

**INITIAL STATEMENT OF REASONS
FOR PROPOSED BUILDING STANDARDS
OF THE DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION/
OFFICE OF STATEWIDE HOSPITAL PLANNING AND DEVELOPMENT
REGARDING THE 2025 CALIFORNIA BUILDING CODE
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 2 VOLUME 1
(OSHPD 02/25)**

The Administrative Procedure Act (APA) requires that an Initial Statement of Reasons be available to the public upon request when rulemaking action is being undertaken. The following information required by the APA pertains to this particular rulemaking action:

STATEMENT OF SPECIFIC PURPOSE, PROBLEM, RATIONALE and BENEFITS

Government Code Section 11346.2(b)(1) requires a statement of specific purpose of each adoption, amendment, or repeal and the problem the agency intends to address and the rationale for the determination by the agency that each adoption, amendment, or repeal is reasonably necessary to carry out the purpose and address the problem for which it is proposed. The statement shall enumerate the benefits anticipated from the regulatory action, including the benefits or goals provided in the authorizing statute.

ITEM 1

**Chapter 12 INTERIOR ENVIRONMENT
Section 1224 [OSHPD 1] - HOSPITALS**

TABLE 1224.4.6.1 STATION OUTLETS FOR OXYGEN. HCAI proposes to clarify Table 1224.4.6.1 to coordinate with the 2022 Facilities Guideline Institute (FGI) Guidelines for Design and Construction of Hospitals, Table 2.1-3. This table provides the oxygen, vacuum, medical air, WAGD and instrument air systems outlets and inlets requirements for hospitals. A new location, line item 26, is added to the table for infant resuscitation. An infant resuscitation space is called out in California Building Code (CBC) Sections 1224.32.3.5 and 1224.32.4.2. An infant resuscitation space is currently required in a Cesarean Delivery room (1224.32.3.5) and may be in a Labor, Delivery, Recovery (LDR) room or Labor, Delivery, Recovery, Postpartum (LDRP) room (1224.32.4.2). Although the infant resuscitation name is the same for both spaces, the requirements are different based on patient acuity (cesarean delivery vs LDRP). Specifically, the medical gas requirements listed in FGI Table 2.1-3 are different for an infant resuscitation located in a cesarean delivery compared to the LDR or LDRP. CBC Table 1224.4.6.1 is proposed for revision to reflect both requirements. This amendment is necessary to clarify the correct number of outlets for the two different types of locations.

Due to a new row added to Table 1224.4.6.1 for infant resuscitation (LDRP), items 26 through 44 will be renumbered to 27 through 45.

Item 28 OB recovery room will be revised from three vacuum inlets to one vacuum inlet per bed to coordinate with the requirements in FGI Table 2.1-3. This clarification aligns the vacuum station outlet requirement with other existing vacuum station outlet requirements in rooms providing similar care to patients of similar acuity.

Item 37 Cardiac catheterization lab will be clarified to require a minimum of one medical air inlet to match the class 2 and class 3 imaging medical gas requirements and to provide consistency with other procedure and operating rooms across Section 1224.

HCAI proposes revising footnote 3 of CBC Table 1224.4.6.1 to coordinate with FGI Table 2-1.3, footnote 2. WAGD inlets are only required to be provided in operating rooms for support of general anesthesia, however a note is provided to clarify that a WAGD inlet is needed in locations where inhalation anesthetics are used. This coordinates with the existing requirements found in ASHRAE 170-2021, Section 7.1 a. 7 and NFPA 99.

These amendments are necessary to conform to a national standard and do not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-1):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Table 1224.4.6.5 LOCATION OF NURSE CALL DEVICES, footnote 1. HCAI proposes to add Alternative Birthing Clinics (ABCs) to the exception to align with the proposed change in **1226.11.3.1 Patient toilet room(s)**. HCAI proposes an amendment to remove the nurse call requirement in patient toilet rooms in ABCs. ABCs are licensed to provide care for low-risk patients. Based on ABC industry representatives, patients are likely to be attended by staff at all times. Removing the nurse call requirement will eliminate some challenges when building an ABC, yet patient safety will not be compromised. Additionally, ABCs can be a licensed service within a Primary Care Clinic, which is currently exempt from this requirement. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-2):

Approve as amended. Based on criteria 6, the CAC suggested capitalizing the first letter of the “clinics”.

Agency Response:

Disagree. The word “clinics” was removed to align with the sentence structure.

Table 1224.4.6.5 LOCATION OF NURSE CALL DEVICES, footnote 2. HCAI proposes to clarify this footnote to align with the proposed change in **1226.11.1.3 Nurse call system**. HCAI proposes an amendment to clarify an exception that allows alternative birthing clinics with three or fewer birthing rooms to use an alternative nurse call system as approved by the California Department of Public Health (CDPH). HCAI consulted CDPH during the pre-code cycle and after amendment was made. CDPH indicated that they would review the facility’s proposed alternative methods and determine the appropriateness. Based on the survey conducted by HCAI, most of the birth centers in California have three or fewer birthing rooms. Industry representatives indicated that staff are with the patients almost all of the time and that the birthing centers were small allowing staff to hear and respond to a patient in distress. An alternative method such as a wireless call button could be used to alert staff. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-3):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Table 1224.4.6.5 LOCATION OF NURSE CALL DEVICES, footnote 3. HCAI proposes to add a clarification for nurse call devices to be allowed in the MRI control room within the MRI exam/procedure room. Currently Table 1224.4.6.5 requires a nurse call station to be provided in imaging exam/procedure rooms. A complete MRI room consists of a MRI exam/procedure room (the patient station where the patient is immobile within the machine) and a control room (from where the staff operates the machine). The Table does not currently specify where the nurse call device should be located, and the MRI machine may interfere with the intended operation of a nurse call device installed in the imaging exam/procedure area. Clarifying that the nurse call may be located in the control room will be consistent with standard industry practice. A manufacturer of nurse call products indicated that they did not have a validated solution for call components to be installed within an MRI room. It would invalidate the Underwriters Laboratories (UL) certification of the nurse call system and would pose risks including unknown software anomalies which may compromise product performance and potentially present safety and reliability concerns. FGI indicated the nurse call system for imaging rooms to be installed in the Emergency Call Station, not in the patient station. Therefore, HCAI proposes to clarify the nurse call devices may be installed in the MRI control room. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-4):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Section 1224.4.11.2.2 Wet cleaning. HCAI proposes two amendments that increase the efficacy of infection control in rooms that require a high level of sterilization. FGI specifically identify these rooms as subject to wet cleaning for infection control. FGI also mandates the 6" wall base height to achieve successful wet cleaning.

The first amendment proposes to clarify an existing provision that 6" integral coved wall bases are required at all locations within rooms on the list. Currently there is confusion during design and construction of health facilities if the 6" requirement is also applicable at prefabricated casework, which commonly comes with a 4" toe kick. Clarifying that all wall bases need to have the 6" height throughout the room will reduce the confusion surrounding the issue. This amendment will not cause a financial burden to the facilities, as the amendment is a clarification of existing code language and its intent.

The second amendment proposes the addition of two rooms to the list in the section. The rooms added to the list also require wet-cleaning in order to achieve and maintain a high

level of sterility and infection control. FGI currently has these three rooms listed in their standards in addition to the existing rooms in this section: Pharmacy compounding rooms and anterooms, and emergency department trauma rooms.

The California Board of Pharmacy, via USP Standard 795, currently requires surfaces in non-sterile compounding areas be resistant to damage from cleaning and sanitizing agents. All anterooms are associated with sterile spaces and are currently required to be able to withstand wet cleaning in 1224.19.3.3.2.3 and 1224.19.3.3.3.6 and 1224.19.3.3.4.3. All nonsterile and sterile compounding and anterooms must currently meet the wet-cleaning requirement. There is no additional cost anticipated for those rooms.

Emergency department trauma rooms are consistent with operating rooms (item number 1) and are both spaces that host invasive procedures on patients that require physiological monitoring, and are anticipated to require active life support. Flooring in trauma rooms must be able to be cleaned with harsh chemicals, with no cracks or material changes in the floor where infectious material may be trapped. These limitations existed prior to the proposed amendment, so facilities are already limited to monolithic flooring options. It is anticipated that there will be no cost of compliance. These amendments clarify and conform to other sections in 1224.

CAC Recommendation (CAM ITEM 1-5):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Section 1224.4.19 Noise Control. HCAI proposes to amend footnote number 1 in Table 1224.4.19 Sound Transmission Limitations in Hospitals, to the correct reference standard number ASTM E90 Standard Test Method for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions and Elements.” This proposed amendment is necessary to remove ambiguity and has no regulatory effect.

