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**HOSPITAL BUILDING SAFETY BOARD  
Structural and Nonstructural Regulations Committee**

**Wednesday, October 23, 2024  
10:00 a.m. – 4:00 p.m.**

**Locations:**

2020 West El Camino Ave, Conference Room 930, Sacramento, CA 95833  
355 South Grand Avenue, Conference Room 2000, Los Angeles, CA 90071  
Teams Meeting Access; Meeting ID: 217 751 658 574; Passcode: xxeomf  
Call in: (916) 535-0978; Phone Conference ID: 248 231 529#

**Committee Members Present**

Jim Malley, Chair  
Cody Bartley  
Louise Belair  
Michael Davis  
Teresa Endres  
Martin Hudson  
Courtney Johnson  
Jennifer Thornburg

**Consulting Members Present**

Mark Hershberg

**HCAI Staff Present**

Chris Tokas  
Joe LaBrie  
Roy Lobo  
Mia Marvelli  
Ali Sumer

**HBSB Staff Present**

Veronica Yuke, Executive Director  
Marcus Palmer  
Evelt Torres

- 1 **1. Call to Order and Welcome**
- 2 **Facilitator:** Jim Malley, SE, Senior Principal, Degenkolb Engineers; Committee Chair
- 3 Jim Malley called the meeting to order at 10:00 a.m., followed by a brief introduction and
- 4 welcome.

1 **2. Roll Call and Meeting Advisories/Expectations**

2 **Facilitator:** Veronica Yuke, Manager, HCAI; Executive Director

3 Veronica Yuke conducted the roll call, confirming a quorum, and outlined meeting  
4 expectations and rules of engagement for both in-person and virtual attendees.

5

6 **3. Triennial Code Cycle update and timelines on proposed amendments to the**  
7 **2025 California Building Standards Code Title 24, Part 1, Part 2, and Part 10**

8 **Facilitator:** Mia Marvelli, Architect, Supervisor; HCAI

9 Mia Marvelli provided a comprehensive update on the progress of the 2025 edition of  
10 the California Building Standards Code. She explained that the updates are focused on  
11 adopting model codes, carrying forward existing amendments, and introducing new  
12 amendments where necessary. Submissions for proposed amendments to Title 24,  
13 Parts 1, 2, and 10, have been finalized and forwarded to the California Building  
14 Standards Commission (CBSC) for review.

15 Mia Marvelli reported that the 45-day public comment period for plumbing, mechanical,  
16 and electrical codes concluded on July 1, 2024. A subsequent 15-day public comment  
17 period addressed minor modifications based on feedback. She noted that structural  
18 design and lateral forces code changes under Part 2, Volume 2, and Part 10, completed  
19 their public comment period on October 21, 2024.

20 Upcoming milestones include public hearings by the CBSC in December 2024, with  
21 formal action expected in January 2025. The adoption of approved amendments is  
22 anticipated in early 2025, with an effective implementation date of January 2026.

23 Mia Marvelli also highlighted amendments to the administrative code, which include  
24 provisions addressing Assembly Bill (AB) 869. This bill provides small and rural  
25 hospitals with the opportunity to seek extensions for the 2030 seismic compliance  
26 deadline. She indicated that a 15-day public comment package on these amendments  
27 is set to be submitted on or around November 8, 2024. The proposed changes will be  
28 reviewed during the December Hospital Building Safety Board meeting, with final  
29 approval anticipated by the CBSC in January 2025.

30 She emphasized that the early adoption of administrative code changes, which will take  
31 effect 30 days after filing with the Secretary of State, ensures expedited implementation  
32 for critical provisions such as those included in AB 869.

33

34 **4. Streamlining the continued use of existing OSHPD Preapproval Programs to**  
35 **align with the new force equation in ASCE 7-22 for supports and attachments,**  
36 **and special seismic certification of nonstructural components**

37 **Facilitator:** Timothy Piland, SE, Senior Structural Engineer; HCAI

1 Timothy Piland delivered a thorough presentation on updating OSHPD Preapproval  
2 Programs to align with the new seismic force equations introduced in ASCE 7-22.  
3 These updates focus on support and attachments, as well as the special seismic  
4 certification of nonstructural components, ensuring compliance with modern standards  
5 in the 2025 California Building Standards Code.

