

**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 MECHANICAL CODE
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 4
(OSHPD 05/25)**

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 3 GENERAL REGULATIONS

Section 320.4 Telephone and Technology Equipment Centers.

320.4 Telephone and Technology Equipment Centers. HCAI proposes to add OSHPD 2 designation to the requirements in Section 320.4 to align with the amendment in California Building Code (CBC) Part 2, Section 1225.5.1.1. The CBC Section 1225.5.1.1 previously required OSHPD 2 designated facilities including skilled nursing facilities (SNFs) to comply with OSHPD 1 requirements for telecom found in Section 1224.5. CBC 1224.5 requires these rooms to comply with the California Mechanical Code provisions. This code cycle CBC Section 1225.5.1.1 is amended to provide specific requirements for skilled nursing facilities, OSHPD 2 and provide better clarity. The CMC addition of OSHPD 2 in Sections 320.4.1-320.4.3 aligns with the Facility Guidelines Institute national standard for technology equipment.

OSHPD 5 is also being added to the OSHPD banner for this section to coordinate with California Building Code Section 1228.5. The code requires communication systems to comply with 1224.5 as required for OSHPD 1 buildings.

320.4.4 Clarification is added to this section that the code section does not apply OSHPD 2 and 5. This is not required in the CBC or as a condition of participation by the Centers for Medicare and Medicaid Services (CMS).

These amendments are necessary for clarification and to conform to model code and do not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 2

Chapter 3 GENERAL REGULATIONS

Section 321 Essential Mechanical Provisions.

321.3 Essential Mechanical Provisions. This section amendment was added to the 2025 California Mechanical Code and was intended for acute care hospitals that are required to comply with a Nonstructural Performance Rating of NPC-5 as required in CBC 1617A.1.40. OSHPD 3 Surgical Clinics do not fall under the scope of the NPC-5 requirements. The requirement is to maintain an operating room in in the CMC Table 4-A temperature range during loss of normal utility power. Surgical clinics were not intended to be included in the application of this subsection but are included in the charging statement in 321.0 for certain equipment. Language is added to 321.3 similar to Section 321.1 to exclude surgical clinics 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:

Approve

Agency Response:

Accept

ITEM 3

Chapter 4 VENTILATION AIR

Section 401.0 General.

401.1 Applicability. The existing OSHPD banner and amendment is relocated from the middle of the paragraph in this section to the end of the section. This change is necessary to maintain the model code language and is editorial only.

402.1 Occupiable Spaces. HCAI proposes to repeal the OSHPD amendment in this section because it is duplicative and repetitive of the amendment in Section 402.1.2. Section 402.1.2 is being revised to include portions of the amendment on 402.1 to consolidate the requirements to one location. Section 402.1.2 is the more appropriate location for the OSHPD amendment as it is specific to healthcare ventilation. This amendment is necessary for clarification and does not materially alter the intent of existing code provisions or impact the cost of compliance.

402.1.2 Ventilation in Health Care Facilities. The proposed revision to this section is to include the requirements from the repealed amendment in Section 402.1. The revised amendment will remove duplicative language between 402.1 and 402.1.2 and consolidate the two OSHPD amendments into one section. This amendment is also being revised to use Section 403.0 for the ventilation requirements for spaces not found in Table 4-A. The amendment currently refers the code user to the ASHRAE 62.1 standard; however, the Uniform Mechanical Code (UMC) incorporates the ventilation requirements from ASHRAE 62.1 in Section 403.0. Rather than refer to the standard, the amendment will refer to the correct section in the mechanical code. This amendment is necessary to conform to model code and does not materially alter the intent of existing code provisions or impact the cost of compliance.

HCAI proposes revising item (13) to reference new Table 4-C that is proposed for adoption

this code cycle. See Item 7 below. New Table 4-C is an OSHPD amended table repurposed as a ventilation table for clinic spaces and is based on ASHRAE 170, Table 8-2. This table is referenced from ASHRAE 170, Ventilation for Healthcare Facilities and is for clinic spaces. This amendment is necessary for clarification.