CAC Recommendation (CAM ITEM 1-6):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Section 1224.16.2.3 Handwashing stations. HCAI proposes the amendments to align the handwashing requirements in the preoperative area with the post operative area requirements in 1224.16.3.3. These amendments will also align the section with FGI national standards. FGI requires a ratio of one handwashing station for every four patient care stations in multi-patient rooms, with the handwashing stations evenly distributed among the patient stations. The current language of the section does not contain the requirement for uniform distribution. This proposed amendment is a clarification only. The number of required elements has not changed, just the placement. This condition is

already permitted by Title 24. Section 1224.16.2 currently allows a health facility to utilize preoperative areas to serve as post-operative areas or overflow. In these instances, the handwashing sinks shall comply with the post-operative requirements, including uniform sink distribution. Additionally, this clarification aligns the preoperative area with other multi-patient care spaces throughout Section 1224 that require distributed handwashing stations. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-7):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Section 1224.18.3.1 Spaces required. HCAI proposes to amend Section 1224.18.3.1 to delete “If provided” at the beginning of the paragraph, as this qualifying statement has already been made in the above subsection. This proposed amendment is an editorial correction and has no regulatory effect.

CAC Recommendation (CAM ITEM 1-8):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

1224.19.1.1 Licensed pharmacy. Amendments to remove the Title 16 reference were requested by the Board of Pharmacy (BoP). They stated the reference is only the compounding regulations a HSP has to conform with all of pharmacy law. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-9):

Approve as Amended. The committee recommended confirming and adding the type and exact name(s) of the referenced documents.

Agency Response:

Accept. HCAI confirmed the specific document types and names with the Board of Pharmacy. The proposed amendment has been updated to remove “California Pharmacy Law” and add the specific licensing requirements of “Business and Professions Code Sections 4110 and 4029.”

1224.19.2.1.3 Non-sterile compounding areas. Amendments were requested by BoP to correct terminology consistent with Title 16. Extemporaneous should read as non-sterile. Dose repackaging area is corrected to medication repackaging areas consistent with Title 16. These amendments are for clarification only and do not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-10):

Approve as Amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

1224.19.3.1 through 1224.19.3.2.2.1. The BoP requested the references to Title 16 be amended to align with renumbering in Title 16. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-11):

Approve as Amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Section 1224.19.3.2.2.5 Pass-through cabinets. HCAI requests the amendment to clarify the type of element the existing code language is describing. The code language remains in effect. The amendment is editorial and does not change the regulation. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-12):

Approve as Amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

1224.19.3.2.3 through 1224.19.3.3.4. The BoP requested the references to Title 16 be amended to align with renumbering in Title 16. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-13):

Approve as Amended.

Agency Response:

Accept. Grammatical change made to “anteroom” to aid comprehension.

Section 1224.20.2.8 Dining area. HCAI proposes to amend Section 1224.20.2.8 to correct the spelling of “staff.” This proposed amendment is an editorial correction and has no regulatory effect.

CAC Recommendation (CAM ITEM 1-14):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Section 1224.22.1 Minimum requirements. HCAI proposes amendments to clarify the type and locations of sinks required in a Central Sterile Supply space. The California Plumbing Code Table 4-2 currently requires all the sink types and locations included in the amendment. This amendment proposes reflecting these existing requirements from the California Plumbing Code to this section of the California Building Code. This proposed amendment will not impact the cost of compliance, as the fixtures are already required and are currently provided in the facilities. The amendment will assist design teams with the layout of the areas required in the Central Sterile Supply space because the section will contain more complete requirements. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-15):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Section 1224.29.1.15 Support. HCAI proposes an amendment to add a sentence to clarify the storage usage for NICUs. Section 1224.29.1.15 is intended for adult and neonatal intensive care units. Wheelchairs and gurneys are applicable to adults, but wheelchairs are not applicable to infants. Title 22 requires NICUs to have equipment, including infant transport incubators with self-contained power. A gurney is commonly used to transport the infant with the incubator. Therefore, equipment storage space is still necessary for NICU, but the section needs to clarify the applicable equipment. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-16):

Further study required. Based on criteria 8, the CAC recommended moving “gurney and wheelchair storage” into the code language of the requirement as opposed to the section title. The CAC also recommended removing the “Note” from the sentence.

Agency Response:

Disagree. “Note” was removed. “Gurney and wheelchair storage” was retained as the section title to maintain consistency with the rest of the sections’ format and was not proposed as new or repealed language.

Section 1224.32.3.8.2.11 Housekeeping room. HCAI proposes the amendment to clarify where the housekeeping room requirements are located in the code. A housekeeping room is already required in the Obstetrical Facilities section but does not have a pointer.

The new content proposes to direct the code user back to the housekeeping room requirements held in the General Construction section for hospitals in 1224.4.15; this section is used as the standard requirement for housekeeping rooms in hospitals unless a specific department or service requires otherwise. The proposed amendment has no impact to the cost of compliance, as the existing housekeeping requirements in 1224.4.15 are considered the baseline standard prior to this clarification being made in Obstetrical Facilities.

CAC Recommendation (CAM ITEM 1-17):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Section 1224.33.2.1 Exterior entrance. HCAI proposes amendments to clarify the features needed for weather protection at the ambulance entry required by Section 1224.33.2.1, versus the features required for weather protection at the accessible entrance to the hospital required by 11B-206.4.10. Confusion arose because the current code language was not clear about the locations and features required for each separate weather protected entrance. The amendments clarify that an entry cover is required solely for the ambulance entry at the emergency medical service area. The correct call-out, 11B-206.4.10, replaces a description of the feature itself, to clarify that these are located at two separate entrances. The code reference will provide all requirements for weather protection at the separate accessible building entrance. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-18):

Approve as Amended. The CAC proposed adding “Standby” before “Emergency Medical Service...,” adding “as” before “required by 11B-206.4.10,” and confirming the punctuation after “and covered entrance.”

Agency Response:

Accept. “Standby” was added before “Emergency Medical Service...,” the existing comma at “and covered entrance” was confirmed to remain, and “as” was added before “required by 11B-206.4.10.”

Section 1224.35.1 Rehabilitation center space. HCAI proposes an amendment to add the requirement for two doors of entry and exit to the space for group recreation or patient lounge; all such exit doors shall be equipped with panic hardware or fire exit hardware. Section 303.1.2 of Title 24 indicates that if the space is under 750 square feet, it does not require panic bars. However, Section 70603(b)(5)(C) of Title 22 requires at least two doors of entry and exit from group activity areas and all such exit doors shall be equipped with panic bars. The inconsistency of Title 24 and Title 22 requirements had caused confusion to both facilities and enforcing agencies, resulting in noncompliance that required corrections after a facility was built and before it could be licensed by CDPH. HCAI proposes this amendment to align and conform with Title 22 and remove the confusion. Since it is enforced by CDPH and required in Title 22, adding this requirement to Title 24

will not impact the cost of compliance. Because a requirement has been added, HCAI also proposes to renumber this section. This renumbering is editorial and does not change the regulation.

HCAI proposes an amendment to change the optional patient bathtub to a requirement of at least one patient bathtub, and that the training bathtub in the area for teaching daily living may not need to provide access to three sides of the tub. This amendment is to align with Title 22. Also, a bathtub is necessary for teaching patients in their rehabilitation process. HCAI also proposes to define the standard height of the bathtub by adding a range of 14"-19". Since the existing Title 24 and Title 22 do not define the standard height, inconsistencies occurred in enforcement. This amendment will clarify the requirement and eliminate confusion or inconsistency for enforcement. The amendment will not impact the cost of compliance.

HCAI proposes to add the requirement for grab bars on both sides of the toilet. This amendment is to align and conform with Title 22. The amendment will not impact the cost of compliance as this has been a Title 22 requirement.

CAC Recommendation (CAM ITEM 1-19):

Further study required. Based on criteria 6 and 8, the CAC suggested considering the following for item #4:

1. Coordinate the panic hardware requirement language with similar requirement for egress. Specifically, add "or fire exit hardware" after "panic hardware".
2. Add requirement for exit signage, and
3. Clarify the meaning of group activities, remove "i.e."

The CAC also recommended making item #12 two separate items.

Agency Response:

Disagree. HCAI did further study and made the following changes:

1. Added "or fire exit hardware" after "panic hardware".
2. Grouped items #4 and #3 with deleting item #4 and added the requirements for the two doors to item #3 (requirement for group recreation...) to be in line with Title 22 Section 70603, which indicated craft and workshops as group activity areas.
3. Exit signage was not added because the requirements for Exit Signs are already addressed in Section 1013 of Title 24.

Item #12 (became #11 after grouping items #4 and #3) was separated into two items (11 and 12). To further clarify the bathtubs requirement to be in line with Title 22 and the existing code requirement, "training" was deleted from item #11 within "At least one patient training bathtubs..." In item #12, "may" was changed to "are not required".

1224.35.2 Physical therapy service space. HCAI proposes to add the requirement for grab bars on both sides of the toilet and the patient toilet room is immediately accessible. These amendments align and conform with Title 22. The inconsistency of Title 24 and Title 22 requirements had caused confusion to both facilities and enforcing agencies, resulting in noncompliance that required corrections after a facility was built and before it could be licensed by CDPH. The amendment will not impact the cost of compliance because it has been required by Title 22. As written the Exception includes sections 1224.35.2.1 through 1224.2.6 and those sections do not exist. The intent is to exempt items 1 through 6. The

Exception is re-worded to clarify that items 1 through 6 of this section are not required for small or rural hospitals if approved by the licensing agency. Item 7 is not exempt.

