

**ASSEMBLY BILL**

**No. 3050**

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**Introduced by Committee on Health (Thomson (Chair), Chan, Cohn, Frommer, Goldberg, Koretz, Negrete McLeod, Runner, Salinas, Strom-Martin, Washington, and Wayne)**

March 19, 2002

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An act to amend Sections 127280, 128736, 128737, 129075, 129085, 129174, 129680, 129725, 129785, and 129905 of, and to repeal Section 129845 of, the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 3050, as introduced, Committee on Health. Health facilities.

(1) Existing law, commencing January 1, 2002, requires each hospital and freestanding ambulatory surgery clinic to file, with the Office of Statewide Health Planning and Development, specified reports containing various patient and health data information.

This bill would extend the operative date of these provisions to January 1, 2003.

(2) Existing law, commencing January 1, 2002, requires freestanding ambulatory surgery clinics to be charged a fee established by the office consistent with specified statutory requirements.

This bill would impose this requirement commencing in calendar year 2003.

(3) The existing California Health Facility Construction Loan Insurance Law provides, without cost to the state, an insurance program for health facility construction, improvement, and expansion loans in order to stimulate the flow of private capital into health facilities construction, improvement, and expansion, and in order to meet the need for new, expanded, and modernized public and nonprofit health

facilities. Existing law imposes various functions and duties on the Office of Statewide Health Planning and Development with respect to the administration of this program.

Existing law authorizes the office to take certain steps in the event of a borrower’s default.

This bill would also authorize the office to require the lender or borrower’s bond trustee to accelerate the borrower’s debt and maturity dates of the bonds, if any. It would require the office to pay the lender or borrower’s bond trustee the full amount of the remaining principal of the loan and other prescribed amounts.

(4) The bill would eliminate an obsolete provision of law and would also make various technical, nonsubstantive, and conforming changes to all of the above provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 127280 of the Health and Safety Code  
2 is amended to read:

3 127280. (a) Every health facility licensed pursuant to  
4 Chapter 2 (commencing with Section 1250) of Division 2, except  
5 a health facility owned and operated by the state, shall each year  
6 be charged a fee established by the office consistent with the  
7 requirements of this section.

8 (b) ~~Every~~ *Commencing in calendar year 2003, every*  
9 freestanding ambulatory surgery clinic as defined in Section  
10 128700, shall each year be charged a fee established by the office  
11 consistent with the requirements of this section.

12 (c) The fee structure shall be established each year by the office  
13 to produce revenues equal to the appropriation made in the annual  
14 Budget Act or another statute to pay for the functions required to  
15 be performed by the office and the California Health Policy and  
16 Data Advisory Commission pursuant to this chapter, Article 2  
17 (commencing with Section 127340) of Chapter 2, or Chapter 1  
18 (commencing with Section 128675) of Part 5, and to pay for any  
19 other health-related programs administered by the office. The fee  
20 shall be due on July 1 and delinquent on July 31 of each year.

21 (d) The fee for a health facility that is not a hospital, as defined  
22 in subdivision (c) of Section 128700, shall be not more than 0.035



1 percent of the gross operating cost of the facility for the provision  
2 of health care services for its last fiscal year that ended on or before  
3 June 30 of the preceding calendar year.

4 (e) The fee for a hospital, as defined in subdivision (c) of  
5 Section 128700, shall be not more than 0.035 percent of the gross  
6 operating cost of the facility for the provision of health care  
7 services for its last fiscal year that ended on or before June 30 of  
8 the preceding calendar year.

9 (f) (1) The fee for a freestanding ambulatory surgery clinic  
10 shall be established at an amount equal to the number of  
11 ambulatory surgery data records submitted to the office pursuant  
12 to Section 128737 for encounters in the preceding calendar year  
13 multiplied by not more than fifty cents (\$0.50).

14 (2) (A) For the calendar year ~~2002~~ 2003 only, a freestanding  
15 ambulatory surgery clinic shall estimate the number of records it  
16 will file pursuant to Section 128737 for the calendar year ~~2002~~  
17 2003 and shall report that number to the office by March 12, ~~2002~~  
18 2003. The estimate shall be as accurate as possible. The fee in the  
19 calendar year ~~2002~~ 2003 shall be established initially at an amount  
20 equal to the estimated number of records reported multiplied by  
21 fifty cents (\$0.50) and shall be due on July 1 and delinquent on July  
22 31, ~~2002~~ 2003.