402.3 Mechanical Ventilation. HCAI proposes to repeal the OSHPD amendment stating, not permitted for OSHPD 1-5. This section provides pertinent information for mechanical ventilation. The OSHPD amendment was intended to exclude natural ventilation, however, this section does not specifically permit natural ventilation and does not conflict with other OSHPD amendments. This amendment is necessary to conform to model code and does not materially alter the intent of existing code provisions or impact the cost of compliance.

402.4 Outdoor Air Intakes. This was a new model code section for the 2025 CMC from the 2024 UMC. HCAI proposes a new amendment to refer to the additional requirements for healthcare outside air intakes found in Section 407.2.1. This amendment is necessary to conform to model code and does not materially alter the intent of existing code provisions or impact the cost of compliance.

403.0 Ventilation Rates. HCAI proposes to repeal the OSHPD amendment stating, not permitted for OSHPD 1-5. Model code language was added under the 2024 UMC referencing ASHRAE 170 for healthcare ventilation in Section 403.2.

403.2 Zone Calculations. A new OSHPD amendment will be provided in Section 403.2 to refer to the OSHPD amendments in 407.3.1 for ventilation requirements of healthcare spaces. The model code refers to ASHRAE 170, however OSHPD provides the ventilation requirements in Table 4-A by amendment. The revised OSHPD amendment in Section 402.1.2 will now refer to Section 403.0 for ventilation of spaces not included within the scope of Table 4-A. The OSHPD amendment in 402.1.2 was based on ASHRAE 170 language which referred to ASHRAE 62.1 for ventilation requirements for spaces not under the authority of ASHRAE 170. Section 403.0 includes the ventilation requirements from ASHRAE 62.1. These changes do not alter the requirements but change the charging language to utilize the California Mechanical Code provisions rather than refer to a separate standard. This amendment is necessary to conform to model code and does not materially alter the intent of existing code provisions or impact the cost of compliance.

407.3.1 This new section will provide similar language as CMC Section 417.0 for the air balancer to be certified. This will ensure that a certified 3rd party conducts the air balance as is already required in ASHRAE 170 and other sections of the CMC. The Associated Air Balance Council (AABC), the National Environmental Balancing Bureau (NEBB), or the Testing, Adjusting and Balancing Bureau (TABB) require the balance to be completed by a certified balancer. This section is necessary for consistency and clarification and does not materially alter the intent of existing code provisions or impact the cost of compliance.

407.3.1.1 Clinic spaces. HCAI proposes this new section to provide ventilation systems designed to meet the requirements of the new Table 4-C. Table 4-C will bring in provisions from ASHRAE 170, Table 8-2 for outpatient clinic spaces. This table will bring in reduced ventilation requirements for outpatient spaces with lower acuity and meet the requirements of the national standard, ASHRAE 170. Previous OSHPD amendments required outpatient spaces to meet the same standards as hospital spaces.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 4

Chapter 4 VENTILATION AIR

Section 408.0 Filters, 415.0 Protective Environment Rooms.

408.2.1. Revised language will refer to Table 4-A to identify the required filtration for each space. OSHPD amendments in Table 4-B and 4-C provided general guidance on filtration required in a healthcare facility. The table did not identify all healthcare spaces. CMC Table 4-A is being revised to include the specific filtration requirements for each space to ease interpretation. This is similar to the national standard.

408.3.1 The reference to Table 4-C is revised to Table 4-B to coordinate with the revisions to Table 4-B and 4-C. The filtration requirements in Table 4-C have been relocated to Table 4-B. Additional changes as noted in Section 408.2 above.

408.4 The revision for this section will also refer to Table 4-C. The ventilation requirements for outpatient spaces will be per Table 4-A or Table 4-C based on outpatient function type.

408.5 The revision for this section will refer to Table 4-A.

415.1. The HEPA requirement for protective environment rooms was added to the section. The HEPA requirements were already provided in Table 4-B. The OSHPD amendment will also include the HEPA requirement in Section 415.1 for clarity.