CAC Recommendation (CAM ITEM 1-20):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

1224.35.3 Occupational therapy service space. HCAI proposes an amendment to add a minimum space requirement. This amendment is to align and conform with Title 22. HCAI proposes to add the requirement for grab bars on both sides of the toilet. This amendment is to align with Title 22. The amendment will not impact the cost of compliance as this has been a Title 22 requirement.

CAC Recommendation (CAM ITEM 1-21):

Approve as amended. Based on criteria 6, the CAC recommended moving item #6 into item #5.

Agency Response:

Accept. Item #6 was moved to the end of item #5.

Section 1224.36.2.3 Individual patient treatment areas. HCAI proposes an amendment to clarify “around,” meaning three sides, and not the head of the patient beds or lounge chairs used for renal dialysis. HCAI received questions and feedback from providers indicating confusion in interpretation of the code, regarding the number of sides, and if the foot or head were included. The requirement for three sides aligns with FGI standards and is consistent with other Sections in 1224. HCAI also proposed to make grammatical changes to add “Individual patient treatment areas” at the beginning of the code language. These amendments are for clarification only and do not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-22):

Approve as amended. Based on criteria 6, the CAC recommended changing the “4-foot” to “4 feet” and making grammatical changes.

Agency Response:

Accept. “4-foot” was changed to “4 feet” and added “Individual treatment areas” to the beginning of the code language.

Section 1224.36.3.2 Patient storage. HCAI proposes an amendment to clarify that patient storage is required when outpatient dialysis services are provided. Since inpatients already have storage in their patient room/station, it is not necessary to have additional patient storage in the dialysis unit. Title 22 does not specify a requirement for patient storage in either acute (in the renal transplant center) or chronic dialysis units. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-23):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Section 1224.36.3.3 Waiting room. HCAI proposes to add an exception to clarify that if a hospital only provides acute dialysis to its inpatients, and does not directly provide chronic dialysis, a waiting room is not required. Title 22 has separate regulation sets for chronic dialysis providers and renal transplant centers (which includes acute dialysis). Both are supplemental services. “Chronic dialysis” is a specialized unit that provides dialysis for in-house patients and outpatients. “Outpatient dialysis” is required for the chronic dialysis unit, and a patient waiting area is required. A renal transplant center is a specialized unit that includes acute dialysis and transplant, and either provides chronic dialysis directly or by arrangement (i.e., contracted). If this unit directly provides chronic dialysis, a patient waiting area shall be provided. If the hospital provides chronic dialysis by contracted outside sources, and the unit only provides acute dialysis for its inpatients, a waiting room is not required. This amendment is to clarify the requirement and to align with Title 22. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-24):

Approve as amended. Based on criteria 6, the CAC recommended Approve as Amended for CAM items 1-1 to 1-25 except 1-16 and 1-19. However, the CAC did not recommend any change regarding this item.

Agency Response:

Disagree. No change was recommended.

Section 1224.39.4.2.3 Individual patient treatment areas. HCAI proposes an amendment to clarify “around,” meaning three sides, and not the head of the patient beds or lounge chairs used for chemotherapy treatment or infusion. HCAI received questions and feedback from providers indicating confusion in interpretation of the code, regarding the number of sides, and if the foot or head were included. The requirement for three sides aligns with FGI standards. This editorial amendment is necessary to clarify code compliance. HCAI also proposed to make grammatical changes to add “Individual patient treatment areas” at the beginning of the code language. These amendments are for clarification only and do not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 1-25):

Approve as amended. Based on criteria 6, the CAC recommended changing the “4-foot” to “4 feet” and making grammatical changes.

Agency Response:

Accept. “4-foot” was changed to “4 feet” and added “Individual patient treatment areas” to the beginning of the code language.

ITEM 2

Chapter 12 INTERIOR ENVIRONMENT

Section 1225 SKILLED NURSING AND INTERMEDIATE CARE FACILITIES [OSHPD 2]

Section 1225.4.1.7 Patient/nurse call system. HCAI proposes an amendment to change the pointer code number to section 1224.4.6.5 for patient/nurse call system compliance. This amendment aligns with the nurse call system pointer in OSHPD 3 (1226.4.2.5) and OSHPD 5 (1228.4.6), which will avoid confusion and improve efficiency for users. Both Section CEC 517.123 and CBC Section 1224.4.6.5 indicate the same requirements for the nurse call system, but referencing Section 517.123 required users to go to a different part of the code and this could create confusion. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 2-1):

Approve.

Agency Response:

Accept.

Section 1225.5.1.1 – 1225.1.1.1.2 HCAI proposes the amendments to clarify the appropriate level of telecommunications spaces for facilities subject to Section 1225.5.1. Section 1225.5.1 applies to skilled nursing facilities (SNFs) and intermediate care facilities using the Medical Model for delivery of care. Currently, 1225.5.1 requires these facilities to comply with general construction provisions that are required for general acute care hospitals, from Section 1224.4 through 1224.13. In 2016, 1224.5 was assigned to Communications Systems, but the language in 1225.5.1 requiring SNFs to use 1224.5 was not updated. As a result, the regulations require SNFs to comply with requirements that are oversized for their facilities. During plan review, HCAI reviews the communication system and technology area or rooms in a SNF to ensure they meet the needs and are appropriately sized and equipped for the SNF demand rather than a hospital. The proposed clarifications align with this review process. In addition, the proposed clarifications align with FGI's Residential Guidelines' telecommunication requirements for skilled nursing facilities and intermediate care facilities, which are sized appropriately for SNFs and provide design flexibility. The proposed amendments also include edits to the charging language requiring these facilities to reference reserved sections under 1224. These references are repealed to prevent any unintended requirements in the future. This item has been coordinated with related modifications in the California Electrical Code and the California Mechanical Code. This amendment is for clarification and to conform with existing code provisions and does not materially alter the intent or impact the cost of compliance.

CAC Recommendation (CAM ITEM 2-2):

Approve.

Agency Response:

Accept.

Section 1225.5.1.4.1 Skilled nursing facilities. HCAI requests the amendment to clarify that outdoor activity space is required for skilled nursing facilities (SNFs). Title 22, 72381 Activity Program—Requirements, requires skilled nursing facilities to provide outdoor

space for activities. The amendment proposes to add this requirement to 1225.5.1.4.1. The amendment should not increase cost of compliance because the requirement is already necessary for licensing. The amendment should not disproportionately affect skilled nursing facilities in urban areas because the licensing language in Title 22 specifically notes “supervised daily walks” is an acceptable outdoor activity. This amendment is for clarification and to conform with the Title 22 requirements and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 2-3):

Further study required. Based on Criteria 6, the proposed amendment is lacking clarity on the size and characteristics required of the outdoor space.

Agency Response:

Disagree. There are no size requirements in Title 22 or FGI to inform the mandatory licensing requirement in Title 22. Defining characteristics of the area may constitute a material changing of the code requirement.

Section 1225.6.6 SPECIAL TREATMENT PROGRAM SERVICE. HCAI proposes an amendment to clarify that the special treatment program shall have a minimum of 30 beds. The requirement of a minimum of 30 beds was approved during the 2024 triennial code change cycle, intended to be aligned with Title 22. However, Title 22 requires the special treatment program, not the skilled nursing facility, shall have a minimum of 30 patients initially. Therefore, this proposed change is editorial and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 2-4):

Approve.

Agency Response:

Accept.

ITEM 3

Chapter 12 INTERIOR ENVIRONMENT

Section 1226 [OSHPD 3] CLINICS

HCAI proposes to amend Section 1226 Clinics, by rearranging sections to improve the flow and add Health and Safety Code (HSC) Sections to clarify licensing with the California Department of Public Health (CDPH). Senate Bill (SB) 1382 (Chapter 796, Statutes of 2024) amended HSC Section 1226, authorizing the Department of Health Care Access and Information (HCAI) to establish construction standards for community clinics and rural health clinics (Primary Care Clinics) in consultation with the California Primary Care Association (CPCA), Community Clinics Advisory Committee. If the standards are amended, the bill prohibits the amended standards from being more restrictive or stringent than specified construction standards. The bill requires HCAI to hold a minimum of two public meetings to solicit public comment on the proposed new standards.

HCAI met with the CPCA committee in April 2025 and then conducted two public meetings, June 12, and September 30, 2025, to discuss the clinic regulations, opportunities to clarify and right size the regulations, and solicit information to develop a guidance document and

checklist. For discussion purposes, HCAI drafted a *Primary Care Clinic Requirement Comparison Table* that compares the California Building Standards Code, Title 24 of the California Code of Regulations and Division 5 of Title 22 of the California Code of Regulations (Title 22). Division 5 of Title 22 contains the Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies. In addition, HCAI referenced the Facility Guidelines Institute *Guidelines for Design and Construction of Outpatient Facilities*. The feedback from the meetings helped HCAI focus on key areas for change, including but not limited to, when are specific rooms required or may be shared for the different types of clinics, clarify the regulatory and licensing difference between Primary Care Clinics (PCC) and outpatient clinical services of a hospital, simplify the toilet room requirements for smaller clinics, clarify the corridor width requirements, and much more.

