

**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 PLUMBING CODE  
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 5  
(OSHPD 06/25)**

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 2 DEFINITIONS**

**Section 210 - H**

**(1)c.** This amendment aligns the public lavatory fixture flow rate to not exceed 0.5 gallons per minute with the California Appliance Efficiency Regulations, Title 20, California Code of Regulations, Division 2, Chapter 4, Article 4, Section 1605.3(h)(3). All public lavatory fixtures sold in California are required to comply with Title 20. The HCAI amendment to this section removes a conflict in regulation.

**(1)d. (1)e.** Consolidate the two requirements into one sentence. Both d and e applied to the gooseneck spout height.

**(2)c.** Minimum size of basin provided to coordinate with national standard, Facility Guidelines Institute for Hospitals (FGI) Section 2.1-8.4.3.2(2).

These amendments are necessary to conform to model code and other California regulations. They 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 310.0 Prohibited Fittings and Practices.**

**310.15 Telephone and Technology Equipment Centers.** HCAI proposes to add OSHPD 2 designation to the requirements in Section 310.15 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 Plumbing 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 CPC addition of OSHPD 2 in Section 310.15 aligns with the Facility Guidelines Institute national standard for technology equipment.

**CAC Recommendation:**

Approve

**Agency Response:**

Disagree. HCAI proposes adding a reference to Section 1225.5.1.1 to align with the amendment in CBC Part 2, Volume 1. This revision will match the proposal in Part 4, Item 1.

**ITEM 3**

**Chapter 4 PLUMBING FIXTURES AND FIXTURE FITTINGS**

**Section 422.0 Minimum Number of Required Fixtures.**

**422.2 Separate Facilities.** HCAI is relocating its amendment to not adopt the exceptions of this section. The amendment will be placed specifically on item 2, which specifically creates conflict with the HCAI amendment in Section 423.1. Exceptions 1 and 3 do not apply to healthcare facilities and relocating the amendment to item 2 does not material alter the application of these exceptions. In the 2015 Triennial Code Cycle, HCAI relocated the separate toilet facilities amendment from this section to section 423.1 as an editorial change. The amendment was relocated due to a model code change to the chapter creating a special occupancies section. The previous amendment placement prohibited sharing of toilet facilities between staff and visitors. The amendment did not disallow the sharing of an all gender restroom for smaller staff counts. Specific commentary is added to each exemption as explained below.

**Exception 2.** A new amendment is added to Exception 2 to note that this exception does not apply to OSHPD occupancies because in Section 422.1, HCAI does not permit patients, staff, and visitors to share toilet facilities. Staff fixtures must be dedicated to staff for operational and infection control requirements. This exception will continue to be not adopted by HCAI and does not materially alter the intent of this existing code provision.

**Exception 5.** New Exception 5 is proposed as clarifying language to address and editorial change from the 2015 Triennial code cycle. This amendment clarifies the model code allowance of 10 or less staff to share a toilet facility that can be used by both sexes when the staff occupant load is 10 or less. By default, Table 4-2 can be seen as requiring a separate toilet facility for male and female staff. Additional single all gender toilet facilities for staff may be placed throughout the facility as required by the CBC. This is typical for larger facilities, but can be interpreted as burdensome for smaller facilities with 10 or less staff. This amendment is 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 conducted three public meetings to discuss the [OSHPD 3] Clinic regulations. During the meetings, it was recommended that small clinics have the same opportunities as small businesses that allow a single all gender toilet room for small occupancies.

**Exception 6.** The original intent for HCAI to not adopt the exceptions was to prevent sharing between staff and visitors, not specifically to disallow the sharing of an all gender restroom for smaller staff counts. The HCAI amendment relocates Section 422.3.1 Exception 2 to 422.2 Exception 6. This existing code language allows one all gender restroom to serve the public when the occupant load is 10 or less. Section 422.2 is the more suitable section as it is an exception to separate facilities based on sex. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

**422.3.1.** The amendment in Section 422.3.1 Exception 1 is revised to align with a similar amendment this code cycle in the California Building Code, Section 1226.4.14.1. The exception was limited to primary care clinics, but this should also apply to the other clinic types in 1226. Exception 2 is relocated to Section 422.2 new Exception 6. This amendment is necessary to conform to existing law Senate Bill 1382.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 4**

**Chapter 4 PLUMBING FIXTURES AND FIXTURE FITTINGS**

**TABLE 4-2 [OSHPD 1, 2, 3, 4 &5] MINIMUM PLUMBING FACILITIES**

**Table 4-2. Sterile compounding anteroom/Segregated compounding area**

Handwashing requirements found in CBC 1224.19.3 for sterile compounding are being added to Table 4-2 to coordinate with the HCAI amendments in the California Building Code. The sterile compounding anteroom and the segregated compounding area are the two locations where a handwashing fixture is required. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

**Rehabilitation Therapy Space** bathtub is proposed to be added to the table row for Training toilet based on the revised requirement in California Building Code Section 1224.35.1(12). The Building Code section is revised 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.