6 Timothy Piland explained that the pre-approval programs, originally designed to  
7 streamline approval processes for critical building components, require modifications to  
8 reflect the updated seismic force provisions in ASCE 7-22. The changes ensure that  
9 California's healthcare facilities maintain resilience against seismic events while  
10 adhering to nationally recognized standards.

11 He emphasized that the modifications will not invalidate current pre-approvals. Instead,  
12 they will include supplementary guidance to clarify how the new force equations should  
13 be applied to supports, attachments, and nonstructural components such as mechanical  
14 and electrical equipment.

15 In addition to technical adjustments, Timothy Piland announced plans for a series of  
16 webinars and educational resources to help stakeholders understand the implications of  
17 the new seismic force equations.

#### 18 **Discussion:**

19 Committee members commended Timothy Piland for presenting a clear and practical  
20 approach to aligning preapproval programs with ASCE 7-22. They inquired about how  
21 the changes might impact existing projects in high-seismic zones and requested further  
22 clarification on the application process for updates to current preapprovals.

23 Timothy Piland assured members that additional resources and staff support would be  
24 provided during the transition.

25 An Interested Party raised questions about the timeline for releasing updated pre-  
26 approval guidelines and the availability of technical support during the implementation  
27 phase. Timothy Piland confirmed that updated documents would be released  
28 concurrently with the 2025 California Building Standards Code, and HCAI would provide  
29 ongoing support for stakeholders during the transition.

30

#### 31 **5. Proposed Policy Intent Notice (PIN) for Steel Quality Assurance (QA) and** 32 **Quality Control (QC)**

33 **Facilitator:** Mohammad Karim, PhD, SE, Supervisor, HCAI; and Bob Lyons, District  
34 Structural Engineer; HCAI

35 Mohammad Karim introduced the proposed PIN for Steel QA and Quality Control QC.  
36 This PIN aims to align California's steel QA/QC requirements with the latest standards  
37 outlined in the International Building Code (IBC) 2024 and American Institute of Steel  
38 Construction (AISC) regulations. Mohammad Karim emphasized the importance of

1 these updates for enhancing compliance, streamlining inspections, and reducing overall  
2 costs for healthcare facilities while maintaining the state’s stringent safety standards.

3 The proposed PIN covers two critical aspects:

- 4 • QA: External inspection protocols conducted by approved agencies to verify  
5 compliance with construction documents and project specifications.
- 6 • QC: Fabricator-led inspections ensuring that steel fabrication and installation  
7 processes meet the required standards.

8 Mohammad Karim explained that the transition to the updated QA/QC framework is  
9 designed to reduce ambiguities in inspection responsibilities, improve documentation  
10 practices, and align with advancements in steel construction practices. He highlighted  
11 the need to move away from legacy requirements to modernize California’s approach to  
12 steel fabrication oversight.

13 Bob Lyons provided additional details about the collaborative development of the PIN.  
14 He noted that it was informed by input from industry stakeholders, including engineers,  
15 fabricators, and inspectors. Bob Lyons emphasized that the proposed changes address  
16 common challenges faced in past projects, such as inconsistencies in inspection  
17 procedures and gaps in accountability between QA and QC roles.

18 **Key Provisions of the PIN:**

- 19 • Incorporating updated requirements for material testing, weld inspections, and  
20 bolting procedures based on AISC 360 and AWS D1.1.
- 21 • Defining roles and responsibilities for fabricators, inspectors, and contractors to  
22 minimize overlaps and ensure clear accountability.
- 23 • Establishing minimum documentation standards for QA/QC processes, including  
24 reports, certifications, and records of non-compliance resolutions.
- 25 • Introducing standardized inspection protocols to streamline approval processes  
26 across healthcare projects.