The HCAI Codes and Processes Committee met on September 10, 2025, to review and approve the draft regulations. The public meeting materials are available on the HCAI website. The code changes were reviewed by CDPH to ensure they met the requirements for licensing.

Specific rationale for each section change is listed below. The proposed amendments are necessary to conform to existing law Senate Bill (SB) 1382 (Chapter 796, Statutes of 2024). SB 1382 amended HSC Section 1226, authorizing the Department of Health Care Access and Information (HCAI) to establish construction standards for community clinics and rural health clinics (Primary Care Clinics) in consultation with the California Primary Care Association (CPCA), Community Clinics Advisory Committee.

1226.1 Scope. This section is amended to remove the specific clinic types. Specificity is provided within the different clinic types listed in Section 1226. This amendment does not materially alter the intent of the existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-1):

Approve.

Agency Response:

Accept.

1226.2 Application. Amendments clarify that the [OSHPD 3] provisions of the listed Parts in Title 24 are required. In addition, a sentence is added pointing the code reader to the scope and administration in Chapter 1. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-2):

Approve.

Agency Response:

Accept.

1226.2.1 Outpatient clinical services. This section is repealed, and the information is moved to Sections 1226.4 General construction, and 1226.6 the new scoping provisions for Primary Care Clinics. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-3):

Approve.

Agency Response:

Accept.

1226.2.2 Special Services. This section has been renumbered to new section number 1226.2.1.1. See rationale below. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-4):

Approve.

Agency Response:

Accept.

1226.2.1 OUTPATIENT CLINICAL SERVICES OF A HOSPITAL. Formerly Section 1226.5, this scoping section is renumbered to be at the beginning of Section 1226, so the different types of clinics are addressed at the beginning of the main section. A sentence is added to clarify that these types of clinics are licensed by CDPH pursuant to HSC 1250. HCAI frequently receives questions regarding what requirements are necessary for the different types of clinics. This is dependent upon how the clinic will be licensed and that is within CDPHs authority. The owner must determine this prior to designing a clinic. Adding this information will help the design professionals and owner operators in selecting the clinic type. Similar information is added in other sections for the different types of clinics.

CAC Recommendation (CAM ITEM 3-5):

Approve.

Agency Response:

Accept.

1226.2.1.1 Cardiac catheterization laboratory services. Former Section 1226.2.2 Special services, is relocated as subsection 1226.2.1.1 of this section since it applies to the outpatient clinical services of a hospital. The title of Section 1226.2.1.1 is revised to reflect the specific service, Cardiac catheterization laboratory services, authorized in HSC Section 1255. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-6):

Approve.

Agency Response:

Accept.

1226.4 General Construction. This section is amended to state that general construction requirements apply to all the clinic types listed in 1226 except as modified in each specific clinic type. Previously 1226.5 repeated some of this information and it is proposed to be repealed below. A sentence is added to clarify that general construction requirements are applied to clinics based on the services and functions provided. For example, a primary

care clinic would not need to provide the miscellaneous requirements in Section 1226.4.2 because the acuity of the patients does not warrant station outlets, gas and vacuum systems. etc. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-7):

Approve.

Agency Response:

Accept.

1226.4.1 and 1226.4.2. These section titles are amended to add “when required”. As noted above in Section 1224.6, each specific clinic type will state what is required beyond the minimum requirements in Sections 1226.4.2 through 1226.4.8. Adding “when required” lets the code user know that some of the requirements are optional and the specific clinic types will dictate this. Design professionals and local enforcement agencies often ask questions about what is actually required. In some instances clinics were required to provide a room or area that was not necessary for the type of licensed clinic service. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-8):

Approve.

Agency Response:

Accept.

1226.4.3 Corridors. New language is added to clarify that one or more of the corridor options may be required and it would depend on the type of services provided. Interested parties have indicated that there is confusion about what corridor width is required for the different types of services. It’s challenging to state exactly which option to select because a clinic could have many types of services requiring different corridor widths. HCAI will be issuing a guidance document to explain how to make this determination. The intent is the guidance document will assist design professionals and the local authority having jurisdiction. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-9):

Approve as amended. Based on criteria 8, the CAC recommended removing the word “widths” from the charging language, as not all subsections are strictly about width.

Agency Response:

Accept. “Widths” was removed and “s” was added to “Corridor”.

1226.4.3.5 Contiguous functions. The first sentence is repealed because it contradicts the charging language that each clinic suite shall be contiguous. The exceptions explain which spaces may be located in separate suites. In addition, interested parties have stated the use of the term “basic services” is often confused with the term “basic services of a hospital” and that is not the intent in this section. This means the “basic general support

areas or spaces listed in Section 1226.4". A new sentence is added to reflect the intent and support the exceptions. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-10):

Approve.

Agency Response:

Accept.

1226.4.4.1 Patient toilet room doors. Patient is added to the section title to clarify that the requirement is only specified to patient toilet room doors, not all toilet room doors. The section references Section 1224.4.8.1 which is part of the support areas for patient care and the intent is this applies to patient toilet room doors, not all toilet room doors. HCAI is clarifying this based on questions and comments on OSHPD 3 projects. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-11):

Approve.

Agency Response:

Accept.

1226.4.8.2 Dimensions. This section is revised in response to interested party input. As written, there is no determination on when or how elevators are used for the routine transport. The section is revised to rely on the services that would have patients transported in wheeled stretchers. The platform dimensions are unchanged. Section 1224.4.8.1 is silent on how many elevators must comply with these dimensions because in a hospital setting there may be banks of elevators for the transport of patients. That said in a clinic, this is less likely. Therefore we limited it to at least one. This change is a clarification and does not impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-12):

Approve as amended. Based on criteria 6, the CAC recommended clarifying the scope of this requirement and making clear which clinics must comply, as whether patients will be transported in wheeled stretchers may be ambiguous.

Agency Response:

Withdraw. HCAI is withdrawing this code change because the current code language is adequate.

1226.4.9 Garbage, solid waste, medical waste and trash storage. The first sentence is amended to reflect proper grammar. This amendment is editorial and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-13):

Approve.

Agency Response:

Accept.

1226.4.10, 1226.4.12 and 1226.4.13. These section titles are amended to add “when provided”. Each specific clinic type will state what is required. These features are optional, but if provided they need to meet the requirements. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-14):

Approve.

Agency Response:

Disagree. HCAI added a comma to the proposed amendment at the section title in 1226.4.13 so the punctuation in 1226.4.13 is consistent with the proposed section titles in 1226.4.10 and 1226.4.12.

1226.4.13.2 Medication station. The section is amended to correct grammar and add “or area” for consistency with the section title below. And then gives two options 1226.4.13.2.1 & 1226.4.13.2.2. This amendment is editorial and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-15):

Approve.

Agency Response:

Accept.

1226.4.13.2.1 Medication preparation room or area. Item 2, “sink” is repealed to clarify the number and kind of sinks that are required in a medication preparation room in a clinic setting. In this space, Title 22 only requires a convenient water source. Facility Guidelines Institute (FGI), Guidelines for Design and Construction of Hospital requires a handwashing station only. In clinics, nursing stations are required to have a handwashing station, so there is already one nearby. This amendment will make the section consistent with the requirements in Section 1224.4.4.4.1. The other edits to the section are to renumber the requirements. This amendment is for clarification and to conform with Title 22 and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-16):

Approve.

Agency Response:

Accept.

1226.4.13.4 Soiled workroom or soiled holding room. Item 1 and the body of the text are amended to use the correct term “clinical sink”. This term is used elsewhere in Chapter 12 and Table 4-2 in the California Plumbing Code Table 4-2 is being amended for consistency as well. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-17):

Approve.

Agency Response:

Accept.

1226.4.13.5, 1226.4.13.6, and 1226.4.13.7. These section titles are amended to add “when provided”. Each specific clinic type will state what is required. These features are optional, but if provided they need to meet the requirements. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-18):

Approve.

Agency Response:

Accept.

1226.4.14.1 Patient toilet room(s). The exception is proposed for amendment to repeal “primary care” and allow the exception to apply to all clinics including Alternative Birthing Centers. One of the challenges small, licensed clinics face is having enough toilet rooms or having to build too many toilet rooms to serve the waiting area, patients and staff, particularly when commercial property is remodeled or altered to become a licensed clinic. Generally commercial properties are designed to provide toilet facilities for the occupant load of use. Health facilities require separate toilets for staff, patients and visitors. The number of toilet rooms required can quickly add up, making it difficult for a small clinic to comply with the CBC and California Plumbing Code (CPC). The CPC contains a similar exception in Section 422.3.1 and it is also proposed for amendment. HCAI is proposing to adopt certain exceptions in CPC Section 422.2 Separate Facilities and add two exceptions allowing one toilet facility to be used by both sexes if the staff occupant load is 10 or less. Allowing this exception to apply to all clinics will help them comply and provide more health care services for the population. A similar amendment is being proposed in the California Plumbing Code. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-19):

Approve.