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:

Approve

Agency Response:

Accept

ITEM 5

Chapter 4 VENTILATION AIR

Table 4-A PRESSURE RELATIONSHIP AND VENTILATION REQUIREMENTS FOR GENERAL ACUTE CARE HOSPITALS, SKILLED NURSING FACILITIES, INTERMEDIATE CARE FACILITIES, OUTPATIENT FACILITIES, LICENSED CLINICS, CORRECTIONAL TREATMENT CENTERS, AND ACUTE PSYCHIATRIC HOSPITALS

Table 4-A. HCAI proposes revisions to Table 4-A. One large revision is adding a filtration level column to Table 4-A. In the 2025 Triennial Code Cycle, Table 4-A was revised to coordinate with the 2021 ASHRAE 170 ventilation tables. This was done with written permission from ASHRAE for OSHPD amendments to the California Mechanical Code (CMC). The ventilation efficiency column from ASHRAE 170, Table 7-1 was not included in the 2025 triennial revision to Table 4-A as the existing OSHPD amendments in Section 408 and Table 4-B conflicted with the column. This revision uses a similar approach for the column that coordinates with the existing OSHPD amendments with minor changes. Table 4-B is the OSHPD amendment for filtration requirements and includes minimum filter efficiency, location of filters and whether a space requires a pre and or post filter. As part of

this intervening code cycle revision, the filter efficiencies have been added to Table 4-A by providing a filtration level letter that corresponds with a filtration level in Table 4-B. This revision required evaluation of the minimum filtration requirements currently adopted through amendment for California. This revision provides value by identifying the specific filtration requirements for each space. Table 4-B listed general room types and the revised tables will provide clarity as each space will be specifically addressed.

Post-anesthesia care unit and recovery line item. HCAI proposes to amend this line item related to the column for Exhausted Directly to Outdoors. This column was marked with 'NR', however, the previous OSHPD amendment in the 2022 California Mechanical Code and previous editions was marked 'Yes'. HCAI proposes to correct this to match the previously adopted requirement. Post-anesthesia care unit spaces attend to patients that are recovering from surgery that may have been treated with inhaled anesthetics such as nitrous oxide. Employee exposure limits require the exhaled nitrous oxide to be removed from the building in accordance with CAL-OSHA regulations.

Waiting area primary care clinic. HCAI proposes to relocate 'waiting area primary care clinic' to Table 4-C. New Table 4-C is added as part of the intervening cycle proposals and will provide certain clinic spaces from California Building Code 1226 Clinics [OSHPD 3] into a separate table. See item 7 below.

Bronchoscopy, sputum collection, and pentamidine administration. HCAI proposes to revise the function of space for 'Bronchoscopy, sputum collection, and pentamidine administration' to 'Bronchoscopy'. This aligns with the revision to the national standard by addendum 'w' of the 2021 edition of ASHRAE 170. Bronchoscopy is a special procedure room function that is required to comply with CBC 1224.4.4.1.4 with the specific ventilation requirements found in CMC Table 4-A. Sputum collection and pentamidine administration are not considered room functions.

MRI room and Fluoroscopy room. HCAI proposes to revise the Design Relative Humidity column for MRI room and Fluoroscopy room from 'NR' to 'Max 60' to align with Class 1 imaging room. ASHRAE 170-2021 as adopted by the 2024 UMC requires this space to be 'Max 60' for relative humidity. OSHPD carried forward the existing amendment of NR in the triennial cycle, however this does not meet the code minimum. The room names are provided to match the room designations provided for in California Building Code Section 1224.18, however the rooms need to meet the general requirements for a class 1 imaging room.

Interventional imaging procedure room. HCAI proposes to revise the required minimum outdoor air change rate for Interventional imaging procedure room from 5 ac/hr to 3 ac/hr. Interventional imaging is a subset of Class 2 imaging and should have the same ventilation requirements. The minimum outdoor air change rate for Class 2 imaging and all similar rooms is 3 ac/hr. This revision coordinates the general requirement for outdoor air rate with similar room types and the overall general requirement for a class 2 imaging room. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

Dental treatment. HCAI proposes relocating 'Dental treatment' to Table 4-C. This new table is added as part of the intervening cycle proposals and will provide certain clinic spaces from California Building Code 1226 into a separate table.

Drug room. HCAI proposes to revise the space pressurization requirement for 'Drug room'. The general pharmacy requirements for space pressurization are to provide a positive air balance relationship as found in ASHRAE 170, Table 7-1.

