

**15-DAY EXPRESS TERMS  
FOR PROPOSED BUILDING STANDARDS  
OF THE  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
REGARDING THE AMENDMENT OF THE  
2016 CALIFORNIA ADMINISTRATIVE CODE  
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 1  
(OSHPD EF 01/18)**

The State agency shall draft the regulations in plain, straightforward language, avoiding technical terms as much as possible and using a coherent and easily readable style. The agency shall draft the regulation in plain English. A notation shall follow the express terms of each regulation listing the specific statutes authorizing the adoption and listing specific statutes being implemented, interpreted, or made specific (Government Code Section 11346.2(a)(1)).

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**LEGEND FOR EXPRESS TERMS (California only codes - Parts 1, 6, 8, 11, 12)**

1. Existing California amendments appear upright.
  2. Unmodified California 45-Day amendments appear in underline and ~~strikeout~~.
  3. California 15-Day amendments appear in double underline and ~~double strikethrough~~.
  4. **Rationale:** The justification for the change is shown after each section or series of related changes.
  5. **Notation:** Authority and reference citations are provided at the end of each chapter.
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**15-DAY EXPRESS TERMS**

**CHAPTER 6  
SEISMIC EVALUATION PROCEDURES FOR HOSPITAL BUILDINGS  
ADMINISTRATIVE REGULATIONS FOR THE  
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD)**

**ARTICLE 1  
DEFINITIONS AND REQUIREMENTS**

**1.0 Scope.** The regulations in this article shall apply to the administrative procedures necessary to implement the seismic retrofit requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983.

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**1.2 Definitions.** Unless otherwise stated, the words and phrases defined in this section shall have the meaning stated therein throughout Chapter 6, Part 1, Title 24.

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**Rebuild plan** means a plan to meet seismic standards primarily by constructing a new conforming SPC-5 building for use in lieu of an SPC-1 building.

**Removal plan** means a plan to meet seismic standards primarily by removing acute care services or beds from the hospital's license.

**Replacement plan** means a plan to meet seismic standards primarily by relocating acute care services or beds from nonconforming buildings into a conforming building.

**Retrofit plan** means a plan to meet seismic standards primarily by modifying the building in a manner that brings the building up to SPC-2, SPC-4D, or SPC-5 standards.

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### **1.5.1 Compliance deadlines.**

1. After January 1, 2002, any general acute care hospital building which continues acute care operation must, at a minimum, meet the nonstructural requirements of NPC 2, as defined in Article 11, Table 11.1 or shall no longer provide acute care services.

2. After January 1, 2008, any general acute care hospital building which continues acute care operation must, at a minimum, meet the structural requirements of SPC 2, as defined in Article 2, Table 2.5.3 or shall no longer provide acute care services.

Exception: A general acute care hospital may request a delay of SPC 2 requirements if the conditions of Section 1.5.2 are met.

3. After January 1, 2008, any general acute care hospital which continues acute care operation must, at a minimum, meet the nonstructural requirements of NPC 3, as defined in Article 11, Table 11.1 or shall no longer provide acute care services.

Exception: A general acute care hospital may request an exemption from the anchorage and bracing requirements of NPC 3 if all the conditions of Section 1.5.2 are met.

4. Before January 1, 2020, the owner of an acute care inpatient hospital where buildings are rated SPC 1 or SPC 2; or where the NPC rating is less than 5, shall submit to the Office an attestation that the board of directors of that hospital is aware that the hospital building is required to meet the January 1, 2030, deadline for substantial compliance with those regulations and standards.

45. After January 1, 2030, any general acute care hospital building which continues acute care operation must, at a minimum, meet the structural requirements of SPC 3, 4, 4D or 5, as defined in Article 2, Table 2.5.3 and the nonstructural requirements of NPC 5, as defined in Article 11, Table 11.1 or shall no longer provide acute care services.