Agency Response:

Accept.

1226.4.14.2 Specimen and/or blood collection facilities, when required. This section title is amended to add “when required” and amended to correct the grammar. As noted above in Section 1224.6, each specific clinic type will state what is required. Also see the rationale for Sections 1226.4.1 and 1226.4.2. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-20):

Approve.

Agency Response:

Accept.

1226.4.17.3 Staff lounge, when required. This section title is amended to add “when required” and amended to correct the grammar. As noted above in Section 1224.6, each specific clinic type will state what is required. Also see the rationale for Sections 1226.4.1 and 1226.4.2. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-21):

Approve.

Agency Response:

Accept.

OUTPATIENT CLINICAL SERVICES OF A HOSPITAL. The section title is proposed to be repealed because it is repetitive of the section title in 1226.5. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-22):

Approve.

Agency Response:

Accept.

1226.5 SERVICE SPACES, WHEN PROVIDED, FOR OUTPATIENT CLINICAL SERVICES OF A HOSPITAL. The section title is amended to be consistent with other sections that clarify “when they are provided”. All of these service spaces are optional. Interested parties have noted that design professionals and the local jurisdictions are unclear if all of these requirements are applicable to an outpatient clinical services of a hospital. A sentence is added to point the code reader to the general construction requirements. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-23):

Approve.

Agency Response:

Accept.

GENERAL SUPPORT AREAS FOR OUTPATIENT CLINICAL SERVICES. Requirements for all service types. The section title is proposed to be repealed because it is repetitive of the section title in 1226.5. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-24):

Approve.

Agency Response:

Accept.

1226.5.1.2 Specimen and/or blood collection facilities. The referenced section number is revised to point to the correct section that contains the specimen and blood collection requirements. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-25):

Approve.

Agency Response:

Accept.

1226.5.11, 1226.5.12, 1226.5.13, and 1226.5.14. These sections are amended to repeal “when provided” and amended to correct the grammar. As noted above in Section 1224.5, a general statement is made to clarify that all the outpatient clinical services spaces of a hospital are optional. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-26):

Approve.

Agency Response:

Accept.

1226.6 PRIMARY CARE CLINICS. The charging language in this section is amended to add that primary care clinics are licensed by CDPH pursuant to HSC Section 1204 (a). HCAI frequently receives questions regarding what requirements are necessary for the different types of clinics. This is dependent upon how the clinic will be licensed and that is within CDPH’s authority. The owner must determine this prior to designing a clinic. Adding this information will help the design professionals and owner/operators in selecting the clinic type. Similar information is added in other sections for the different types of clinics. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-27):

Approve.

Agency Response:

Accept.

1226.6.1.2 Treatment room(s). This section title is amended to add “when provided” at the beginning of the section rather than in the middle of the sentence. PCC are not required to provide treatment rooms, and these types of rooms would only be necessary if treatment services are provided. Adding “when provided” lets the code user know that this requirement is optional. Design professionals and local enforcement agencies often ask questions about what is actually required. In some instances, clinics were required to provide a room or area that was not necessary for the type of licensed clinic service. This

amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-28):

Approve.

Agency Response:

Accept.

1226.6.1.3 through 1226.6.1.3.4, 1226.6.1.4 and 1226.6.2.5 Dental examination and treatment areas. These sections are renumbered to 1226.6.7 and appropriate subsection numbers. The purpose of this change is to group all of the dental requirements in one area within 1226.6 for flow of the regulations. Section 1226.6.2.5 is labeled “Reserved” to maintain the numbering sequence. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-29):

Approve.

Agency Response:

Accept.

1226.6.2.6 Sterilization facilities. This section title is amended to add “when provided” since not all PCC will need to provide sterilization facilities. This depends on the services provided. Grammatical change, replacing “If” to “When” for consistent code language. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-30):

Approve as amended. Based on criteria 8, the CAC recommended removing the redundant “when provided” from the language of the requirements, as this is now in the section title.

Agency Response:

Accept. The first sentence of the code language was revised to remove the redundant “when provided”.

1226.6.2.7 Laboratory. This section is renumbered to an appropriate subsection in new Section 1226.6.7 since it applies to dental examination and treatment areas. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-31):

Approve.

Agency Response:

Accept.

1226.6.3.2 Specimen and/or blood collection facilities. The referenced section number is revised to point to the correct section that contains the specimen and blood collection

requirements. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-32):

Approve.

Agency Response:

Accept.

1226.6.5.1.2 Outpatient waiting room. This section is amended to add more specificity while still referencing Section 1224.4.5. The following sections, 1226.6.5.1.3, 1226.6.5.1.4 and 1226.6.5.1.5 add specific information for those functions rather than the generic information that is in 1224.4.5 that states the listed functions shall be readily accessible. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-33):

Approve.

Agency Response:

Accept.

1226.6.5.1.3 Public toilet(s). HCAI proposes an amendment to add a pointer to the California Plumbing Code Section 422.3.1. Section 1226.6.5.1.2 Outpatient waiting room refers to section 1224.4.5 that lists the public toilet. The California Plumbing Code, Section 422.3.1 outlines the toilet requirements and adding this reference will provide clear direction to the design professionals. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-34):

Approve.

Agency Response:

Accept.

1226.6.5.1.4 Public telephone access. HCAI proposes an amendment to clarify the telephone requirement stating that a telecommunication device shall be readily accessible. Code users interpreted public telephone to mean a pay phone which are rarely provided in buildings. Based on current technologies, there are various options other than a traditional public telephone that can satisfy telecommunication requirements. FGI requires access to public communications services and the amendments align with the flexibility in FGI. This amendment will provide flexibility for the providers and will not impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-35):

Further study required. Based on criteria 3, 6, and 7, the CAC recommended defining the telecommunication device for access requirements associated with it and ensuring that requirements are similar to those for the term "telephone."

Agency Response:

Withdraw. HCAI is withdrawing this code change because further defining the telecommunication device may cause more confusion than clarification.

1226.6.5.1.5 Drinking fountains. HCAI proposes an amendment to clarify the drinking water requirement. Drinking water may be provided in different acceptable methods other than a traditional water fountain. FGI requires access to drinking water and the amendments align with FGI. This amendment provides clarity and will not impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-36):

Approve.

Agency Response:

Accept.

1226.6.7 Dental examination and treatment areas. These sections are renumbered from 1226.6.1.3 to 1226.6.7 and appropriate subsection numbers. The purpose of this change is to group all of the dental requirements in one area within 1226.6 for flow of the regulations. There is no change in regulatory effect.

1226.6.7.8 Sterilization facilities. This subsection is added to Section 1226.7 Dental examination and treatment areas consistent with the renumbering of all dental regulations. This subsection is optional depending on whether the dental office provides services that require sterilization or contract out.

CAC Recommendation (CAM ITEM 3-37):

Approve.

Agency Response:

Accept.

SPECIALTY CLINICS. A new header is added so the code user can way-find that the specialty clinics are listed below. New charging language is added to clarify that specialty clinics are licensed by CDPH pursuant to HSC Section 1204 (b). HCAI frequently receives questions regarding what requirements are necessary for the different types of clinics. This is dependent upon how the clinic will be licensed and that is within CDPH's authority. The owner must determine this prior to designing a clinic. Adding this information will help the design professionals and owner operators in selecting the clinic type. Similar information is added in other sections for the different types of clinics. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-38):

Approve.

Agency Response:

Disagree. HCAI revised the proposed amendment from "through 1228.11" to "through 1226.11" for correctness and clarity.

SURGICAL CLINICS. A new header is added so the code user can way-find that Surgical Clinics are listed. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-39):

Approve.

Agency Response:

Accept.

1226.8.5.1.2 Outpatient waiting room. This section is amended to add more specificity while still referencing Section 1224.4.5. The following sections, 1226.8.5.1.3, 1226.8.5.1.4 and 1226.8.5.1.5 add specific information for those functions rather than the generic information that is in 1224.4.5 that states the listed functions shall be readily accessible. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-40):

Approve.

Agency Response:

Accept.

1226.8.5.1.3 Public toilet(s). HCAI proposes an amendment to add a pointer to the California Plumbing Code Section 422.3.1. Section 1226.6.5.1.2 Outpatient waiting room refers to section 1224.4.5 that lists the public toilet. The California Plumbing Code, Section 422.3.1 outlines the toilet requirements and adding this reference will provide clear direction to the design professionals. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-41):

Approve.

Agency Response:

Accept.

1226.8.5.1.4 Public telephone access. HCAI proposes an amendment to clarify the telephone requirement stating that a telecommunication device shall be readily accessible. Code users interpreted public telephone to mean a pay phone which are rarely provided in buildings. Based on current technologies, there are various options other than a traditional public telephone that can satisfy telecommunication requirements. FGI requires access to public communications services and the amendments align with the flexibility in FGI. This amendment will provide flexibility for the providers and will not impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-42):

Further study required. Based on criteria 3, 6, and 7, the CAC recommended defining the telecommunication device for access requirements associated with it and ensuring that requirements are similar to those for the term “telephone.”