27 **Implementation Strategy:**

28 Mohammad Karim outlined an incremental rollout of the PIN to allow fabricators and  
29 contractors to adjust to the new requirements without significant disruption. He also  
30 proposed hosting training workshops and informational sessions to educate  
31 stakeholders on the updated standards.

32 **Motion and Vote:**

33 Michael Davis moved to recommend the PIN for approval at the December 2024 Full  
34 Board meeting. Cody Bartley seconded the motion. The committee unanimously  
35 approved the motion.

1 **Discussion:**

2 Committee members praised the clarity and thoroughness of the proposed PIN. They  
3 emphasized the importance of ensuring that smaller fabricators and contractors have  
4 access to adequate training and resources during the transition. Members also  
5 suggested including additional examples in the PIN to illustrate compliance expectations  
6 for complex fabrication scenarios.

7 An Interested Party asked about the timeline for issuing the finalized PIN guidelines and  
8 whether additional public comment opportunities would be available before  
9 implementation. Mohammad Karim assured that feedback received during the  
10 December Board Meeting would be incorporated before finalizing the PIN.

11

12 **6. New automated Seismic Compliance Project portal to facilitate submittals of**  
13 **updated compliance plans**

14 **Facilitator:** Ali Sumer, PhD, SE, Supervisor, HCAI

15 Ali Sumer introduced the automated Seismic Compliance Project Portal, explaining its  
16 primary purpose of streamlining submissions of compliance plans for healthcare  
17 facilities in California. He emphasized the portal's role in supporting facilities to meet the  
18 seismic safety requirements mandated for 2030.

19 Ali Sumer explained that the compliance plans are a roadmap to achieving seismic  
20 compliance, detailing strategies for facilities with varying levels of Structural  
21 Performance Category (SPC) and Nonstructural Performance Category (NPC) ratings.  
22 He stated that the portal represents a high-level solution for tracking and updating  
23 seismic compliance plans that have been required for over 23 years.

24 Ali Sumer confirmed that the portal is currently under development. HCAI plans to roll  
25 out the first phase of the portal by March 2025, focusing initially on acute care hospitals.  
26 Training sessions and resources for facility staff will begin in January 2025 to ensure  
27 smooth adoption.

28 **Key features of the Portal:**

- 29
- 30 • Pre-populated Data: Facilities will benefit from preloaded historical compliance  
information to streamline data entry.
  - 31 • Validation Tools: Automated checks will identify incomplete or non-compliant  
32 submissions prior to finalization.
  - 33 • Dashboard Access: Facilities can track compliance statuses, upcoming  
34 deadlines, and review cycles in real time.
  - 35 • Public Transparency: A public-facing component will display compliance statuses  
36 without disclosing sensitive details.

- 1 • Amendment Management: Facilities will have the ability to revise and submit  
2 changes to compliance plans through a user-friendly interface.

### 3 **Discussion:**

4 Several committee members praised the portal's potential to modernize the seismic  
5 compliance process:

- 6 • Teresa Endres expressed her enthusiasm for how the portal simplifies access to  
7 critical information for facilities.
- 8 • Michael Davis commended the proactive approach of including automated  
9 features to reduce errors.
- 10 • A committee member raised concerns about internet access challenges for rural  
11 facilities. Ali Sumer responded by emphasizing plans to offer technical support  
12 for underserved regions.
- 13 • The committee supported the Seismic Compliance Project Portal, recognizing its  
14 value in improving efficiency, transparency, and accuracy in seismic compliance  
15 submissions. The phased implementation plan and training resources were well-  
16 received as thoughtful measures to ensure a smooth transition to the automated  
17 system. The portal represents a critical step forward in enabling facilities to meet  
18 the state's seismic safety mandates.
- 19 • An Interested Party asked for clarification on the portal's launch date and  
20 whether the portal would accept extension requests. Ali Sumer confirmed the  
21 target date for launch as March 2025 and affirmed that extension requests would  
22 be integrated into the portal.