**Cancer treatment/infusion therapy treatment** function is indented under the Surgical service space. This function is not associated with the surgical service space and should not be indented. The bracket requests the indent be removed. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

**Central Sterile Supply** The clean and soiled work areas for the Central Sterile Supply are not located together in Table 4-2. A new section titled Central Sterile Supply is being added to more clearly associate these room functions with the service of the same name in Section 1224.22 of the CBC. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

**Primary care clinic and specialty clinics.** Clinic spaces are being added to the table to more clearly identify the requirements. A new section for primary care and specialty clinics will be added and will include the exam/treatment, staff and waiting area fixture requirements. Currently code users would use a similar function in the table. This addition to the table provides clarity for clinics. The 2022 Intervening code cycle revised the OSHPD amendment in Section 422.1 to assign the required number of fixtures based on Table 4-2. This amendment is also necessary to conform to existing law Senate Bill 1382.

Exam treatment does not currently have a ratio in the table for toilet fixture counts. For large exam areas, Table 422.1 is required to determine when another toilet fixture is required. Table 422.1 is based on gross floor area, and it is difficult to determine floor area assigned to patient use to provide additional toilet fixtures. HCAI proposes to provide a ratio for the toilet counts based on one toilet fixture serving 15 exam rooms. Exam/treatment is provided in the clinic section as an existing requirement with one handwashing fixture per exam room.

**Staff Toilet.** Toilet count for clinic spaces will be the same as other staff spaces in the table. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

**Waiting area public toilet.** A count is provided for the waiting area public toilet as many of the persons in waiting will transition to become a patient and will have access to toilet facilities once inside the clinic patient area. The 1:25 ratio matches the requirement found in the International Mechanical Code.

**Alternative Birthing Clinic** Birthing room, birthing room toilet room and waiting area will also be added to include the alternate birthing room fixture requirements found in CBC 1226.11. This addition to the table provides clarity for alternative birthing clinics. The fixtures listed were already required per the CBC. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

**Footnote 1** is revised to note that service sinks are required to be located in a housekeeping room as required in the California Building Code. This amendment removes conflicting information in the code and is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

**Footnotes 14 and 22** revise the term clinic sink to clinical sink which is the correct term used in the CBC. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

**Footnote 23** is being repealed as the Table has not used footnote 23 since the 2007 edition of the code. The revised footnote language will address the special requirements for handwashing fixtures found in CBC 1224.19.3. This includes the requirement from the U.S. Pharmacopeia (USP) 797 and 800 to be able to wash up to the elbows and to provide a hands-free operation so that the hands are not contaminated after washing. This

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

**Footnote 38** is provided to coordinate with the CBC 1226.11 and CPC Section 422.3.1 for Alternative Birthing Clinics (ABC). CPC 422.3.1 exception 1 for primary care clinics revised to include other specialty clinic types in CBC 1226. ABC's use birthing rooms rather than exam/treatment rooms. The footnote is worded to coordinate with the room types in an ABC.

**CAC Recommendation:**

Approve

**Agency Response:**

Accept

**ITEM 5**

**Chapter 7 SANITARY DRAINAGE**

**Section 727.0 Emergency Sanitary Drainage. [OSHPD 1]**

**727.1** Section 727.1 will be split into two paragraphs similar the water storage requirements found in CPC 616.1. The proposed amendments restate the minimum tank sizing criteria in CPC 616.1. This clarification is necessary because design professionals are not properly applying the minimum storage capacity from Section 616.1.

**727.1 Exception** The amendments add the minimum sizing criteria from 616.1. Hook ups are allowed for water tank sizing to reduce the storage capacity from 72 hours down to 24 hours. The exception will be revised to coordinate with the sizing requirements for the water tank sizing in Section 616.1.

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 6**

**Chapter 13 HEALTH CARE FACILITIES AND MEDICAL GAS AND MEDICAL VACUUM SYSTEMS**

**Section 1304.0 Medical Gas and Medical Vacuum Piping Systems.**

**1304.1.1** HCAI proposes to repeal the sentence directing the code user to the CA fire code for the applicable reference standard version. During the 2024 Triennial Code Cycle, the appropriate version of the NFPA 99 was adopted. The NFPA referenced standard edition adopted in CPC Chapter 17 should be the proper method to adopt the edition of the standard. This amendment is for clarification only and does not materially alter the intent of existing code provisions or impact the cost of compliance.

**1305.3** HCAI amends the California Building Code to provide a medical gas vacuum outlet/inlet table based on the Facility Guidelines Institute requirements for Hospitals. The

medical gas list is a more encompassing list of requirements and is based on functional requirements of the Hospital. Therefore, the CPC should refer to the code reader to the appropriate table. 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:**

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).

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

## **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 clarify 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.