### 1.5.2 Delay in compliance.

1. The Office may grant the hospital owner an extension to the January 1, 2008 seismic compliance deadline for both structural and nonstructural requirements if compliance will result in diminished health care capacity which cannot be provided by other general acute care hospitals within a reasonable proximity.

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8. Any SPC-1 general acute care hospital building that has received an extension to the January 1, 2008, deadline for both the structural and nonstructural requirements may receive an additional extension of up to seven years to the January 1, 2013, deadline for both the structural and nonstructural requirements.

8.1 For an SPC-1 building to be eligible for this extension, all of the following conditions must be met:

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9. Additional extension beyond January 1, 2020 for SPC-1 buildings.

9.1 The Office may grant the hospital owner an additional extension to the January 1, 2020 seismic compliance deadline for each SPC 1 building where all the following conditions are met:

- a) An extension was previously granted pursuant to California Health and Safety Code, Section 130060(g) or Section 130061.5(b).
- b) A prior compliance plan corresponding to a replacement, retrofit or rebuild project was submitted to the Office by January 1, 2018.
- c) The application for an extension is submitted by the owner on a form provided by the Office, and received by the Office no later than April 1, 2019.
- d) The application, one per building, shall identify the seismic compliance method chosen based on a replacement, retrofit or rebuild plan as defined in definitions Section 1.2 of this chapter, for addressing the acute care functions in the SPC-1 building.
- e) Documentation of facts necessary in determining the maximum length of the extension that may be granted in accordance with sub section 9.1.1 shall be submitted with the application.

**9.1.1 Maximum length of Extension.** The Office shall not grant an extension that exceeds the amount of time needed by the owner to come into compliance. The length of the extension to be granted shall be based upon a showing by the owner of the facts necessitating the additional time. It shall include a review of the plan and all the documentation submitted in the application for the extension, and shall permit only that additional time necessary to allow the owner to deal with compliance plan issues that cannot be fully met without the extension.

**9.1.2 Extension for Replacement or Retrofit Plan where Construction has not Started.** For an extension request based on a replacement plan or retrofit plan, final seismic compliance shall be achieved, a certificate of occupancy or construction final shall be obtained by July 1, 2022 and the following conditions shall apply:

- 1) Application submitted shall contain an extension schedule that identifies:
  - a) The maximum extension time requested but no later than July 1, 2022.
  - b) Date when building permit will be obtained.
  - c) Date the hospital will begin construction.
- 2) A construction schedule shall be submitted within 15 calendar days of obtaining a building permit. The construction schedule shall identify a minimum of two major milestones acceptable to the office that will be used as a basis for determining whether the hospital is making adequate progress. Major milestones identified in the construction schedule shall be chosen such that they are easily verifiable by the Office.
- 3) Obtain a building permit.
- 4) Start construction.

Compliance with the requirements in 1) through 4) above shall be achieved no later than April 1, 2020.

**9.1.3 Extension for Rebuild Plan where Construction has not Started.** For an extension requested based on a rebuild plan, final seismic compliance shall be achieved, a certificate of occupancy shall be obtained by January 1, 2025 and the following shall apply:

1. Application submitted, shall contain an extension schedule that identifies:
  - a. The maximum time request for the extension but no later than January 1, 2025.
  - b. Date of submission of the rebuild project deemed ready for review to the Office, but no later than July 1, 2020
  - c. Date when building permit will be obtained.
  - d. Date the hospital will begin construction.
2. Submission of the rebuild project deemed ready for review to the Office shall occur no later than July 1, 2020.
3. A construction schedule submitted within 15 calendar days of obtaining a building permit. The construction schedule shall identify a minimum of two major milestones acceptable to the office that will be used as a basis for determining whether the hospital is making adequate progress. Major milestones identified in the construction schedule shall be chosen such that they are easily verifiable by the Office.
4. Obtain a building permit.
5. Start construction.

Compliance with the requirements in 3) through 5) above shall be achieved no later than January 1, 2022.

