an Integrated Review. A hospital may request Integrated Review to aid in the planning and implementation of a seismic retrofit project for a general acute care hospital building. The fee for Integrated Review shall be on a Time and Materials Basis.
3. State grant program participation. A hospital seeking funds from a state grant program for seismic improvements for a building providing general acute care is required to engage the Office for Integrated Review in development of a seismic improvement project or program. Integrated Review is required for pre-design and design phases of compliance project development for state-funded projects. Fees for Integrated Review are on a Time and Materials Basis unless otherwise funded through the grant program’s enabling legislation.

**Rationale:** Assembly Bill 869 (Wood, Chapter 801, Statutes of 2024) Hospitals: seismic safety compliance. This statute establishes a process for small, rural, critical access and district hospitals, as well as hospitals that are recipients of the Distressed Hospital Loan Program, to seek a delay of up to three years to the seismic safety compliance deadline of January 1, 2030, and also provides HCAI with discretion to extend the delay by an additional two years, if certain conditions are met. The law requires HCAI to adopt regulations and standards, or revise existing regulations and standards, or both, to implement the provisions of Health and Safety Code Section 130065 as amended and the addition of Health and Safety Code Sections 130078.5 and 130078.6. HCAI is further amending the 2024 Triennial Code Cycle, Part 1, California Administrative Code during the 15-day public comment period as the code change proposals are sufficiently related to the current OSHPD 03/24 proposal as well as satisfies the urgency of the legislative mandate.

#### Notation:

Authority: Health and Safety Code, Sections 1275, 18929, 129850

Reference(s): Health and Safety Code, Sections 129675-130079

### ITEM 5CHAPTER 7 SAFETY STANDARDS FOR HEALTH FACILITIESARTICLE 3 APPROVAL OF CONSTRUCTION DOCUMENTS

[Carry forward existing amendments from the 2022 California Administrative Code. Specific amendments shown below.]

**7-113. Application for plan, report, or seismic compliance extension review.**
*[No 15-day code change.]*

**7-115. Preparation of construction documents and reports.**

(a) All construction documents or reports, except as provided in (c) below shall be prepared under an architect or *[begin double underline]* professional *[end double underline]* engineer in responsible charge. Prior to submittal to the ~~o~~Office, the architect or *[begin double underline]* professional *[end double underline]* engineer in responsible charge for a project shall sign every sheet of the drawings, and the title sheet, cover sheet or signature sheet of specifications and reports. A notation ~~may~~ shall be permitted to be provided on the drawings indicating the architect’s or engineer’s role in preparing and reviewing the documents.

1. Except as provided in paragraph 2 below, the architect or engineer in responsible charge of the work shall be an architect or structural engineer.
2. For the purposes of this section, a mechanical, electrical, ~~or~~ civil, or fire protection engineer ~~may~~ shall be permitted to be the engineer in responsible charge of alteration or repair projects that do not affect architectural or structural conditions, and where the *[begin double underline]* professional engineer is duly qualified to perform the services in that branch of engineering. *[end double underline]* work is predominately of the kind normally performed by mechanical, electrical or civil engineers.
3. The architect or engineer in responsible charge ~~may~~ shall be permitted to delegate the preparation of construction documents and administration of the work of construction for designated portions of the work to other architects and/or *[begin double underline]* professional *[end double underline]* engineers as provided in (b) below. Preparation of portions of the work by others shall not be construed as relieving the architect or engineer in responsible charge of his rights, duties and responsibilities under Section 129805 of the Health and Safety Code.

(b) Architects or engineers licensed in the appropriate branch of engineering, ~~may~~ shall be permitted to be responsible for the preparation of construction documents and administration of the work of construction as permitted by their license, and as provided below. Architects and engineers shall sign and affix their professional stamp to all construction documents or reports that are prepared under their charge. All construction documents shall be signed and stamped prior to issuance of a building permit.

1. The structural construction documents or reports shall be prepared by a structural engineer. ~~Architects may prepare construction documents and reports as permitted by their license.~~
2. A mechanical or electrical engineer ~~may~~ shall be permitted to prepare construction documents or reports for projects where the work is predominately of the kind normally prepared by mechanical or electrical engineers.
3. A civil engineer or an architect ~~may~~ shall be permitted to prepare construction documents or reports for the anchorage and bracing of nonstructural ~~equipment~~ components.
4. A fire protection engineer shall be permitted to prepare construction documents or reports for fire protection systems.