23 (B) The office shall compare the actual number of records filed  
24 by each freestanding clinic for the calendar year ~~2002~~ 2003  
25 pursuant to Section 128737 with the estimated number of records  
26 reported pursuant to subparagraph (A). If the actual number  
27 reported is less than the estimated number reported, the office shall  
28 reduce the fee of the clinic for calendar year ~~2003~~ 2004 by the  
29 amount of the difference multiplied by fifty cents (\$0.50). If the  
30 actual number reported exceeds the estimated number reported,  
31 the office shall increase the fee of the clinic for calendar year ~~2003~~  
32 2004 by the amount of the difference multiplied by fifty cents  
33 (\$0.50) unless the actual number reported is greater than 120  
34 percent of the estimated number reported, in which case the office  
35 shall increase the fee of the clinic for calendar year ~~2003~~ 2004 by  
36 the amount of the difference, up to and including 120 percent of  
37 the estimated number, multiplied by fifty cents (\$0.50), and by the  
38 amount of the difference in excess of 120 percent of the estimated  
39 number multiplied by one dollar (\$1).



1 (g) There is hereby established the California Health Data and  
2 Planning Fund within the office for the purpose of receiving and  
3 expending fee revenues collected pursuant to this chapter.

4 (h) Any amounts raised by the collection of the special fees  
5 provided for by subdivisions (d), (e), and (f) that are not required  
6 to meet appropriations in the Budget Act for the current fiscal year  
7 shall remain in the California Health Data and Planning Fund and  
8 shall be available to the office and the commission in succeeding  
9 years when appropriated by the Legislature in the annual Budget  
10 Act or another statute, for expenditure under the provisions of this  
11 chapter, Article 2 (commencing with Section 127340) of Chapter  
12 2, and Chapter 1 (commencing with Section 128675) of Part 5, or  
13 for any other health-related programs administered by the office,  
14 and shall reduce the amount of the special fees that the office is  
15 authorized to establish and charge.

16 (i) (1) No health facility liable for the payment of fees required  
17 by this section shall be issued a license or have an existing license  
18 renewed unless the fees are paid. A new, previously unlicensed,  
19 health facility shall be charged a pro rata fee to be established by  
20 the office during the first year of operation.

21 (2) The license of any health facility, against which the fees  
22 required by this section are charged, shall be revoked, after notice  
23 and hearing, if it is determined by the office that the fees required  
24 were not paid within the time prescribed by subdivision (c).

25 (j) This section shall become operative on January 1, 2002.

26 SEC. 2. Section 128736 of the Health and Safety Code is  
27 amended to read:

28 128736. (a) Each hospital shall file an Emergency Care Data  
29 Record for each patient encounter in a hospital emergency  
30 department. The Emergency Care Data Record shall include all of  
31 the following:

- 32 (1) Date of birth.
- 33 (2) Sex.
- 34 (3) Race.
- 35 (4) Ethnicity.
- 36 (5) Principal language spoken.
- 37 (6) ZIP Code.
- 38 (7) Patient social security number, if it is contained in the  
39 patient's medical record.
- 40 (8) Service date.



- 1 (9) Principal diagnosis.
- 2 (10) Other diagnoses.
- 3 (11) Principal external cause of injury.
- 4 (12) Other external cause of injury.
- 5 (13) Principal procedure.
- 6 (14) Other procedures.
- 7 (15) Disposition of patient.
- 8 (16) Expected source of payment.
- 9 (17) Elements added pursuant to Section 128738.

10 (b) It is the expressed intent of the Legislature that the patient's  
11 rights of confidentiality shall not be violated in any manner.  
12 Patient social security numbers and any other data elements that  
13 the office believes could be used to determine the identity of an  
14 individual patient shall be exempt from the disclosure  
15 requirements of the California Public Records Act (Chapter 3.5  
16 (commencing with Section 6250) of Division 7 of Title 1 of the  
17 Government Code).

18 (c) No person reporting data pursuant to this section shall be  
19 liable for damages in any action based on the use or misuse of  
20 patient-identifiable data that has been mailed or otherwise  
21 transmitted to the office pursuant to the requirements of  
22 subdivision (a).

23 (d) Data reporting requirements established by the office shall  
24 be consistent with national standards as applicable.

25 (e) This section shall become operative on January 1, 2002  
26 2003.