Pharmacy compounding rooms. HCAI proposes to add footnote 'dd' to the minimum outdoor air change rate for the pharmacy compounding rooms in table 4-A. The intent for the rooms was to bring in the United States Pharmacopeia (USP) requirements to Table 4-A for the compounding spaces which require much larger total air change rates to meet an ISO classification for the room. As USP does not include a minimum outdoor air change rate for personnel, this requirement is from another standard. Footnote 'dd' will instruct the code user to Section 403 for determining the minimum outdoor air rate per model code requirements. The current code language in Section 402.1 states that when ventilation rates are prescribed in both Standards 62.1 and Table 4-A, the higher of the two air change rates shall be used. This footnote will clarify that there is a higher air change rate per model code requirements, and it is to be used for compounding rooms.

Non HD ante room. The air change rate of 30 ac/hr is higher than the minimum air change rate of 20 ac/hr in USP 797. Anterooms serving a non-HD buffer room only are permitted to have in ISO 8 rating and only require 20 ac/hr per the USP 797 requirements. The Table incorrectly placed the 30 ac/hr rate required for HD ante rooms that require an ISO 7 rating.

Sterilizing equipment room. The recirculated room unit requirement is revised from 'No' to 'NR'. This aligns with ASHRAE 170, addendum 'o'. This change provides another design option for cooling of high heat producing equipment and aligns with the national standard and will not increase cost.

Warewashing. HCAI proposes to repeal the footnote (r) for 'Warewashing'. The footnote was brought into Table 4-A from ASHRAE 170, which only includes healthcare related requirements. The footnote provided insight to the standard that exhaust rates shall meet or exceed local requirements. The California Mechanical Code includes exhaust rates in Chapter 5, so this footnote does not apply to the California Mechanical Code. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

Behavioral Health. HCAI proposes adding three space functions to Table 4-A under a new section called "Behavioral Health". The current CMC Table 4-A already includes functions for these spaces and the ventilation requirements will not change. This change provides a clear room type for behavioral type uses and aligns with the national standard, ASHRAE 170-2021, Table 7-1. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

Skilled Nursing All Room/All Anteroom. HCAI proposes to revise footnote b to footnote u. Footnote b is the national standard footnote letter, the Table 4-A locates this information in footnote u. This function type matches the All room and All anteroom at the start of Table and duplicated under the skilled nursing section for clarity. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

Resident Corridor. The section callout to CBC 1225 is being revised to 1225.1.1 to the applicable section for a resident component in a skilled nursing facility.

Footnote b. HCAI proposes to revise the referenced section to Board of Pharmacy requirements found in Title 16. Section 1735 is revised to 1736 and 1737 to match changes to the law. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

Footnote ‘r’. HCAI proposes to strike out the current language in footnote ‘r’. This language is from the national standard, ASHRAE 170 and is not pertinent to the California Mechanical Code. The national standard does not include exhaust requirements for kitchen exhaust and refers the code user to local requirements. The California Mechanical Code includes these requirements in Chapter 5. HCAI proposes to reuse footnote ‘r’ for the newly added column ‘Filtration Level’ and will direct the code user to the Table 4-B for filter level requirements. Each function will have a letter associated with the Table 4-B filter requirements. An additional sentence will be added to note that specific operating and Class 3 imaging rooms listed in Table 4-B will require HEPA filtration. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

Footnote ‘dd’. HCAI proposes to revise footnote ‘dd’. This footnote will direct the code user to Section 403 to calculate the required outside air change rate. Section 402.1 notes that the higher ventilation rates between Table 4-A and Section 403 shall be used. 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:

Approve

Agency Response:

Accept all items except 5-16. Disagree item 5-16. For item 5-16, HCAI will need to revise footnote ‘b’ to strike the reference to Section 1751 of Title 16. This section was repealed as of January 1, 2026. Title 16, Section 1751 requirements were relocated to Section 1737. Footnote b will refer to Section 1736 for non-hazardous compounding requirements and to Section 1737 for hazardous compounding requirements. Please also note that for item 5-13 there was a typo in the IET presented to CAC that is corrected in the 45-day ET. The temperature values for the Behavioral Health functions were not underlined. The 45-day ET shows the underline for the new rows.

ITEM 6

Chapter 4 VENTILATION AIR

Section Table 4-B.

Table 4-B. The Table title is amended to include Skilled Nursing Facilities, Intermediate Care Facilities, and Correctional Treatment Centers, and the banner is amended to *[OSHDP 1, 2, 3, 4, & 5]*.

