



2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov



***** SPECIAL NOTICE *****

This meeting will be held in-person at the locations noted below, as well as by teleconference. Committee members and members of the public may fully participate from their own locations.

NOTICE OF PUBLIC MEETING

HOSPITAL BUILDING SAFETY BOARD

Structural and Nonstructural Regulations Committee

Date:

Monday, November 7, 2022
1:00 p.m. – 4:00 p.m.

Please note late start time.

Locations:

Department of Health Care Access and Information
[2020 West El Camino Avenue, Suite 930](#)
[Sacramento, CA 95833](#)

Department of Health Care Access and Information
[355 South Grand Avenue, Suite 2000](#)
[Los Angeles, CA 90071](#)

Teleconference Meeting Access:

[HBSB Teams SNSR Committee](#)

For more detailed instructions on attending or joining the meeting, see pages 3 and 4.

Committee Members:

Jim Malley, Chair; Farzad Naeim, Vice-Chair; Cody Bartley; Bruce Clark;
Mark Hershberg*; Mike Hooper; David Khorram; Marshall Lew; Michelle Malone*;
Jennifer Thornburg

HCAI Staff:

Joe LaBrie; Roy Lobo; David Neou; Carl Scheuerman; Jamie Schnick; Ali Sumer;

*Consulting Member

1. Call to Order and Welcome

Facilitator: Jim Malley, Committee Chair (or designee)

2. Roll Call and Meeting Advisories/Expectations

Facilitator: Ken Yu, Executive Director (or designee)

3. Draft HCAI Policy Intent Notice (PIN) Assembly Bill (AB) 1882, Hospitals: Seismic Safety

Facilitator: Ali Sumer, HCAI (or designee)

- AB 1882 requires, on or before January 1, 2024, and annually thereafter, the hospital owner to provide an annual status update on the Structural Performance Category ratings of the buildings and the services provided in each hospital building on the hospital campus, until compliance, to specified entities, including the Department, the county board of supervisors, and the local office of emergency services or the equivalent agency. AB1882 also requires notifying patients and the public that the hospital is not in compliance with seismic safety regulations and standards. This Draft Policy Intent Notice (PIN) provides a policy for the implementation of the hospital seismic safety public notices and status updates for hospital buildings per Assembly Bill 1882 (Chapter 584, Statutes of 2022).
- Discussion and public input

PIN 75

Hospital Seismic Safety

Public Notices and

Annual Status Update Reporting



Facilities Development Division
Department of Health Care Access and Information
2020 W. El Camino Ave, Suite 800 • Sacramento, CA 95833 • (916) 440-8300
355 S. Grand Ave, Suite 1900 • Los Angeles, CA 90071 • (213) 897-0166

POLICY INTENT NOTICE (PIN)

SUBJECT

Hospital Seismic Safety
Public Notices and Annual Status Update Reporting

PIN: 75

Effective: XX/XX/XXXX



PURPOSE

The purpose of this Policy Intent Notice (PIN) provides a policy for the implementation of the hospital seismic safety public notices and status updates for hospital buildings per Assembly Bill (AB) 1882 (Chapter 584, Statutes of 2022).

BACKGROUND

AB 1882 seeks to raise the awareness of a general acute care hospital's compliance with the seismic safety regulations or standards outlined in the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (HFSSA) through public notices, hospital campus postings, Department of Health Care Access and Information (HCAI) website, and annual status updates until compliance is achieved.

AB 1882 amended Health and Safety Code Section (HSC) 130055, and added Sections 130002, 130006, and 130066.5:

130002

(a) The Legislature finds and declares all of the following: (a) The Legislature finds and declares all of the following:

(1) Following a major earthquake, Californians will rely on their community hospitals to provide care to those who are injured, to continue to care for those already within the hospital, and to respond to the emergent needs of new patients.

(2) Under existing law, all hospital buildings providing acute care services in California are required to be fully functional to provide care following an earthquake as of 2030. This standard includes both structural performance categories (SPC) and nonstructural performance categories (NPC), such as for electricity, water, sewage, oxygen, and other mechanical and electrical systems.