27 SEC. 3. Section 128737 of the Health and Safety Code is  
28 amended to read:

29 128737. (a) Each hospital and freestanding ambulatory  
30 surgery clinic shall file an Ambulatory Surgery Data Record for  
31 each patient encounter during which at least one ambulatory  
32 surgery procedure is performed. The Ambulatory Surgery Data  
33 Record shall include all of the following:

- 34 (1) Date of birth.
- 35 (2) Sex.
- 36 (3) Race.
- 37 (4) Ethnicity.
- 38 (5) Principal language spoken.
- 39 (6) ZIP Code.



- 1 (7) Patient social security number, if it is contained in the
- 2 patient’s medical record.
- 3 (8) Service date.
- 4 (9) Principal diagnosis.
- 5 (10) Other diagnoses.
- 6 (11) Principal procedure.
- 7 (12) Other procedures.
- 8 (13) Principal external cause of injury, if known.
- 9 (14) Other external cause of injury, if known.
- 10 (15) Disposition of patient.
- 11 (16) Expected source of payment.
- 12 (17) Elements added pursuant to Section 128738.

13 (b) It is the expressed intent of the Legislature that the patient’s  
 14 rights of confidentiality shall not be violated in any manner.  
 15 Patient social security numbers and any other data elements that  
 16 the office believes could be used to determine the identity of an  
 17 individual patient shall be exempt from the disclosure  
 18 requirements of the California Public Records Act (Chapter 3.5  
 19 (commencing with Section 6250) of Division 7 of Title 1 of the  
 20 Government Code).

21 (c) No person reporting data pursuant to this section shall be  
 22 liable for damages in any action based on the use or misuse of  
 23 patient-identifiable data that has been mailed or otherwise  
 24 transmitted to the office pursuant to the requirements of  
 25 subdivision (a).

26 (d) Data reporting requirements established by the office shall  
 27 be consistent with national standards as applicable.

28 (e) This section shall become operative on January 1, 2002  
 29 2003.

30 SEC. 4. Section 129075 of the Health and Safety Code is  
 31 amended to read:

32 129075. (a) Each borrower shall provide any reports as may  
 33 be required of it by Part 5 (commencing with Section ~~127675~~)  
 34 128675), from which the office shall determine the borrower’s  
 35 compliance with subdivision (j) of Section 129050.

36 (b) If a report indicates noncompliance with subdivision (j) of  
 37 Section 129050, Section 129055, or Section 129065, the office  
 38 shall require the borrower to submit a plan detailing the steps and  
 39 timetables the borrower will take to bring the facility into  
 40 compliance.



1 (c) The office shall annually report to the Legislature the extent  
2 of the borrowers' compliance with their community service  
3 obligations pursuant to subdivision (j) of Section 129050, Section  
4 129055, and Section 129065.

5 SEC. 5. Section 129085 of the Health and Safety Code is  
6 amended to read:

7 129085. (a) If a borrower is unable to comply with  
8 subdivision (j) of Section 129050 due to selective provider  
9 contracting under the Medi-Cal program, and the office has  
10 determined the borrower has negotiated in good faith but was not  
11 awarded a contract, the borrower may be eligible for insurance  
12 under this chapter as provided in subdivision (b).

13 (b) The office may determine that a noncontracting borrower  
14 shall be considered as meeting the requirements of subdivision (j)  
15 of Section 129050 if the borrower otherwise provides a  
16 community service in accordance with regulations adopted by the  
17 office. The regulations shall describe alternative methods of  
18 meeting the obligation, that may include, but not be limited to,  
19 providing free care, charity care, trauma care, community  
20 education, or primary care outreach and care to the elderly, in  
21 amounts greater than the community average. The regulations  
22 shall include a requirement that a general acute care hospital, that  
23 is not a small and rural hospital as defined in ~~former~~ Section 442.2  
24 124840, shall have, and continue to maintain, a 24-hour basic  
25 emergency medical service with a physician on duty, if it provided  
26 this service on January 1, 1990. The office shall have the authority  
27 to waive this requirement upon a determination by the director that  
28 this requirement would create a hardship for the hospital, be  
29 inconsistent with regionalization of emergency medical services,  
30 or not be in the best interest of the population served by the  
31 hospital.