This table is being consolidated to include the requirements from Table 4-B and 4-C. A new column for “Filtration Level” is added to differentiate the filtration requirement types with a letter designation that simplifies how the filter level is determined.

All area designation spaces are listed in column two and address all spaces from Table 4-A. The filtration levels requirement using the letter designation for each space are added to CMC Table 4-A.

The area designation for filtration level A is revised to coordinate with the requirements found in ASHRAE 170, 2021 edition as adopted by model code. Class 3 imaging rooms is added with operating rooms to clarify these room types are the same. Specific operating rooms already required HEPA filtration, so this is not a new requirement. The area designation will filtration level A also adds neurosurgery and dedicated burn unit to the room types that require HEPA filtration to coordinate with the requirements found in ASHRAE 170, 2021 edition as adopted by model code. Protective environment room is being consolidated into the Type A filtration level. Footnote 5 is relocated from the 99.97% filter column to be in the area designation and attached to protective environment room directly.

Filtration levels D and E add the area designations from repealed Table 4-C.

Footnote 5. The row for protective environment rooms is being consolidated with the operating room row. The first line to footnote 5 is proposed to be removed and will be covered by footnote 4 as the language is identical. The remaining footnote language specific to protective environment rooms will remain and the footnote 5 callout is relocated to the area designation column on protective environment room.

Footnote 8 is the relocated footnote 2 from repealed Table 4-C.

This revision moves the charging language from Table 4-B to Table 4-A for minimum filtration requirements but does not materially alter the intent of the existing code provisions or increase the cost of compliance.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 7

Chapter 4 VENTILATION AIR

TABLE 4-C PRESSURE RELATIONSHIP AND VENTILATION REQUIREMENTS FOR LICENSED CLINICS

Table 4-C. HCAI proposes to relocate Table 4-C, Filter Efficiencies, to Table 4-B.

Table 4-C is repurposed to include the ASHRAE 170, Table 8-2 ventilation requirements for specific clinic spaces as adopted by model code. CBC 407.3.1.1 provides charging language to indicate what specific licensed clinics will qualify to utilize the proposed ventilation requirements. The Table will introduce additional spaces found in the ASHRAE 170 standard, Table 8-2 as adopted by model code. Currently all clinics must comply with the ventilation provisions in Table 4-A. Under the 2022 and 2019 California Mechanical Codes, the 2013 edition of ASHRAE 170 was the edition that was adopted. The 2021 edition of ASHRAE 170 includes separate ventilation tables for hospitals, outpatient facilities (clinics) and nursing facilities. The proposed amendments are a continuation to coordinate with the 2021 edition of the ASHRAE 170 standard. Since HCAI authority only covers hospitals, skilled and intermediate care facilities and licensed outpatient facilities, the authority of HCAI does not extend to all of the facility types included in the ASHRAE 170 standard. The HCAI amendments are formed to cover the facility types under the jurisdiction of HCAI and coordinate with other state amendments that conflict with the

national standard. Standard upright font represents Table 8-2 from the 2021 ASHRAE 170 Standard. Italics are shown as HCAI amendments to Table 8-2. This is the same format used for Table 4-A. Space functions such as cancer treatment and waiting area primary care clinic are functions in the current Table 4-A and are relocated in Table 4-C.

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.

HCAI proposes to incorporate footnotes from ASHRAE 170, Table 8-2. Footnotes are amended to coordinate with other HCAI amendments including footnotes from Table 4-A.

Footnote a. Revise Section 8.2(a)(5) from ASHRAE 170 and reference the appropriate California Mechanical Code Section 407.4.5.

Footnote b. HCAI proposes to remove the language from footnote b, the specialty infection control room has been removed from Table 8-2 in an addendum to ASHRAE 170 and this room type is not incorporated into the table. HCAI proposes new language for the footnote to clarify that functions not specifically addressed in Table 8-2 will need to be in accordance with CMC Table 4-A.

Footnote c. HCAI proposes to modify the language in footnote c to refer to Table 4-B on the CMC with regard to filtration level. The remaining footnote will be removed as the requirements are found in Table 4-B.

Footnote d. HCAI proposes to modify footnote d to match the language for the HCAI amendment in Table 4-A regarding space pressurization.