PURPOSE

The purpose of this Policy Intent Notice (PIN) provides a policy for the implementation of the hospital seismic safety public notices and status updates for hospital buildings per Assembly Bill (AB) 1882 (Chapter 584, Statutes of 2022).

BACKGROUND

AB 1882 seeks to raise the awareness of a general acute care hospital's compliance with the seismic safety regulations or standards outlined in the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (HFSSA) through public notices, hospital campus postings, Department of Health Care Access and Information (HCAI) website, and annual status updates until compliance is achieved.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 130002 is added to the Health and Safety Code, to read:

130002. (a) The Legislature finds and declares all of the following:

(1) Following a major earthquake, Californians will rely on their community hospitals to provide care to those who are injured, to continue to care for those already within the hospital, and to respond to the emergent needs of new patients.

(2) Under existing law, all hospital buildings providing acute care services in California are required to be fully functional to provide care following an earthquake as of 2030. This standard includes both structural performance categories (SPC) and nonstructural performance categories (NPC), such as for electricity, water, sewage, oxygen, and other mechanical and electrical systems.

(3) The Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, which was passed after the 1971 Sylmar earthquake that caused the collapse of the Veteran Administration Hospital and killed 47 people, as well as the collapse of large sections of Olive View County Hospital, which led to its closure six weeks after it opened, required that new hospital construction be seismically sound. The act's focus on new hospital construction was based on the understanding that the useful life of hospital buildings was 20 to 30 years and that most existing hospital buildings would be replaced by the mid-1990s.

(4) The 1994 Northridge earthquake showed that nonstructural damage is a serious threat to patient safety and a hospital's capacity to function. Also, as of 1994, most hospital buildings still predated 1972 and thus were at risk of collapse in a major earthquake.

(5) As of 2022, most hospitals in California do not fully meet the seismic safety standards that will be required in order to remain operational past the 2030 deadline.

(6) Patients receiving care in seismically deficient hospitals when an earthquake occurs will be at risk of needing to be immediately evacuated, even if other hospitals in the area have also been impacted by the earthquake. Additionally, seismically deficient hospital buildings may not be available to treat new patients.

(7) It is critical for cities, counties, and the state to fully understand hospitals' seismic safety compliance in order to prepare earthquake response and recovery plans.

(b) The Legislature reaffirms its commitment to Californians that hospitals will be fully functional and able to provide hospital care to Californians after an earthquake.

(c) Therefore, it is the intent of the Legislature to ensure that the Department of Health Care Access and Information, Office of Emergency Services, relevant local government entities, and other interested parties are notified of the status of acute care hospitals' compliance with existing requirements that the facilities be fully functional to provide care following an earthquake as of 2030.

SEC. 2. Section 130006 is added to the Health and Safety Code, to read:

130006. (a) A hospital building that is classified as SPC-2 shall be identified as “These buildings do not significantly jeopardize life, but may not be repairable or functional following an earthquake” on the department’s internet website and in all documents and submissions to the department by the hospital owner relating to compliance with Section 130065.

(b) A hospital building that is classified as both SPC-5 and NPC-5 may be labeled “earthquake resilient” on the department’s internet website and in all documents and submissions to the department by the hospital owner relating to compliance with Section 130065.

SEC. 3. Section 130055 of the Health and Safety Code is amended to read:

130055. On and after July 1, 2023, general acute hospital building owners shall do both of the following annually until each of the hospital buildings owned by that hospital building owner is compliant with Section 130065.

(a) Include all pertinent information regarding the building’s expected earthquake performance in emergency training, response, and recovery plans.

(b) Include all pertinent information regarding the building’s expected earthquake performance in capital outlay plans.

130065. In accordance with the compliance schedule approved by the department, but in any case no later than January 1, 2030, owners of all acute care inpatient hospitals shall either:

- (a) Demolish, replace, or change to nonacute care use all hospital buildings not in substantial compliance with the regulations and standards developed by the department pursuant to the Alfred E. Alquist Hospital Facilities Seismic Safety Act and this act.
- (b) Seismically retrofit all acute care inpatient hospital buildings so that they are in substantial compliance with the regulations and standards developed by the department pursuant to the Alfred E. Alquist Hospital Facilities Seismic Safety Act and this act.