32 SEC. 6. Section 129174 of the Health and Safety Code is  
33 amended to read:

34 129174. (a) In the event a borrower has defaulted in making  
35 its payments on the loan insured by the office to the *lender or the*  
36 borrower's bond trustee, at any time thereafter, the office may do  
37 ~~both~~ any of the following:

38 (1) Decease a portion or all of the bonds or may purchase a  
39 portion or all of the bonds at a private or public sale or on the open  
40 market. For this purpose, the office may use any funds available,



1 including, but not limited to, funds in the Health Facility  
2 Construction Loan Insurance Fund, funds that the office may  
3 receive either from settlement or recoveries from lawsuits, funds  
4 from the sale of assets of the borrower, or funds held by the  
5 borrower's bond trustee. If requested by the office, the Treasurer  
6 shall purchase the bonds on behalf of the office. Upon the purchase  
7 of any bonds under this section, the office shall direct the  
8 borrower's bond trustee to cancel the bonds purchased.

9 (2) Issue bonds used for the sole purpose of refunding any part  
10 or all of the defaulted bonds, provided that, in the opinion of the  
11 office, there are adequate present value savings to refund all or part  
12 of the defaulted bonds. If requested by the office, the Treasurer  
13 shall act as the issuer for this purpose.

14 (3) *Require the lender or borrower's bond trustee to accelerate*  
15 *the borrower's debt and the maturity dates of the bonds, if any. If*  
16 *the bond trustee accelerates the bond debt and maturity dates, the*  
17 *office shall pay from the fund to the lender or borrower's bond*  
18 *trustee the full amount of the remaining principal of the loan, any*  
19 *interest accrued and unpaid on this amount, and any costs*  
20 *enumerated in Section 129125.*

21 (b) For the purposes of this section, "bonds" mean bonds,  
22 certificate of participation, notes, or other evidence of  
23 indebtedness of a loan insured by the office.

24 SEC. 7. Section 129680 of the Health and Safety Code is  
25 amended to read:

26 129680. (a) It is the intent of the Legislature that hospital  
27 buildings that house patients who have less than the capacity of  
28 normally healthy persons to protect themselves, and that must be  
29 reasonably capable of providing services to the public after a  
30 disaster, shall be designed and constructed to resist, insofar as  
31 practical, the forces generated by earthquakes, gravity, and winds.  
32 In order to accomplish this purpose, the office shall propose proper  
33 building standards for earthquake resistance based upon current  
34 knowledge, and provide an independent review of the design and  
35 construction of hospital buildings.

36 (b) Local jurisdictions are preempted from the enforcement of  
37 all building standards published in the California Building  
38 Standards Code relating to the regulation of hospital buildings and  
39 the enforcement of other regulations adopted pursuant to this  
40 chapter, and all other applicable state laws, including plan



1 checking and inspection of the design and details of the  
2 architectural, structural, mechanical, plumbing, electrical, and fire  
3 and panic safety systems, and the observation of construction. The  
4 office shall assume these responsibilities ~~by establishing,~~  
5 ~~maintaining, and operating separate, but coordinated, plan review~~  
6 ~~and field inspection units within the statewide office.~~

7 (c) Where local jurisdictions have more restrictive  
8 requirements for the enforcement of building standards, other  
9 building regulations, and construction supervision, these  
10 requirements shall be enforced by the office.

11 (d) Each local jurisdiction shall keep the office advised as to the  
12 existence of any more restrictive local requirements. Where a  
13 reasonable doubt exists as to whether the requirements of the local  
14 jurisdiction are more restrictive, the effect of these requirements  
15 shall be determined by the Hospital Building Safety Board.

16 It is further the intent of the Legislature that the office, with the  
17 advice of the Hospital Building Safety Board, may conduct or  
18 enter into contracts for research regarding the reduction or  
19 elimination of seismic or other safety hazards in hospital buildings  
20 or research regarding hospital building standards.

21 SEC. 8. Section 129725 of the Health and Safety Code is  
22 amended to read:

23 129725. (a) (1) “Hospital building” includes any building  
24 not specified in subdivision (b) that is used, or designed to be used,  
25 for a health facility of a type required to be licensed pursuant to  
26 Chapter 2 (commencing with Section 1250) of Division 2.

27 (2) Except as provided in paragraph ~~(9)~~ (7) of subdivision (b),  
28 hospital building includes a correctional treatment center, as  
29 defined in subdivision (j) of Section 1250, the construction of  
30 which was completed on or after March 7, 1973.