Agency Response:

Withdraw. HCAI is withdrawing this code change because further defining the telecommunication device may cause more confusion than clarification.

1226.8.5.1.5 Drinking fountain(s). HCAI proposes an amendment to clarify the drinking water requirement. Drinking water may be provided in different acceptable methods other than a traditional water fountain. FGI requires access to drinking water and the amendments align with FGI. This amendment provides clarity and will not impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-43):

Further study required. Based on criteria 3, 6, and 7, the CAC recommended clarifying the accessibility requirements associated with “drinking water shall be readily accessible”.

Agency Response:

Disagree. Accessibility requirements are not added to this code section because 2025 California Building Code Section 1224.3 defines the location terminology “readily accessible,” while Chapter 11B addresses accessibility requirements.

CHRONIC DIALYSIS CLINICS

1226.9.1.3 Individual patient treatment areas. HCAI proposes an amendment to clarify the “around” meaning three sides and not at the head of the patient beds or lounge chairs used for dialysis treatment. HCAI received questions and feedback from providers indicating unclear interpretation of the code, whether four sides clearance or three sides clearance but not the foot or the head. These three sides requirements align with FGI standards. This editorial change is necessary to clarify the compliance with codes. The amendment will not impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-44):

Approve as amended. Based on criteria 6, the CAC recommended changing the “4-foot” to “4 feet”.

Agency Response:

Accept. “4-foot” was changed to “4 feet”.

1226.9.4.3 Specimen collection facilities. The referenced section number is revised to point to the correct section that contains the specimen and blood collection requirements. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-45):

Approve.

Agency Response:

Accept.

REHABILITATION CLINICS

SUPPORT AREAS FOR THERAPY SERVICES.

1226.10.1.1 Patient toilet room(s). HCAI proposes to add a statement that is consistent with Section 1226.4.14.1 that requires patient toilet rooms to be separate from public use toilets and the other requirements in Section 1226.4.14.1. HCAI proposes to add the requirement for grab bars on both sides of the toilet in the rehabilitation clinic support area for patients. This amendment is to align with the proposed change in rehabilitation center space in Section 1224.35.1, which will add grab bars to align with Title 22. The grab bar is essential equipment that assists patients with rehabilitation needs. T22 requires grab bars installed in toilets within rehabilitation center space for inpatients and outpatients.

CAC Recommendation (CAM ITEM 3-46):

Approve.

Agency Response:

Accept.

1226.10.3.1.2 Outpatient waiting room. This section is amended to add more specificity while still referencing Section 1224.4.5. The following sections, 1226.10.3.1.3, 1226.10.3.1.4 and 1226.10.3.1.5 add specific information for those functions rather than the generic information that is in 1224.4.5 that states the listed functions shall be readily accessible. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-47):

Approve.

Agency Response:

Accept.

1226.10.3.1.3 Toilet(s). HCAI proposes an amendment to add a pointer to the California Plumbing Code Section 422.3.1. Section 1226.6.5.1.2 Outpatient waiting room refers to section 1224.4.5 that lists the public toilet. The California Plumbing Code, Section 422.3.1 outlines the toilet requirements and adding this reference will provide clear direction to the design professionals. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-48):

Approve.

Agency Response:

Accept.

1226.10.3.1.4 Drinking fountain(s). HCAI proposes an amendment to clarify the drinking water requirement and correct the title by adding (s) for consistency throughout Section 1226. Drinking water may be provided in different acceptable methods other than a traditional water fountain. FGI requires access to drinking water and the amendments align with FGI. This amendment provides clarity and will not impact the cost of compliance

CAC Recommendation (CAM ITEM 3-49):

Further study required. Based on criteria 3, 6, and 7, the CAC recommended clarifying the accessibility requirements associated with “drinking water shall be readily accessible”.

Agency Response:

Disagree. Accessibility requirements are not added to this code section because 2025 California Building Code Section 1224.3 defines the location terminology “readily accessible,” while Chapter 11B addresses accessibility requirements.

1226.10.3.1.5 Telephone. HCAI proposes an amendment to clarify the telephone requirement stating that a telecommunication device shall be readily accessible. Code users interpreted public telephone to mean a pay phone which are rarely provided in buildings. Based on current technologies, there are various options other than a traditional public telephone that can satisfy telecommunication requirements. FGI requires access to public communications services and the amendments align with the flexibility in FGI. This amendment will provide flexibility for the providers and will not impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-50):

Further study required. Based on criteria 3, 6, and 7, the CAC recommended defining the telecommunication device for access requirements associated with it and ensuring that requirements are similar to those for the term “telephone.”

Agency Response:

Withdraw. HCAI is withdrawing this code change because further defining the telecommunication device may cause more confusion than clarification.

PSYCHOLOGY CLINICS

1226.12 PSYCHOLOGY CLINICS. A sentence is added to clarify that these types of clinics are licensed by CDPH pursuant to HSC 1204.1. As noted above, HCAI frequently receives questions regarding what requirements are necessary for the different types of clinics. The owner must determine this prior to designing a clinic. Adding this information will help the design professionals and owner operators in selecting the clinic type. Similar information is added in other sections for the different types of clinics. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-51):

Approve.

Agency Response:

Accept.

1226.12.1.1.2 Outpatient waiting room. This section is amended to add more specificity while still referencing Section 1224.4.5. The following sections, 1226.12.1.1.3, 1226.12.1.1.4 and 1226.12.1.1.5 add specific information for those functions rather than the generic information that is in 1224.4.5 that states the listed functions shall be readily

accessible. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-52):

Approve.

Agency Response:

Accept.

1226.12.1.1.3 Public toilet(s). HCAI proposes an amendment to add a pointer to the California Plumbing Code Section 422.3.1. Section 1226.6.5.1.2 Outpatient waiting room refers to section 1224.4.5 that lists the public toilet. The California Plumbing Code, Section 422.3.1 outlines the toilet requirements and adding this reference will provide clear direction to the design professionals. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-53):

Approve.

Agency Response:

Accept.

1226.12.1.1.4. Drinking fountain(s). HCAI proposes an amendment to clarify the drinking water requirement and correct the title by adding (s) for consistency throughout Section 1226. Drinking water may be provided in different acceptable methods other than a traditional water fountain. FGI requires access to drinking water and the amendments align with FGI. This amendment provides clarity and will not impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-54):

Further study required. Based on criteria 3, 6, and 7, the CAC recommended clarifying the accessibility requirements associated with “drinking water shall be readily accessible”.

Agency Response:

Disagree. Accessibility requirements are not added to this code section because 2025 California Building Code Section 1224.3 defines the location terminology “readily accessible,” while Chapter 11B addresses accessibility requirements.

1226.12.1.1.5 Public telephone. HCAI proposes an amendment to clarify the telephone requirement stating that a telecommunication device shall be readily accessible. Code users interpreted public telephone to mean a pay phone which are rarely provided in buildings. Based on current technologies, there are various options other than a traditional public telephone that can satisfy telecommunication requirements. FGI requires access to public communications services and the amendments align with the flexibility in FGI. This amendment will provide flexibility for the providers and will not impact the cost of compliance.

CAC Recommendation (CAM ITEM 3-55):

Further study required. Based on criteria 3, 6, and 7, the CAC recommended defining the telecommunication device for access requirements associated with it and ensuring that requirements are similar to those for the term “telephone.”

Agency Response:

Withdraw. HCAI is withdrawing this code change because further defining the telecommunication device may cause more confusion than clarification.

ITEM 4

Chapter 12 INTERIOR ENVIRONMENT

Section 1226.11 ALTERNATIVE BIRTHING CLINICS [OSHPD 3]

HCAI proposes to amend Section 1226.11 Alternative Birthing Clinics based on research and discussions with interested parties. There are increasing concerns about access to birth services in California. There are many factors, including hospitals' choosing to close labor and delivery services. Since 2012, a total of 56 hospitals (16% of all general acute care hospitals in California) have closed their labor and delivery services. Access to birth centers is challenging in rural areas. In addition, birthing centers face challenges meeting the required Title 24 building standards necessary to be licensed by the California Department of Public Health (CDPH).

HCAI worked with public and industry representatives including American Association of Birth Centers (AABC) California Chapter to discuss opportunities where the alternative birthing clinics (ABC) building code requirements in Title 24 could be right-sized to clarify requirements. HCAI met with ABC representatives on January 7, 2025 and February 4, 2025 to discuss the challenges they face building an ABC. Also discussed were the challenges in compliance with Title 24, Title 22 and Standards for Birth Centers set by AABC.