Upon compliance with this section, the hospital shall be issued a written notice of compliance by the department. The department shall send a written notice of violation to hospital owners that fail to comply with this section.

Statute Unchanged (*Amended by Stats. 2021, Ch. 143, Sec. 336. (AB 133) Effective July 27, 2021.*)

SEC. 4. Section 130066.5 is added to the Health and Safety Code, to read:

130066.5. (a) Before January 1, 2024, the owner of an acute care inpatient hospital that includes a building that does not substantially comply with the seismic safety regulations or standards described in Section 130065 shall post in any lobby or waiting area generally accessible to patients or the public a notice provided by the department that the hospital is not in compliance with the seismic safety requirements that the hospital is required to meet by January 1, 2030. The notice shall be posted until the time the owner receives notification from the department that it meets the requirements described in Section 130065.

(b) On or before January 1, 2024, and annually thereafter, the owner of an acute care inpatient hospital that includes a building that does not substantially comply with the seismic safety regulations or standards described in Section 130065 shall provide an annual status update on the Structural Performance Category ratings of the buildings and the services provided in each hospital building on the hospital campus to all of the following entities until each of the hospital buildings owned by that hospital building owner is compliant with Section 130065:

- (1) The county board of supervisors in whose jurisdiction the hospital building is located.
- (2) The city council in whose jurisdiction the hospital building is located, if applicable.
- (3) Any labor union representing workers who work in a building that does not substantially comply with the seismic safety regulations or standards described in Section 130065.
- (4) The board of directors of the special district or joint powers agency that provides fire and emergency medical services in the jurisdiction in which the hospital building is located, if applicable.
- (5) The department.
- (6) The board of directors of the hospital.
- (7) The local office of emergency services or the equivalent agency.
- (8) The Office of Emergency Services.
- (9) The medical health operational area coordinator.

(c) Before July 1, 2023, the department shall develop the notice required in subdivision (a) with the intent that the notice will clearly convey to patients and the public that the hospital building does not meet seismic safety standards intended to ensure that the hospital will be capable of continued operation following an earthquake. For SPC-2 buildings, the notice shall clearly state, "The State of California has determined that this building does not significantly jeopardize life, but may not be repairable or functional following an earthquake." For other buildings that are not compliant with the seismic safety regulations or standards described in Section 130065, the notice shall state, "The State of California has determined that the hospital building is at risk of not being functional to provide care to its patients or the community after an earthquake." In its discretion, the department may develop multiple notices in order to provide a more detailed description of different hospital buildings' failure to meet the seismic safety regulations or standards described in Section 130065.

POLICY

This PIN implements the intent of the Legislature in HSC §130002 and provides the provisions specified in HSC §130006, §130055, and §130066.5 for hospital seismic safety posting of public notices and annual status updates.

***Definitions:* California Administrative Code, California Code of Regulations, Title 24, Part 1
CHAPTER 6 SEISMIC EVALUATION PROCEDURES FOR HOSPITAL BUILDINGS**

"Structural Performance Category (SPC) means a measure of the probable seismic performance of building structural systems and risk to life posed by a building subject to an earthquake, as defined in Article 2, Table 2.5.3 of these regulations."

"Nonstructural Performance Category (NPC) means a measure of the probable seismic performance of building contents and nonstructural systems critical to providing basic services to inpatients and the public following an earthquake, as defined in Article 11, Table 11.1 of these regulations." The NPC requirements, unlike SPC requirements, are cumulative, and not different options.

POLICY

Identification of General Acute Care Buildings on HCAI Website

SPC-2 buildings are identified on the HCAI website as “These buildings do not significantly jeopardize life, but may not be repairable or functional following an earthquake”.

SPC-5/NPC-5 buildings are identified on the HCAI website as “Earthquake Resilient”.

Identification of General Acute Care Buildings for HCAI Projects

For SPC-2 and SPC-5/NPC-5 buildings, the following documentation shall include building identification:

1. On the title sheet of construction drawings and title sheet of specifications. The following documents and/or forms are excluded: Amended Construction Documents (ACD), Request for Information (RFI), Calculations, and Testing, Inspection & Observation (TIO).
2. On the title sheet of seismic compliance evaluation reports.