31 (b) “Hospital building” does not include any of the following:

32 (1) Any building where outpatient clinical services of a health  
33 facility licensed pursuant to Section 1250 are provided that is  
34 separated from a building in which hospital services are provided.  
35 If any one or more outpatient clinical services in the building  
36 provides services to inpatients, the building shall not be included  
37 as a “hospital building” if those services provided to inpatients  
38 represent no more than 25 percent of the total outpatient services  
39 provided at the building. Hospitals shall maintain on an ongoing  
40 basis, data on the patients receiving services in these buildings,



1 including the number of patients seen, categorized by their  
2 inpatient or outpatient status. Hospitals shall submit this data  
3 annually to the State Department of Health Services.

4 (2) Any building used, or designed to be used, for a skilled  
5 nursing facility or intermediate care facility if the building is of  
6 single-story, wood-frame or light steel frame construction.

7 (3) Any building of single-story, wood-frame or light steel  
8 frame construction where only skilled nursing or intermediate care  
9 services are provided if the building is separated from a building  
10 housing other patients of the health facility receiving higher levels  
11 of care.

12 (4) Any freestanding structures of a chemical dependency  
13 recovery hospital exempted under subdivision (c) of Section  
14 1275.2.

15 (5) Any building licensed to be used as an intermediate care  
16 facility/developmentally disabled habilitative with six beds or less  
17 and any intermediate care facility/developmentally disabled  
18 habilitative of 7 to 15 beds that is a single-story, wood-frame or  
19 light steel frame building.

20 (6) Any building subject to licensure as a correctional  
21 treatment center, as defined in subdivision (j) of Section 1250, the  
22 construction of which was completed prior to March 7, 1973.

23 (7) (A) Any building that meets the definition of a correctional  
24 treatment center, pursuant to subdivision (j) of Section 1250, for  
25 which the final design documents were completed or the  
26 construction of which was begun prior to January 1, 1994,  
27 operated by or to be operated by the Department of Corrections,  
28 the Department of the Youth Authority, or by a law enforcement  
29 agency of a city, county, or a city and county.

30 (B) In the case of reconstruction, alteration, or addition to, the  
31 facilities identified in this paragraph, and paragraph (6) or any  
32 other building subject to licensure as a general acute care hospital,  
33 acute psychiatric hospital, correctional treatment center, or  
34 nursing facility, as defined in subdivisions (a), (b), (j), and (k) of  
35 Section 1250, operated or to be operated by the Department of  
36 Corrections, the Department of the Youth Authority, or by a law  
37 enforcement agency of a city, county, or city and county, only the  
38 reconstruction, alteration, or addition, itself, and not the building  
39 as a whole, nor any other aspect thereof, shall be required to



1 comply with this chapter or the regulations adopted pursuant  
2 thereto.

3 SEC. 9. Section 129785 of the Health and Safety Code is  
4 amended to read:

5 129785. The *office shall determine an application shall be*  
6 ~~accompanied by a filing fee in an amount that the office determines~~  
7 will cover the costs of administering this chapter. The fee shall not  
8 exceed 2 percent of the estimated construction cost. The fee shall  
9 be established in accordance with applicable procedures  
10 established in Article 5 (commencing with Section 11346) of  
11 Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government  
12 Code.

13 The minimum fee in any case shall be two hundred fifty dollars  
14 (\$250).

15 The office shall issue an annual permit upon submission,  
16 pursuant to Section 129765, of an application for a project only if  
17 its estimated construction cost is twenty-five thousand dollars  
18 (\$25,000) or less. The cost of this annual permit shall be two  
19 hundred fifty dollars (\$250) and this fee shall constitute the filing  
20 fee and shall cover all projects undertaken for a particular skilled  
21 nursing or intermediate care facility by the applicant up to an  
22 estimated construction cost of twenty-five thousand dollars  
23 (\$25,000) during the state fiscal year in which the annual permit  
24 is issued. The fees for projects over the twenty-five thousand  
25 dollar (\$25,000) limit shall be assessed at a rate established by the  
26 office in regulation. However, the rate established by the office  
27 shall not exceed 1.5 percent of the estimated construction cost for  
28 projects of skilled nursing and intermediate care facilities, as  
29 defined in subdivision (c), (d), (e), or (g) of Section 1250.