(c) A licensed specialty contractor ~~may~~ shall be permitted to prepare construction documents and ~~may~~ shall be permitted to administer the work of construction for health facility construction projects, subject to the following conditions:

1. The work is performed and supervised by the licensed specialty contractor who prepares the construction documents,

2. The work is not ordinarily within the standard practice of architecture and engineering,

3. The project is not a component of a project prepared pursuant to 7-115(a) and (b),

4. The contractor responsible for the design and installation shall also be the person responsible for the filing of reports, pursuant to Section 7-151,

5. The contractor shall provide with the application for plan review to the Office a written and signed statement stating that he or she is licensed, the number of the license, and that the license is in full force and effect, and

6. The work is limited to one of the following types of projects:

A. Fire protection systems where none of the fire sprinkler system piping exceeds 21/2 inches (63.5 mm) in diameter.

B. Low voltage systems not ~~in excess of~~ more than 91 volts. These systems include, but are not limited to, telephone, sound, cable television, closed circuit video, nurse call systems and power limited fire alarm systems.

C. Roofing contractor performing reroofing where minimum 1/4-inch (6.4 mm) on 12-inch (305 mm) roof slopes are existing and any roof mounted equipment needing remounting does not exceed 400 pounds.

D. Insulation and acoustic media not involving the removal or penetration of fire-rated walls, or ceiling and roof assemblies.

(d) The specification and use of preapprovals does not preempt the plan approval and building permit process. Construction documents using preapprovals shall be submitted to the Office for review and approval and issuance of a building permit prior to the start of construction.

1. The registered design professional, in conjunction with the registered design professional in responsible charge, listed on the plan review application or the building permit application, shall review all qualities, features, and/or properties to ensure code compliance, appropriate integration with other building systems, and proper design for the project-specific conditions and installation. Stamping and signing of construction documents as required in subsection (a) and (b) shall be for this purpose only.

2. When ~~preapprovals~~ OSHPD Preapproved Details (OPDs) or preapproved distribution system details are used, ~~they~~ applicable preapproved details shall be incorporated into the construction documents. Incorporation by reference only is not permitted. ~~Preapprovals must~~ The preapproved details shall be incorporated without any material modifications. This subsection shall not apply if modifications ~~are made to~~ materially alter the preapproved details.

3. ~~Preapprovals~~ Preapproved details submitted after the construction documents have been approved and a building permit has been issued shall be incorporated into the construction documents in accordance with Section 7-153.

4. The use of preapproved details ~~must~~ shall ~~strictly~~ comply with all manufacturer’s instructions, conditions, special requirements, etc., which are a part of the preapproval.

5. Conditions not covered by a preapproval shall be substantiated with calculations, drawings, specifications, etc., stamped and signed by the registered design professional and signed by the registered design professional in responsible charge listed on the plan review application or building permit application and ~~must~~ shall be submitted to the OSHPD for review and approval prior to construction.

**Rationale: Section 7-115**During the code development cycle, HCAI staff worked with the Board for Professional Engineers, Land Surveyors, and Geologists on Section 7-115 specific to Fire Protection Engineers. HCAI received a public comment from the Board suggesting that “Whenever, the term “engineer” is used to refer to an individual, that term should read as “professional engineer” so that it is consistent with the PE Act …”. Additionally, the existing phrase “predominately of the kind normally performed by…” is vague and HCAI is editing it to align with Health and Safety Code 129805.

…

**7-117. Site data.** *[No 15-day code change.]*

…

**7-133. Fees.**

…

(o) **SPC-1 h**H**ospital building seismic compliance extensions.** The Office *[begin double underline]* Department *[end double underline]* shall charge actual costs to cover the review and verification of the extension documents submitted, pursuant to Section 130060(g) of the Health and Safety Code. The total cost paid for these services shall be nonrefundable.

**Rationale: Section 7-133**
Assembly Bill 869 (Wood, Chapter 801, Statutes of 2024) Hospitals: seismic safety compliance. This statute establishes a process for small, rural, critical access and district hospitals, as well as hospitals that are recipients of the Distressed Hospital Loan Program, to seek a delay of up to three years to the seismic safety compliance deadline of January 1, 2030, and also provides HCAI with discretion to extend the delay by an additional two years, if certain conditions are met. The law requires HCAI to adopt regulations and standards, or revise existing regulations and standards, or both, to implement the provisions of Health and Safety Code Section 130065 as amended. HCAI is further amending the 2024 Triennial Code Cycle, Part 1, California Administrative Code during the 15-day public comment period as the code change proposals are sufficiently related to the current OSHPD 03/24 proposal as well as satisfies the urgency of the legislative mandate.

#### Notation:

Authority: Health and Safety Code, Sections 1275, 18929 and 129850

Reference(s): Health and Safety Code, Section 129675-130079