POLICY

Public Notice Requirements

Buildings compliant with HSC §130065 means buildings with SPC-3/NPC-5, SPC-4D/NPC-5, SPC-4/NPC-5, or SPC-5/NPC-5 ratings. Therefore, before January 1, 2024, the owner of an acute care inpatient hospital that includes a general acute care (GAC) building that is not SPC-3/NPC-5, SPC-4D/NPC-5, SPC-4/NPC-5, or SPC-5/NPC-5 shall post a notice in a public space, designated as any lobby or waiting area.

The proposed location and the content of the notice are required to be accepted by the department through a construction project submittal.

The notice sign shall be in accordance with the California Building Code, California Code of Regulations, Title 24, Part 2, Volume 2, CHAPTER 11B, Division 7, Section 11B-703 Signs.

For each general acute care hospital building, the type of notices shown in the following table are required. For all notice types, the SPC and NPC rating of the building shall be included. The format of an Example Notice is shown in Appendix A.

Notice Requirements of General Acute Care (GAC) Buildings

	NPC-1, 2, 3, 4D, 4	NPC-5
SPC-1	Notice Type A	Notice Type A
SPC-2	Notice Type B	Notice Type B
SPC-3	Notice Type C	Notice not required, see optional Notice Type D
SPC-4D	Notice Type C	Notice not required, see optional Notice Type D
SPC-4	Notice Type C	Notice not required, see optional Notice Type D
SPC-5	Notice Type C	Notice not required, see optional Notice Type E

Notice Requirements of General Acute Care (GAC) Buildings

Notice Type A:

“The State of California has determined that this hospital building does not meet seismic safety standards. This building may jeopardize life and is a danger to the public in an earthquake.”

Notice Type B:

“The State of California has determined that this building does not significantly jeopardize life, but may not be repairable or functional following an earthquake.”

Notice Type C:

“The State of California has determined that the hospital building is at risk of not being functional to provide care to its patients or the community after an earthquake.”

Notice Type D:

“The State of California has determined that the hospital building meets seismic safety standards, but the hospital building may not be functional to provide care to its patients or the community after an earthquake.”

Notice Type E:

“Earthquake Resilient Building”

POLICY

Submission for Annual Status Reporting

On and after July 1, 2023, acute care hospital building owners shall comply by submitting a status report under the provisions of Assembly Bill 1882. The report shall include the services provided in each hospital building.

The reporting shall include all GAC buildings in a facility where any one GAC building is not compliant with HSC §130065. For example, if one of the GAC buildings is SPC-2/NPC-3 and all other GAC buildings are SPC-5/NPC-5, all services in all GAC buildings (including SPC-2 and SPC-5 buildings) are required to be reported annually per HSC §130066.5.

This report shall be submitted annually so long as the facility contains any buildings providing general acute care services that are not SPC-3/NPC-5, SPC-4/NPC-5, SPC-4D/NPC-5, SPC-5/NPC-5.

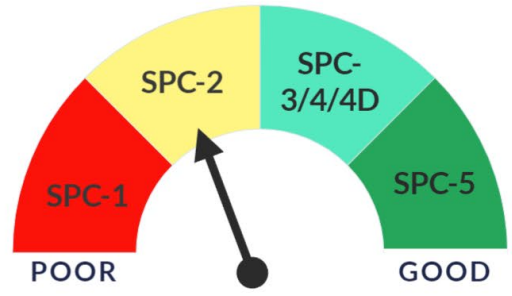
The annual reporting period to HCAI is December 1 through December 15. The annual status report shall be submitted electronically using the eServices Portal located on the HCAI website. A user guide with instructions for submission will be made available.