30 If the actual construction cost exceeds the estimated  
31 construction cost by more than 5 percent, a further fee shall be paid  
32 to the office, based on the above schedule and computed on the  
33 amount that the actual cost exceeds the amount of the estimated  
34 cost. If the estimated construction cost exceeds the actual  
35 construction cost by more than 5 percent, the office shall refund  
36 the excess portion of any paid fees, based on the above schedule  
37 and computed on the amount that the estimated cost exceeds the  
38 amount of the actual cost. A refund shall not be required if the  
39 applicant did not complete construction or alteration of 75 percent  
40 of the square footage included in the project, as contained in the



1 approved drawings and specifications for the project. In addition,  
2 the office shall adopt regulations specifying other circumstances  
3 when the office shall refund to an applicant all or part of any paid  
4 fees for projects submitted under this chapter. The regulations  
5 shall include, but not be limited to, refunds of paid fees for a  
6 project that is determined by the office to be exempt or otherwise  
7 not reviewable under this chapter, and for a project that is  
8 withdrawn by the applicant prior to the commencement of review  
9 by the office of the drawing and specifications submitted for the  
10 project. All refunds pursuant to this section shall be paid from the  
11 Hospital Building Account in the Architecture Public Building  
12 Fund, as established pursuant to Section 129795.

13 SEC. 10. Section 129845 of the Health and Safety Code is  
14 repealed.

15 ~~129845. The office, in cooperation with the California~~  
16 ~~Seismic Safety Commission, Emergency Medical Services~~  
17 ~~Authority, the department, State Fire Marshal, the office of the~~  
18 ~~State Architect, and representatives from the health care industry~~  
19 ~~shall design a policy study identifying health care services~~  
20 ~~required during and after a disaster and seismic standards for those~~  
21 ~~services, and a financial strategy that would enable identified~~  
22 ~~settings to meet those standards. The design of the study shall~~  
23 ~~include an assessment of the capacity, efficacy, and demand for~~  
24 ~~medical services provided in nonhospital settings following a~~  
25 ~~disaster.~~

26 SEC. 11. Section 129905 of the Health and Safety Code is  
27 amended to read:

28 129905. Subject to the complete exemption contained in  
29 paragraphs ~~(8)~~ (6) and ~~(9)~~ (7) of subdivision (b) of Section  
30 129725, and notwithstanding any other provision of law, plans for  
31 the construction or alteration of any hospital building, as defined  
32 in Section 1250, or any building specified in Section 129875, that  
33 are prepared by or under the supervision of the Department of  
34 Corrections or on behalf of the Department of the Youth Authority,  
35 shall not require the review and approval of the statewide office.  
36 In lieu of review and approval by the statewide office, the  
37 Department of Corrections and the Department of the Youth  
38 Authority shall certify to the statewide office that their plans and  
39 construction are in full conformance with all applicable building  
40 standards, including, but not limited to, fire and life and safety



1 standards, and the requirements of this chapter for the  
2 architectural, structural, mechanical, plumbing, and electrical  
3 systems. The Department of Corrections and the Department of  
4 the Youth Authority shall use a secondary peer review procedure  
5 to review designs to ensure the adherence to all design standards  
6 for all new construction projects, and shall ensure that the  
7 construction is inspected by a competent, onsite inspector to  
8 ensure the construction is in compliance with the design and plan  
9 specifications.

10 Subject to the complete exemption contained in paragraphs ~~(8)~~  
11 ~~(6)~~ and ~~(9)~~ (7) of subdivision (b) of Section 129725, and  
12 notwithstanding any other provision of law, plans for the  
13 construction or alteration of any correctional treatment center that  
14 are prepared by or under the supervision of a law enforcement  
15 agency of a city, county, or city and county shall not require the  
16 review and approval of the statewide office. In lieu of review and  
17 approval by the statewide office, the law enforcement agency of  
18 a city, county, or city and county shall certify to the statewide office  
19 that the plans and construction are in full conformance with all  
20 applicable building standards, including, but not limited to, fire  
21 and life and safety standards, and the requirements of this chapter  
22 for the architectural, structural, mechanical, plumbing, and  
23 electrical systems.

24 It is the intent of the Legislature that, except as specified in this  
25 section, all hospital buildings as defined by this chapter  
26 constructed by or under the supervision of the Department of  
27 Corrections or local law enforcement agencies, or constructed on  
28 behalf of the Department of the Youth Authority shall at a  
29 minimum meet all applicable regulations adopted pursuant to this  
30 chapter and all other applicable state laws.