HCAI developed a Title 24, Title 22, and AABC comparison table (ABC requirement comparison table) and reviewed the table with ABC representatives during the February 4, 2025 meeting. HCAI conducted an email survey to 31 birth center owners and received five responses. On May 1, 2025, HCAI, in collaboration with CDPH, conducted an ABC public meeting to gather additional feedback. During the public meeting, HCAI discussed the ABC requirement comparison table and the email survey results. HCAI sent the email survey to additional individuals who wanted to complete the survey. Based on the ABC representatives and public feedback, HCAI identified areas for possible building code changes. HCAI conducted further research including reviewing Health and Safety Code (HSC), Title 22, Facility Guidelines Institute (FGI), AABC. As a result, HCAI proposes the following amendments to conform to existing law, Senate Bill (SB) 1382.

The HCAI Codes and Processes Committee met on September 10, 2025, to review and approve the draft regulations. The public meeting materials are available on the HCAI website. The proposed regulations were reviewed by CDPH to ensure they met the requirements for licensing.

Specific rationale for each section change is listed below.

1226.11 ALTERNATIVE BIRTHING CLINICS. HCAI proposes an amendment to add the facility type "primary care clinics." Pursuant to HSC 1204.2(c), 1204.3(a) and 1204.3(b), primary care clinics are authorized to provide birthing services that are equivalent to ABCs. This amendment is editorial and does not change the regulatory intent. Sentences are added to clarify what types of clinics can have ABC services and how they are licensed by CDPH. HCAI frequently receives questions regarding what requirements are necessary for the different types of clinics. This is dependent upon how the clinic will be licensed and that

is within CDPH's authority. The owner must determine this prior to designing a clinic. Adding this information will help the design professionals and owner operators in selecting the clinic type. Similar information is added in other sections for the different types of clinics. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 4-1):

Approve as amended. Based on criteria 8, the CAC recommended changing "center" to "clinic" in the last sentence.

Agency Response:

Accept. "Center" was changed to "clinic".

1226.11.1.1 Birthing room. HCAI proposes an amendment to reduce the birthing room size from 200 square feet (sf) to 120 sf and reduce the clear dimension from 12 feet to 10 feet. The amendment aligns with the Facility Guidelines Institute (FGI), Guidelines for Design and Construction of Outpatient Facilities. During the ABC public meetings, comments were made that a 200 sf birthing room is excessive. Health and Safety Code Section 1204.3 require the alternative birthing clinics to meet the AABC standards or equivalent standards. The AABC and Title 22 do not state the size of birthing room, but FGI does and HCAI relies upon this nationally developed reference standard as a basis for health care design and construction. The amendment does not impact the cost of compliance.

CAC Recommendation (CAM ITEM 4-2):

Approve.

Agency Response:

Accept.

1226.11.1.3 Nurse call system. This section is amended to add an exception that allows alternative birthing clinics with three or fewer birthing rooms to use an alternative nurse call system as approved by CDPH. HCAI consulted CDPH during the pre-code cycle and after the amendment was made. CDPH indicated that they would review the facility's proposed alternative methods and determine the appropriateness. Based on the survey conducted by HCAI, most of the birth centers in California have three or fewer birthing rooms. Industry representatives indicated that staff are with the patients almost all of the time and that the birthing centers were small allowing staff to hear and respond to a patient in distress. An alternative method such as a wireless call button could be used to alert staff. This amendment does not impact the cost of compliance. Health and Safety Code Section 1204.3 requires alternative birthing clinics to meet the AABC standards or equivalent standards. AABC and Title 22 did not specify the nurse call system requirements.

CAC Recommendation (CAM ITEM 4-3):

Approve.

Agency Response:

Accept.

1226.11.1.6 Window. HCAI proposes an amendment to change the requirement for an outside window in the birthing rooms to be optional. Feedback from the public and industry representatives indicated that an outside window in each birthing room is not necessary because mothers and newborns stay in the birthing room for just a few hours and do not stay overnight. Requiring an outside window increases construction costs and difficulties in compliance with the building codes. Health and Safety Code Section 1204.3 requires the alternative birthing clinics to meet the AABC standards or equivalent standards. Title 22 and AABC did not specify the window requirement. Title 22 and AABC pointed to Title 24, or applicable local, state, and federal codes and regulations. Therefore, HCAI proposes to change the window requirement to be optional but not totally removing the window standard. This amendment does not impact the cost of compliance.

CAC Recommendation (CAM ITEM 4-4):

Approve.

Agency Response:

Accept.

1226.11.1.8 Reserved. HCAI proposes to repeal this optional requirement. A newborn care area is required in the birthing room (1226.11.1.1). Adding this option made the requirement unclear and sounded like a newborn care area was required in addition to what was needed in the birthing room. In addition, it is common that the newborns are cared for with their mothers and do not leave the birthing room. Repealing this option will provide clarity that the newborn care area is only required in the birthing room. The amendment does not impact the cost of compliance.

CAC Recommendation (CAM ITEM 4-5):

Approve.

Agency Response:

Accept.

1226.11.1.9 Examination room. HCAI proposes amendments to revise the pointer to a correct section number 1224.4.4.1.1. and add a sentence to clarify that a birthing room may be used as an examination room. The examination room is optional. According to feedback from industry representatives, it is common that birthing clinics use a birthing room as an examination room. Both amendments are editorial and will not impact the cost of compliance.

CAC Recommendation (CAM ITEM 4-6):

Approve.

Agency Response:

Accept.

1226.11.2.5 Emergency cart space. HCAI proposes an amendment to change the terminology from crash cart to emergency cart. The terminology emergency cart is appropriate for the patient population in the birthing clinics. This terminology also aligns with Title 22 and AABC where appropriate storage of emergency equipment and supplies is addressed. This amendment is editorial and does not impact the cost of compliance.

CAC Recommendation (CAM ITEM 4-7):

Approve.

Agency Response:

Accept.

1226.11.2.6 Reserved. HCAI proposes to repeal this section. FGI, Title 22, or AABC do not require a clean-up room. This requirement has created confusion for design professionals, and they asked if this section is for cleaning babies or used medical items. Newborns may be cared for (including cleaning them) in the birthing room with the mother. Section 1226.11.2.4, soiled utility or soiled holding room are where used medical items are cleaned and disinfected. Repealing this section will remove confusion and any unnecessary rooms or spaces. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance. In addition, Health and Safety Code Section 1204.3 requires the alternative birthing clinics to meet the AABC standards or equivalent standards. As mentioned above, AABC does not require a clean-up room.

CAC Recommendation (CAM ITEM 4-8):

Approve.

Agency Response:

Accept.

1226.11.3 Reserved. HCAI proposes to repeal this section heading. After renumbering section 1226.11.3.1 to 1226.11.2.10, there is no sub-section under 1226.11.3. This amendment is editorial and will not have impact on the cost of compliance.

CAC Recommendation (CAM ITEM 4-9):

Approve.

Agency Response:

Accept.

1226.11.3.1 Patient toilet room(s). HCAI proposes an amendment to renumber this section from 1226.11.3.1 to 1226.11.2.10. This section addresses patient toilets in the birthing room that support the birthing services. It is appropriate to include this section under Section 1226.11.2 Support areas for birthing services. HCAI also proposes an amendment to remove the nurse call requirement in patient toilet rooms. ABCs are licensed to provide care for low-risk patients. Based on ABC industry representatives, patients are seen by schedule and will likely be attended by staff at all times. Removing the nurse call requirement will eliminate some challenges when building an ABC, yet patient safety will not likely be compromised. Health and Safety Code Section 1204.3 require the alternative birthing clinics to meet the AABC standards or equivalent standards. AABC does not specify nurse call requirements in patient toilet rooms. These proposed amendments do not impact the cost of compliance.

CAC Recommendation (CAM ITEM 4-10):

Approve.

Agency Response:

Accept.

1226.11.5.1.2 Outpatient waiting room. This section is amended to add more specificity while still referencing Section 1224.4.5. The following sections, 1226.11.5.1.3, 1226.11.5.1.4 and 1226.11.5.1.5 add specific information for those functions rather than the generic information that is in 1224.4.5 that states the listed functions shall be readily accessible. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 4-11):

Approve.

Agency Response:

Accept.

1226.11.5.1.3 Public toilet(s). HCAI proposes an amendment to add a pointer to the California Plumbing Code Section 422.3.1. Section 1226.6.5.1.2 Outpatient waiting room refers to section 1224.4.5 that lists the public toilet. The California Plumbing Code, Section 422.3.1 outlines the toilet requirements and adding this reference will provide clear direction to the design professionals. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 4-12):

Approve.

Agency Response:

Accept.

1226.11.5.1.4 Public telephone. HCAI proposes an amendment to clarify the telephone requirement stating that a telecommunication device shall be readily accessible. Code users interpreted public telephone to mean a pay phone which are rarely provided in buildings. Based on current technologies, there are various options other than a traditional public telephone that can satisfy telecommunication requirements. FGI requires access to public communications services and the amendments align with the flexibility in FGI. This amendment will provide flexibility for the providers and will not impact the cost of compliance.

CAC Recommendation (CAM ITEM 4-13):

Further study required. Based on criteria 3, 6, and 7, the CAC recommended defining the telecommunication device for access requirements associated with it and ensuring that requirements are similar to those for the term “telephone.”