Example Notice

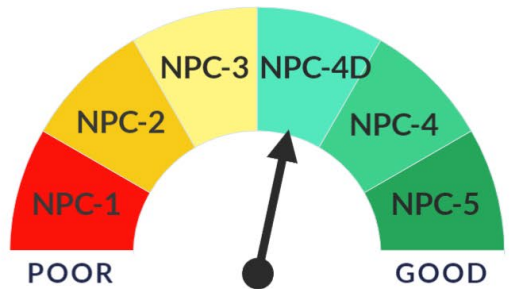


This Building's Seismic Performance Rating


Structural



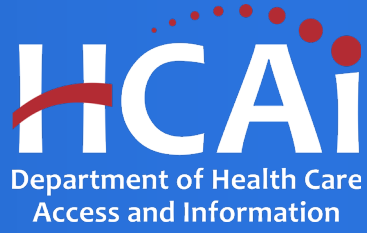
Non-Structural



The State of California has determined that this building does not significantly jeopardize life, but may not be repairable or functional following an earthquake.

More info: 

Facility ID: 1xxx
BLD-0xxxx



Questions?

4. Proposed amendments to the 2022 California Administrative Code, Title 24, Part 1, Chapter 6, Small and Rural Hospital Relief Program

Facilitators: Ali Sumer, HCAI (or designee)

- Senate Bill 395 (Chapter 489, Statutes of 2021) established the Small and Rural Hospital Relief Program for the purpose of funding seismic safety compliance with respect to small hospitals, rural hospitals, and critical access hospitals in the state. Proposed amendments provide details for the implementation of the program.
- Discussion and public input



Department of Health Care
Access and Information



**Small and Rural Hospital
Relief Program**

Program Update and Part 1 Chapter 6 Amendments

Carl Scheuerman, Seismic Compliance Unit

HBSB SNSR Committee Meeting – 11/7/2022

What is Small and Rural Hospital Relief Program?

- A grant program administered by Office of Health Facility Loan Insurance (OHFLI) for qualified hospitals to seek funding for seismic safety compliance projects.
- To support and enhance the effort of small, rural and Critical Access Hospitals through funding and technical assistance for building safety and resiliency
- To preserve access to general acute care for the communities they serve.

Small & Rural Hospitals:

11 Facility Applications to date

- Eleven hospitals have initiated application for program admission.
- Three have revised Compliance Plans approved:
 - Two facilities proposing Retrofit, one in Monterey County, one in Kern County
 - One facility proposing Rebuild in Plumas County
- Eight applications pending Compliance Plan submissions:
 - 2 in Fresno County
 - 1 each in Humboldt, Lake, Modoc, San Bernardino, Shasta and Yolo.



Part 1 Title 24 Chapter 6 replacing PIN 71

- PIN 71 was adopted to reduce barriers to program startup due to SB 395 having been adopted without emergency regulation authority.
- T-24 language is proposed to address three key points:
 - Define “Integrated Review” as applied to retrofit scheme development.
 - Bring revised compliance plan requirements into code, applicable to all facilities
 - Create provision in code for SRHRP and any subsequent funding program

Definitions:

Chapter 6 SEISMIC EVALUATION PROCEDURES FOR HOSPITAL BUILDINGS ARTICLE 1 DEFINITIONS AND REQUIREMENTS

1.2 Definitions.

INTEGRATED REVIEW as applied in this chapter is the process that engages the Office, at its sole discretion, early in the project design and continues through the development and submission of documents during the design phases of conceptualization, criteria design, detailed design, implementation documents, office review, and final plan approval of a seismic retrofit project.

SMALL AND RURAL HOSPITAL RELIEF PROGRAM is established under the administration of the Office of Health Facility Loan Insurance (OHFLI) within the Department of Health Care Access and Information (HCAI) for the purpose of funding seismic safety compliance with respect to small hospitals, rural hospitals, and critical access hospitals in the state. OHFLI is responsible to validate applicant eligibility based on statute (HSC 130075 et. seq.) and administers the program with services provided by the Office.

Definitions:

STATE GRANT PROGRAM means a program established by the state to provide grant funding for seismic improvement projects for buildings used to provide general acute care services. Management of a state grant program may be under the auspices of any department designated by the state. Standards for participation in each program are set in its enabling statute. Use of the Integrated Review process is required for a hospital's retrofit projects when seeking participation in a state grant program. A hospital receiving funding from a state grant program for seismic retrofit is expected to develop cost-efficient retrofit plans that achieves a compliant condition with no more work than is necessary to attain the rating while limiting impact to operations from project delivery.