### 23 **Action:**

24 Ali Sumer outlined HCAI's plans to:

- 25 1. Finalize the portal's development and complete testing by December 2024.
- 26 2. Host training sessions and create user guides for stakeholders beginning in  
27 January 2025.
- 28 3. Launch the portal in phases, starting with acute care hospitals, by March 2025.

29

## 30 **7. Assembly Bill (AB) 1882 (Chapter 584) requires facilities to report specific** 31 **services provided in each building, and the 2024-period reporting portal will be** 32 **opened on November 1, 2024**

33 **Facilitator:** Ali Sumer

34 Ali Sumer explained that AB 1882 (Chapter 584) mandates general acute care hospitals  
35 to report specific healthcare services provided in each of their buildings. He highlighted

1 that this reporting process ensures transparency and accountability for how hospitals  
2 deliver services across various facilities.

3 Ali Sumer clarified that the reports help the state monitor healthcare service availability  
4 and identify gaps in service delivery. He emphasized that AB 1882 aligns with  
5 California's broader commitment to maintaining high standards in healthcare  
6 infrastructure.

### 7 **2024 Reporting Portal Launch**

8 Ali Sumer announced that the portal for the 2024 reporting period would open on  
9 November 1, 2024. He described the portal as an intuitive system designed to  
10 streamline the submission process.

11 Ali Sumer assured the committee that facilities will have access to preloaded historical  
12 data in the portal, enabling them to review and update existing information rather than  
13 start from scratch. He confirmed that facilities must complete their submissions by the  
14 specified deadline to avoid penalties.

### 15 **Discussion:**

- 16 • Michael Davis asked if facilities would have an opportunity to correct errors in  
17 submitted reports. Ali Sumer confirmed that the portal includes an error-checking  
18 feature that allows for amendments before final submission.
- 19 • A committee member expressed concern about whether smaller facilities with  
20 limited staffing would receive additional support to meet the reporting deadline.  
21 Ali Sumer assured that HCAI would provide detailed guidance and technical  
22 assistance through workshops and an online help center.
- 23 • Ali Sumer received support from the committee for the AB 1882 reporting portal  
24 and its implementation strategy. The committee appreciated the streamlined  
25 process and HCAI's commitment to providing robust support for facilities during  
26 the transition.
- 27 • An Interested Party inquired whether the portal would allow facilities to submit  
28 supplemental documentation for services added after the reporting period begins.  
29 Ali Sumer confirmed that the portal includes a feature for uploading additional  
30 documentation and stated that facilities can amend their reports if operational  
31 changes occur during the reporting period.

### 32 **Action:**

33 Ali Sumer outlined actions for implementing the reporting requirements:

- 34 1. Launch the reporting portal on November 1, 2024.
- 35 2. Provide training sessions and online resources to ensure facilities can meet the  
36 requirements efficiently.

- 1 3. Monitor initial submissions and offer real-time technical support to resolve any  
2 issues.

3  
4 **8. Proposed PIN for design and implementation of anchorage and bracing of**  
5 **NPC items required to meet NPC compliance deadlines**

6 **Facilitator:** Ali Sumer

7 Ali Sumer introduced the proposed focused on the design and implementation of  
8 anchorage and bracing for Nonstructural Performance Category NPC items. He  
9 emphasized that the PIN aims to ensure that healthcare facilities meet the NPC  
10 compliance deadlines outlined in the California Building Standards Code. He  
11 emphasized this PIN specifically addresses the anchorage and bracing of critical  
12 nonstructural components, such as mechanical equipment, piping systems, electrical  
13 conduits, and ceiling assemblies, which are essential for maintaining operations during  
14 and after seismic events.

15 Ali Sumer explained that the proposed PIN provides detailed design criteria,  
16 construction requirements, and inspection protocols for anchoring and bracing  
17 nonstructural elements. These elements are necessary to achieve compliance with  
18 NPC-3, NPC-4, and NPC-5 levels as defined in the state's seismic safety mandates.

