



californiahealth+



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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

**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 Shasta Community Health Center, 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.

Shasta Community Health Center is a State Licensed Community Clinic and a Federally Qualified Health Center serving the low income residents of Shasta County. We take care of around 40,000 unduplicated patients, over 93% living below Federal Poverty lines. We provide the full range of primary and preventive care as well as oral health, mental health and other specialty care programs.

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.**

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.

Most recently, we constructed an 18,000 square foot new (replacing and older site) primary care facility in the City of Anderson, CA. We submitted our application last March (2018) in anticipation of a long delay based of others experiences. We finished the building in late August with it ready for licensure September 1, 2018 but our application has been hung up in the State Licensing bureaucracy, apparently having been transferred to 3-4 different individuals who have passed along our application because they were no longer there for various reasons. Our \$10 million dollar building, financed with mostly debt, continues to sit empty until Licensing finishes its work while we continue to make payments on the debt of the building. Moreover, low income and special needs patients constantly ask us when they can get in to be served! This delay has been frustrating and underscores how difficult it has been and certainly we do not want to add any further complications that would increase these delays.

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, Shasta Community Health Center requests that the Commission takes a disapprove position on the OSHPD revised proposed amendment, 1226.4.3.5 - Contiguous Functions.

Sincerely,



C. Dean Germano, CEO