Revised Compliance Plans:

Current 1-6-1.4.5 is replaced with simplified requirements to conform to PIN 71:

A change to an approved Compliance Plan must be submitted by a hospital owner when the method or schedule to achieve compliance changes. A revised Compliance Plan will contain the following information at a minimum:

1. Facility name, address and five-digit facility identification number;
2. List of all hospital buildings in use by the facility for general acute care that are not in full compliance with HSC §130065, with an inventory of services in each affected building;
3. Proposed Method of Compliance for each building:
 - a. Retrofit – modify the building in a manner that qualifies for a performance rating of SPC-4D or SPC-5 and NPC-5;
 - i. If retrofit is the proposed method of compliance, describe the method of improvement for each affected building's structural (SPC) and non-structural (NPC) performance rating.
 - b. Replace – relocation of general acute care services to an existing conforming building;
 - c. Rebuild – relocation of general acute care services to a new SPC-5/NPC-5 building.
4. Compliance program schedule. Schedule provides anticipated dates for submission of the following activities:
 - a. Pre-design scopes of work including geotechnical studies, materials testing sampling and reports and retrofit concept review.
 - b. Design-phase activity, to include timing for plan submission and approval.
 - c. Construction-phase activity, to include permit date, construction commencement and completion.
5. List of approved OSHPD names and numbers for building evaluations, materials testing project and reports, and compliance construction projects related to the improvement plan description.

Enabling Language

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 statute for each program. Validation for participation is determined by the managing organization. Participation in a state grant program does not reduce the performance standards required for a seismic performance rating upgrade.

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. OHFLI determines eligibility of a hospital to participate in program on the following criteria:

- a. A small hospital.
- b. A rural hospital.
- c. A critical access hospital.
- d. Compliance imposes a financial burden on the applicant that may result in hospital closure.
- e. The hospital closure would substantially impact the accessibility of health care in the communities surrounding the hospital.

Enabling Language

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, at its sole discretion, may enter into a written agreement with the hospital governing board or authority for an integrated seismic retrofit 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 seismic compliance 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.

Request to Endorse Proposed Code Revisions

- The Small and Rural Hospital Relief Program respectfully requests a motion to endorse adoption of proposed regulations



**Small and Rural Hospital
Relief Program**



5. Committee Goals for 2023

Facilitators: Jim Malley, Committee Chair (or designee)

- Discuss goals for Committee in the coming year
- Discussion and public input

LIST OF SNSR COMMITTEE GOALS FOR 2022

- Support HCAI with review of code changes (ongoing)
- Support HCAI with review of new/revised PINs, CANs, and OPDs (ongoing)
- Implementation of SPC-4D and NPC-4D
- Issues regarding repurposing hospital buildings (ongoing)
- Develop pre-approved details
- Revisit NPC-5 requirements (in progress)

LIST OF POTENTIAL SNSR COMMITTEE GOALS FOR 2023

- Seismic compliance issues related to NPC-3, NPC-4D and NPC-5. Streamlining the process for compliance to meet the statutory and regulatory deadline.
- Review of Code amendments that are now obsolete as those issues have been addressed in model code.
- Develop and implement procedures and enforceable building standards to ensure safe and sustainable healthcare facilities.
- New products, materials and methods that would benefit the public by early adoption rather than wait for their incorporation in the building code.

LIST OF POTENTIAL SNSR COMMITTEE GOALS FOR 2023 (Cont.)

- Increase IOR competency. Is adequate testing and inspection happening in the field? Roles and responsibilities of the Design Professional and HCAI.
- Implementation of small and rural hospital relief program, increase technical assistance and awareness.
- Implementation of AB 1882 requirements. Reach out to stakeholders via seminars and webinars to raise awareness.
- Training and outreach to industry on code changes and tips for working with HCAI. Could be either via webinars or in-person training meetings.
- Other issues brought to the committee by HCAI or the public.

6. Comments from the Public/Committee Members on issues not on this agenda

Facilitator: Jim Malley, Committee Chair (or designee)

The Committee will receive comments from the Public/Committee Members. Matters raised at this time may be taken under consideration for placement on a subsequent agenda.