19 Ali Sumer highlighted that facilities must comply with the anchorage and bracing  
20 requirements before the final 2030 compliance deadline for NPC-5. He stated that HCAI  
21 plans to finalize and release the PIN by March 2025, giving facilities sufficient time to  
22 align their projects with the updated standards. He also mentioned plans to provide  
23 workshops and technical resources to assist stakeholders in understanding the PIN's  
24 requirements.

25 **Key Components of the Proposed PIN:**

- 26 • **Design Specifications:** The PIN provides precise design requirements for  
27 securing nonstructural components to withstand seismic forces. It incorporates  
28 updated force calculations and performance objectives based on ASCE 7-22.
- 29 • **Implementation Guidelines:** The PIN outlines clear steps for contractors and  
30 engineers to implement anchorage and bracing systems, including pre-  
31 construction approvals, installation checks, and final inspections.
- 32 • **Compliance Pathways:** The PIN describes pathways for facilities to meet  
33 compliance deadlines through phased implementation, prioritizing critical NPC-3  
34 and NPC-4 items first. It also includes provisions for facilities requesting  
35 extensions under AB 869.
- 36 • **Inspection and Documentation:** Facilities must submit detailed documentation of  
37 anchorage and bracing systems, including engineering calculations, testing

1 results, and as-built drawings. The PIN includes standardized reporting templates  
2 to ensure consistency across submissions.

### 3 **Discussion:**

- 4 • Michael Davis expressed support for the PIN, emphasizing its importance in  
5 achieving seismic resilience across healthcare facilities. He requested additional  
6 examples of compliant anchorage systems to be included in the PIN for clarity.
- 7 • A committee member asked whether smaller rural facilities would receive  
8 additional guidance or flexibility in meeting the requirements. Ali Sumer assured  
9 the committee that HCAI plans to offer targeted technical support and outreach  
10 for underserved facilities.
- 11 • Jennifer Thornburg suggested including a checklist of critical NPC items in the  
12 PIN to assist facilities with prioritizing their compliance efforts.
- 13 • The committee expressed support for the proposed PIN, recognizing its value in  
14 improving the design and implementation of anchorage and bracing systems for  
15 NPC compliance. Ali Sumer committed to addressing the committee's feedback  
16 by incorporating additional examples, checklists, and outreach plans into the  
17 finalized PIN.
- 18 • An Interested Party asked how the PIN would address facilities that are behind  
19 schedule on previous NPC compliance phases. Ali Sumer confirmed that the PIN  
20 includes provisions for phased implementation and outlines steps for facilities to  
21 submit extension requests under AB 869.

### 22 **Action:**

- 23 • Complete stakeholder reviews by December 2024.
- 24 • Finalize the PIN and present it at the March 2025 Hospital Building Safety Board  
25 meeting.
- 26 • Launch workshops and technical resources to ensure facilities understand the  
27 updated requirements.

## 28 29 **9. Seismic compliance update on recently signed legislation: AB 869 (Chapter 30 801) and Senate Bill (SB) 1447 (Chapter 896)**

31 **Facilitator:** Ali Sumer

32 Ali Sumer and Chris Tokas presented details on AB 869, which was signed into law on  
33 September 28, 2024. This legislation addresses seismic compliance for specific  
34 categories of hospitals and offers provisions to delay the January 1, 2030, compliance  
35 deadline by up to five years for certain facilities.