**9.1.4 Extension where Construction has Started.:** For a hospital building that has previously submitted to the Office a retrofit, replace or rebuild project under construction, the application for an extension request shall contain all the following:

1. The method of compliance with the requested extension which shall be no later than July 1, 2022 for retrofit or replace plan and January 1, 2025 for rebuild plan. The application shall include the facts necessitating the additional time.
2. The project number under which the construction has commenced and is continuing.
3. A revised construction schedule to reflect the extension being requested and at least two major milestones shall be identified. Major milestones shall be chosen such that they are easily verifiable by the Office.

**9.2 Quarterly Status Reports.** A hospital granted an extension pursuant to this section shall provide a quarterly status report in a form required by the Office, consistent with their extension/construction schedule. The first report is due on July 1, 2019, subsequent status reports shall be due every October 1, January 1, April 1, and July 1, until seismic compliance is achieved. Each quarterly report shall contain the cumulative progress made towards meeting the dates in the extension and the construction schedules, current to 15 calendar days before the report is due. The report may be submitted to the Office no more than 15 calendar days before the due date.

**9.3 Fines for Failure to Comply.** Failure to comply with the dates for plan submission, construction schedule submission, obtain a building permit, to begin construction identified and accepted by the Office in the extension schedule or the major milestone dates identified and accepted by the Office in the construction schedule shall result in the assessment of a fine of five thousand dollars (\$5,000) per calendar day until the requirements or milestones, respectively, are met. The Office shall not issue a construction final or certificate of occupancy for the building until all assessed penalties accrued pursuant to this section have been paid in full or, if an appeal is pending, have been posted with the Office and held pending ~~subject to~~ resolution of the appeal.

**9.4 Adjustments to Schedules.** The Office may grant an adjustment as necessary to deal with contractor, labor, material delays, with acts of God, or with governmental entitlements, experienced by the hospital. The hospital shall submit the reason for the delay along with substantiating documents, a revised construction schedule and identify at least two new major milestones consistent with the adjustment. Requests for adjustments shall be made with the Office as soon as the reasons for the delay are known but no less than 30 calendar days before any upcoming affected extension schedule or construction milestone date.

Failure to comply with the revised construction schedule or meet any of the major milestones shall result in penalties as specified in 9.3. The adjustment shall not exceed the corresponding final seismic compliance date of July 1, 2022 for a replacement plan or retrofit plan and January 1, 2025 for a rebuild plan.

**1.6 Dispute resolution/appeals process.** Dispute resolution and appeals shall be in conformance with Article 5, Chapter 7, Part I of Title 24.

**1.7 Notification from OSHPD.**

1. The Office shall issue written notices of compliance to all hospital owners that have attained the minimum required SPC and NPC performance levels by ~~January 1, 2008, January 1, 2013, and January 1, 2030~~ the required seismic compliance dates or extension dates granted by the Office;
2. The Office shall issue written notices of violation to all hospital owners that are not in compliance with the minimum SPC and NPC performance levels by ~~January 1, 2008, January 1, 2013, and January 1, 2030~~ the required seismic compliance dates or extension dates granted by the Office; and
3. The Office shall notify the State Department of Health Services of the hospital owners which have received a written notice of violation for failure to comply with these regulations.

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(All existing amendments that are not revised above shall continue without any change)

**Rationale:** There is no intended change in regulatory effect from the approved and adopted emergency regulations. Section 1.5.2, paragraph 9.1 (e), was modified as an editorial change from “9.1” to “9.1.1” to clarify the specific sub-section being referenced. Section 1.5.2, paragraph 9.3, was an editorial change to clarify that fines shall be posted “with the Office”, in lieu of prior ambiguity regarding where the fines shall be posted pending resolution of the appeal.

**Notation:**

Authority: Health and Safety Code Section 130062(g) & 130066

Reference(s): Health and Safety Code Section 1275, 130060(g), 130061(b), 130062 and 130066.