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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
Evet 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.

2. Roll Call and Meeting Advisories/Expectations

Facilitator: Veronica Yuke, Manager, HCAI; Executive Director

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

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

Facilitator: Mia Marvelli, Architect, Supervisor; HCAI

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

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

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

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

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

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

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.

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

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

The proposed PIN covers two critical aspects:

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

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

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

Key Provisions of the PIN:

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

Implementation Strategy:

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

Motion and Vote:

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

Discussion:

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

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

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

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

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

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

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

Key features of the Portal:

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

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

Discussion:

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

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

Action:

Ali Sumer outlined HCAI's plans to:

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

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

Facilitator: Ali Sumer

Ali Sumer explained that AB 1882 (Chapter 584) mandates general acute care hospitals 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.

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

Action:

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

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

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

Facilitator: Jim Malley

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

Action:

- Jim Malley noted that issues raised during this session would be reviewed for 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.