



# NATIVE AMERICAN HEALTH CENTER

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October 29, 2018

California Building Standards Commission  
2525 Natomas Park Drive, Suite 130  
Sacramento, CA 95833- 2936  
[cbsc@dgs.ca.gov](mailto:cbsc@dgs.ca.gov)

RE: Office of Statewide Health Planning and Development  
2019 California Building Code, California Code of Regulations, Title 24  
*1226.4.3.5 Contiguous functions*

Dear Commission,

On behalf of the Native American Health Center (NAHC), we submit this letter in support of the comments submitted by the California Primary Care Association and formally request that the California Building Standards Commission take a disapprove position on the OSHPD revised proposed amendment, 1226.4.3.5 - Contiguous Functions.

The Native American Health Center is a nonprofit organization serving the California Bay Area Native Population and other under-served populations in the Bay Area since 1972. NAHC has worked at local, state, and federal levels to deliver resources and services for the urban Native community, including medical, dental, behavioral health, diabetes, obesity, substance abuse prevention, HIV/HCV care coordination and prevention.

We recommend the Commission disapprove OSHPD's proposed amendment to 1226.4.3.5 and allow an opportunity for CPCA, OSHPD, and other interested stakeholders to convene and consult as a Community Clinics Advisory Committee ("Advisory Committee") as provided for in Section 1226 of California Health and Safety Code, which reads in relevant part:

OSHPD, in consultation with the Community Clinics Advisory Committee, shall prescribe minimum construction standards of adequacy and safety for the physical plant of clinics as found in the California Building Standards Code.

As highlighted in CPCA's letter, this recommendation is based on the following concerns:

- 1. The proposed language contains an exception that, if utilized, would cause considerable administrative delays.**

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The revised proposed amendment contains an exception that allows certain clinic areas (such as waiting rooms, a staff lounge, or storage rooms) to be located outside the clinic suite upon approval from the California Department of Public Health (CDPH). We are concerned that this approval process will lead to further delays to the licensure process.

## **2. The revised proposed changes to Section 1226.4.3.5 are ambiguous.**

As proposed, the revised proposed changes to Section 1226.4.3.5 contain ambiguities that could lead to confusion and inconsistent application of clinic building standard across the State. The proposed regulation does not define “basic services,” which leaves it open to interpretation. Without a clearer definition in Section 1226.4.3.5, there is no reason to believe that local building jurisdictions, licensed architects, CDPH, and OSHPD would all agree on what exactly is meant by the term “basic services” as used in the proposed regulation.

## **3. The impact of repealing existing standards in Section 1226.4.3.5 are unknown.**

OSHPD has not addressed how the revised proposed amendment to Section 1226.4.3.5 changes the *existing* building code standard contained in Section 1226.4.3.5, which currently relates to “Connections.” By replacing this “Connections” standard with the proposed revised amendment related to “Contiguous functions,” OSHPD is essentially repealing the “Connections” standard entirely. However, we have not seen any mention or analysis of this fact in any documentation prepared by OSHPD in connection with the proposed revised amendment to Section 1226.4.3.5.

**For these reasons, the Native American Health Center requests that the Commission takes a disapprove position on the OSHPD revised proposed amendment, 1226.4.3.5 - Contiguous Functions.**

Sincerely,

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