Footnote f. All reference to FGI (Facility Guidelines Institute) have been revised to refer to the appropriate California Building Code section found in Section 1226.

Footnote g. This footnote is revised to match the primary care clinic waiting room function of space adopted by amendment in the California Mechanical Code. This is an existing space function adopted by amendment for multiple code sections. The note clarifies this room function is intended for primary care clinics and other clinic types that are programmed to hold patients with respiratory disease such as tuberculosis. Other clinic types that did not typically see sick patients would not need to comply with this requirement. Spaces not included in Table 4-A are to meet ASHRAE 62.1 for ventilation requirements per CMC 402.1.1(402.1.2 - 2025 intervening). This footnote provides clarification for waiting rooms in clinic spaces.

Footnote j. HCAI proposes to modify footnote j with amended language from Table 4-A related to exhaust.

Footnote n and o. HCAI proposes to modify footnotes l, m, n, o and p to reference Table 4-A from the California Mechanical Code. Footnotes n and o will be modified to match the California Building Code Section 1224 naming for function for clean utility/workroom and soiled utility/workroom.

Footnote r. HCAI proposes to add footnote r to coordinate the requirements of Section 403 of the California Mechanical Code (CMC) for toilet exhaust requirements. Section 402.1 of the CMC requires a healthcare space to comply with the more restrictive

requirements found in Table 4-C or Section 403. The 4 air changes of exhaust in Table 4-C may not provide the minimum exhaust required for a water closet fixture as required in Section 403. The 70 cfm per water closet is the required rate for a public water closet as noted in Table 403.7 in the CMC.

Footnote q. The ASHRAE 170 footnote q refers to sections 8.2(a)(6) and 8.2(a)(8). The requirements for these sections have been included in the footnote and coordinated with Section 403 as the reference to the ASHRAE 62.1 calculation method.

CAC Recommendation:

Approve

Agency Response:

Accept

ITEM 8

Chapter 5 EXHAUST SYSTEMS

Section 505.0 Product-Conveying Systems.

505.13 The HCAI amendment for pharmaceutical compounding exhaust is being relocated from 507.7 to 505.13. The amendment was inadvertently located in the section relating to kitchen hood exhaust. The relocated amendment will be placed next to the board of pharmacy amendments. The section is adding the term 'hazardous drug' to identify that the requirement applies to hazardous exhaust. Systems that do not serve hazardous drug rooms do not need to comply with the height requirement. The discharge height is being revised from 7 feet to 10 feet to align with Section 407.2.2.1 and the ASHRAE 170 requirement found in Section 6.3.2.1 as adopted by the Uniform Mechanical Code. This amendment is necessary to conform to model code and does not materially alter the intent of existing code provisions or impact the cost of compliance.

507.7 Relocate HCAI amendment from 507.7 to 505.13. The amendment is located in a section in Part II of Chapter 5 for Commercial Hoods and Kitchen Ventilation. The amendment will be located in the product conveying duct section following 505.11 hoods and enclosures and 505.12 pharmacy compounding amendments from the board of pharmacy. The discharge height is being revised from 7 feet to 10 feet to align with Section 407.2.2.1. 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:

Approve

Agency Response:

Accept

ITEM 9

Chapter 6 DUCT SYSTEMS

Section 602.0 Material.

The UMC was revised and aligns with the HCAI amendments. This section no longer needs the HCAI amendment for not permitted.

Relocating existing HCAI amendment to the new model code exception as this more

precisely relates to plenums in healthcare facilities. This amendment is necessary to conform to model code and does not materially alter the intent of existing code provisions or impact the cost of compliance.

CAC Recommendation:

Approve

Agency Response:

Disagree. HCAI will revise the previous reference to Section 407.4.2 to 407.4.3. The previous amendment that pointed to Section 407.4.2 was a legacy amendment relating to corridors. The model code removed the corridor language from Section 602 in the 2015 UMC, however the OSHPD amendment remained. The OSHPD amendment in this section will refer the code user to the similar OSHPD requirement for plenum usage in above ceiling spaces in Section 407.4.3.

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).

ANSI/ASHRAE/ASHE Standard 170-2021 - Ventilation of Healthcare Facilities

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 will provide clarification and consistency within the code and are in alignment with national standards.

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.