Agency Response:

Withdraw. HCAI is withdrawing this code change because further defining the telecommunication device may cause more confusion than clarification.

1226.11.5.1.5 Drinking fountain(s). HCAI proposes an amendment to clarify the drinking water requirement and correct the title by adding (s) for consistency throughout Section 1226. Drinking water may be provided in different acceptable methods other than a

traditional water fountain. FGI requires access to drinking water and the amendments align with FGI. This amendment provides clarity and will not impact the cost of compliance

CAC Recommendation (CAM ITEM 4-14):

Further study required. Based on criteria 3, 6, and 7, the CAC recommended clarifying the accessibility requirements associated with “drinking water shall be readily accessible”.

Agency Response:

Disagree. Accessibility requirements are not added to this code section because 2025 California Building Code Section 1224.3 defines the location terminology “readily accessible,” while Chapter 11B addresses accessibility requirements.

1226.11.6.3 Staff lounge. HCAI proposes an amendment to spell out the requirement instead of putting a pointer to 1226.4.17.3. Section 1226.11.6.3 requires a staff lounge, but 1226.4.17.3 indicates that it is optional. This has caused confusion for providers and enforcing agencies. This amendment is editorial and clarifies the staff lounge is required. This amendment is editorial and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation (CAM ITEM 4-15):

Further study required. Based on criteria 3, 6, and 7, the CAC recommended defining “adequate”.

Agency Response:

Withdraw. HCAI is withdrawing this code change because defining the “adequate” may constitute a material changing of the code requirement.

ITEM 5

Chapter 12 INTERIOR ENVIRONMENT

Section 1228 [OSHPD 5] – ACUTE PSYCHIATRIC HOSPITALS

Section 1228.13.1 and 1228.20.1 HCAI proposes an amendment to change the word from “room” to “area” to clarify the space requirements that meet the intended function of the space. The 1224.3 definition of “room” is commonly used for infection control and associated with positive or negative air pressure differentials. It is also used to provide physical separation between different functional spaces. Dining as an activity is not inherently different between its occurrence in Sections 1224.20.2.8, 1224.31.1.6, 1224.35.1, 1225.4.2.1.2, 1225.5.2.5.1, and 1227 (pointing to 1225.4.2), all being “spaces” or “areas,” while only 1228.13.1 and 1228.20.1 use the word “room”. The only difference in these spaces is the nature and acuity of the patient’s behavioral issues. 1228.13.1 and 1228.20.1 respond to a patient population with acute psychiatric conditions where there are no medical co-morbidities. In addition, the term “room” is in direct response to Title 22 Division 5, Chapter 2 Section 71229 where a “dining room” is required for an Acute Psychiatric Hospital. As this is an operational/clinical distinction, it is in response to the anticipated patient population and not related to fire safety standards associated with corridors, egress, smoke detection, or other fire protection measures. Furthermore, FGI uses the phrase “Dining areas/spaces.” Therefore, this amendment is editorial and clarifies the space requirement and does not impact the cost of compliance.

CAC Recommendation (CAM ITEM 5-1):

Approve.

Agency Response:

Accept.

STATEMENT OF JUSTIFICATION FOR PRESCRIPTIVE STANDARDS

Government Code Section 11346.2(b)(1) requires a statement of the reasons why an agency believes any mandates for specific technologies or equipment or prescriptive standards are required.

The proposed changes do not mandate any specific technologies or equipment and do not require any prescriptive standards.

ASSESSMENT OF EFFECT OF REGULATIONS UPON JOBS AND BUSINESS EXPANSION, ELIMINATION OR CREATION

Government Code Sections 11346.2(b)(2) and 11346.3(b)(1)

HCAI has assessed whether and to what extent this proposal will affect the following:

A. The creation or elimination of jobs within the State of California.

The proposed regulations will not create or eliminate jobs within the State of California.

B. The creation of new businesses or the elimination of existing businesses within the State of California.

The proposed regulations will not create new businesses or eliminate existing businesses with the State of California.

C. The expansion of businesses currently doing business within the State of California.

The proposed regulations will not cause expansion of businesses currently doing business with the State of California.

D. The benefits of the regulation to the health and welfare of California residents, worker safety, and the state's environment.

The proposed building standards and regulations regarding the design and construction of licensed health facilities ensure protection of the public's health, safety, and welfare of California residents through updated amendments. The regulations will not affect worker safety, or the state's environment.

TECHNICAL, THEORETICAL, AND EMPIRICAL STUDY, REPORT, OR SIMILAR DOCUMENTS

Government Code Section 11346.2(b)(3) requires an identification of each technical, theoretical, and empirical study, report, or similar document, if any, upon which the agency relies in proposing the regulation(s). **Table 1224.4.6.5 Location of Nurse Call Devices:** Hillrom Care Communications/Baxter - Manufacturer letter and FGI

Section 1224.4.11.2.2: <https://www.ormanager.com/ansi-aami-st79-amendments-refine-sterilization-practices/>

Section 1226.4.7: https://fgiguidelines.org/wp-content/uploads/2022/06/FGI_determining_appropriate_room_type_2022-06-24.pdf

Sections 1224.33.2.2 Treatment room and 1224.33.4.2 Fast-track area: Read et al., (2019). Provider preference in exam room layout design and computing. Applied Clinical Informatics. 2019 Dec 25;10(5):972-980. doi:10.1055/s-0039-3401813. [Provider Preference in Exam Room Layout Design and Computing - PMC](#)

Facility Guidelines Institute (FGI), Guidelines for Design and Construction of Hospitals

Section 1226.6 Primary Care Clinics: Facility Guidelines Institute (FGI), Guidelines for Design and Construction of Outpatient Facilities and Title 22, Social Security, Division 5, Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Section 1226.11 ABC: Title 22, Social Security, Division 5, Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

American Association of Birth Centers (AABC) HSC 1204.3 references the AABC standards

Hwang et al. (2024, September 16) California's maternity care crisis is worsening as Newsom decides on bills to slow closures. [CA hospitals close maternity wards faster than U.S.rate – CalMatters](#)

Facility Guidelines Institute (FGI), Guidelines for Design and Construction of Outpatient Facilities

Title 22, Social Security, Division 5, Licensing and Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies

Section 1226.4: January 2007 study by the Center for Health Design <https://www.healthdesign.org/sites/default/files/Sound%20Control.pdf>

There are no formal studies, reports, or documents to be identified as the basis for the proposed amendments for the remaining items.

CONSIDERATION OF REASONABLE ALTERNATIVES

Government Code Section 11346.2(b)(4)(A) requires a description of reasonable alternatives to the regulation and the agency's reasons for rejecting those alternatives. In the case of a regulation that would mandate the use of specific technologies or equipment or prescribe specific action or procedures, the imposition of performance standards shall be considered as an alternate. It is not the intent of this paragraph to require the agency to artificially construct alternatives or describe unreasonable alternatives.

There were no alternatives for consideration by HCAI. The proposed amendments will provide clarification and consistency within the code and are in alignment with national standards.

REASONABLE ALTERNATIVES THE AGENCY HAS IDENTIFIED THAT WOULD LESSEN ANY ADVERSE IMPACT ON SMALL BUSINESS

Government Code Section 11346.2(b)(4)(B) requires a description of any reasonable

alternatives that have been identified or that have otherwise been identified and brought to the attention of the agency that would lessen any adverse impact on small business.

All Items have no adverse impact on small business. Alternatives were not explored.

FACTS, EVIDENCE, DOCUMENTS, TESTIMONY, OR OTHER EVIDENCE OF NO SIGNIFICANT ADVERSE ECONOMIC IMPACT ON BUSINESS

Government Code Section 11346.2(b)(5)(A) requires the facts, evidence, documents, testimony, or other evidence on which the agency relies to support an initial determination that the action will not have a significant adverse economic impact on business.

HCAI has identified that there will be no adverse economic impact on businesses on the basis that the provisions proposed are clarifying changes and align with national standards or other California regulations.

ESTIMATED COST OF COMPLIANCE, ESTIMATED POTENTIAL BENEFITS, AND RELATED ASSUMPTIONS USED FOR BUILDING STANDARDS

Government Code Section 11346.2(b)(5)(B)(i) states if a proposed regulation is a building standard, the initial statement of reasons shall include the estimated cost of compliance, the estimated potential benefits, and the related assumptions used to determine the estimates.

HCAI finds that the proposed building standards will result in no cost.

DUPLICATION OR CONFLICTS WITH FEDERAL REGULATIONS

Government Code Section 11346.2(b)(6) requires a department, board, or commission within the Environmental Protection Agency, the Resources Agency, or the Office of the State Fire Marshal to describe its efforts, in connection with a proposed rulemaking action, to avoid unnecessary duplication or conflicts with federal regulations contained in the Code of Federal Regulations addressing the same issues. These agencies may adopt regulations different from these federal regulations upon a finding of one or more of the following justifications: (A) The differing state regulations are authorized by law and/or (B) The cost of differing state regulations is justified by the benefit to human health, public safety, public welfare, or the environment.

The proposed regulations do not duplicate or conflict with Federal regulations.