1 Ali Sumer explained that AB 869 primarily benefits small, rural, distressed, and health  
2 care district hospitals. These facilities often face significant financial and logistical  
3 barriers to meeting seismic compliance deadlines. He highlighted the following key  
4 components of AB 869:

- 5 • Eligibility for Deadline Extensions: Hospitals meeting specific criteria—including  
6 critical access hospitals, rural hospitals, and facilities with 50 beds or fewer—may  
7 request an extension for seismic retrofitting or other compliance measures until  
8 no later than January 1, 2035.
- 9 • Submission Requirements: Facilities seeking extensions must submit a seismic  
10 compliance plan and, where applicable, a Nonstructural Performance Category  
11 (NPC)-5 evaluation report.
- 12 • Incremental Compliance Milestones: Facilities granted extensions must outline  
13 specific milestones demonstrating adequate progress toward achieving  
14 compliance, subject to approval by the Department of Health Care Access and  
15 Information (HCAI).
- 16 • Penalties for Noncompliance: Ali Sumer noted that facilities failing to meet  
17 approved milestones may face penalties, including restrictions on future building  
18 permits and daily fines.

19 Chris Tokas emphasized that AB 869 aims to balance the state’s seismic safety  
20 mandates with the practical realities faced by under-resourced hospitals. He confirmed  
21 that HCAI will develop new administrative regulations to support the implementation of  
22 AB 869 and will release guidelines for facilities in early 2025.

23 Ali Sumer outlined SB 1447 (Chapter 896), which specifically authorizes Children’s  
24 Hospital Los Angeles to seek an extension of up to three years for seismic compliance  
25 deadlines.

26 Ali Sumer explained that SB 1447 requires the hospital to submit a comprehensive  
27 seismic compliance plan and an NPC-5 evaluation report by January 1, 2025. The  
28 hospital must demonstrate substantial progress through major milestones approved by  
29 HCAI.

30 **Discussion:**

- 31 • Michael Davis commended the flexibility provided by AB 869 and SB 1447,  
32 noting that these measures would offer critical support to vulnerable hospitals.  
33 He requested clarification on how HCAI will enforce compliance milestones for  
34 facilities receiving extensions.
- 35 • A committee member inquired whether the extension provisions would apply to  
36 future hospitals facing financial hardships. Ali Sumer responded that future  
37 considerations would depend on additional legislative actions and state funding  
38 availability.

- 1 • Jennifer Thornburg suggested developing a standardized framework for  
2 assessing progress milestones to ensure consistency in compliance enforcement  
3 across all facilities.
- 4 • The committee expressed support for the seismic compliance updates presented  
5 under AB 869 and SB 1447. Members recognized the significance of these  
6 legislative measures in addressing the unique challenges faced by small, rural,  
7 and specialized hospitals. Ali Sumer and Chris Tokas committed to ensuring a  
8 smooth implementation process with robust support for eligible facilities.
- 9 • An Interested Party asked if facilities would receive technical support for  
10 developing compliance plans under AB 869. Ali Sumer assured attendees that  
11 HCAI will provide workshops, templates, and dedicated technical assistance to  
12 support facilities during the application process.

13 **Action:**

14 Ali Sumer outlined the next steps for implementing AB 869 and SB 1447:

- 15 • Develop and release administrative regulations to align with the legislative  
16 mandates.
- 17 • Publish application guidelines and compliance plan templates by March 2025.
- 18 • Host training workshops and webinars to assist eligible hospitals with extension  
19 requests.

20

21 **10. Comments from the Public/Committee Members on Issues not on this Agenda**

22 **Facilitator:** Jim Malley

- 23 • A committee member mentioned the need for greater clarity in the timelines for  
24 future regulatory updates to ensure all stakeholders can meet expectations  
25 effectively.
- 26 • Michael Davis suggested that the committee explore improvements in  
27 communication with rural facilities, as these facilities often face unique  
28 challenges in accessing resources and information related to seismic  
29 compliance.
- 30 • Jennifer Thornburg recommended including additional guidance in future PINs to  
31 address specific geological constraints faced by facilities located in high-seismic  
32 regions.

33 **Action:**

- 34 • Jim Malley noted that issues raised during this session would be reviewed for  
35 potential inclusion in the agenda of the next committee meeting. He thanked the

1 committee members and the public for their active participation throughout the  
2 meeting.

3

4 **11. Adjournment**

5 Jim Malley adjourned the meeting at approximately 12:29 p.m.