

AMENDED IN ASSEMBLY AUGUST 20, 2010

AMENDED IN ASSEMBLY AUGUST 16, 2010

AMENDED IN SENATE APRIL 23, 2009

SENATE BILL

No. 289

Introduced by Senator Ducheny

February 24, 2009

An act to amend Section 130060 of, and to add Sections 1265.8, 1265.9, 130064, 130065.1, and 130066 to, the Health and Safety Code, relating to health facilities, *and making an appropriation therefor.*

LEGISLATIVE COUNSEL'S DIGEST

SB 289, as amended, Ducheny. Hospitals: seismic safety: periodic reports.

Existing law provides for the licensure of health facilities, including general acute care hospitals, by the State Department of Public Health.

This bill would require an ~~applicant for a license for a general acute care hospital~~ *individual or entity, that seeks approval to operate or manage specified hospital facilities*, to file with the department, and provide to other specified entities, a statement that describes the ~~financial capacity of~~ *plan for* the hospital to comply with the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983. ~~It would require denial of the application if the applicant does not demonstrate a financial capacity and intent to comply with the act~~. *This bill would also require a person, political subdivision of the state, or governmental agency desiring a license for a health facility, as specified, to file with the department a verified statement that it has complied with the requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 and has received approval pursuant to that act. The bill*

would prohibit the department from issuing the license until this requirement is satisfied.

Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, establishes, under the jurisdiction of the Office of Statewide Health Planning and Development, a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973. Existing law authorizes the office to assess an application fee for the review of facilities design and construction, and requires that full and complete plans be submitted to the office for review and approval.

Existing law requires that, after January 1, 2008, any general acute care hospital building that is determined to be a potential risk of collapse or pose significant loss of life be used only for nonacute care hospital purposes, except that the office may grant a 5-year extension of that deadline, under prescribed circumstances, for both structural and nonstructural requirements. Existing law also authorizes the office to grant an additional extension if the hospital building meets designated criteria, including appropriately retrofitting the facility, as specified.

This bill would, among other things, revise the conditions that a hospital owner would be required to meet in order for the office to grant an additional extension. This bill would authorize the department to revoke the extension if the construction is abandoned or suspended for at least 6 months, except as specified.

This bill would authorize the office to grant an extension of the 5-year extension in lieu of the previously described additional extension under specified conditions. *It would require a hospital owner that applies for an extension authorized pursuant to this bill to pay to the office a fee for reporting requirements for this extension. Because all fees paid to office are deposited into the continuously appropriated Hospital Building Fund, the bill would make an appropriation.*

This bill would require a hospital that has an SPC-1 building to post a specified sign at all public entrances to the building and certify to the office that it has complied with specified requirements. It would also subject a hospital, that fails to post pursuant to the requirement, to civil penalties.

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

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

1 **SECTION 1.** *Section 1265.8 is added to the Health and Safety*
2 *Code, to read:*

3 1265.8. (a) *In addition to the requirements of this chapter,*
4 *any person, political subdivision of the state, or governmental*
5 *agency desiring a license for a health facility licensed pursuant*
6 *to subdivision (a), (b), or (f) of Section 1250 and that is subject to*
7 *Section 1265, shall file with the department a verified statement*
8 *that it has complied with the requirements of the Alfred E. Alquist*
9 *Hospital Facilities Seismic Safety Act of 1983 (Chapter 1*
10 *(commencing with Section 129675) of Part 7 of Division 107), and*
11 *has received approval pursuant to that chapter. The department*
12 *shall not issue the license until the requirements of this section*
13 *have been satisfied.*

14 (b) *Failure to comply with this section shall not be subject to*
15 *the criminal penalty described in Section 1290.*

16 **SECTION 1.**

17 **SEC. 2.** *Section 1265.9 is added to the Health and Safety Code,*
18 *to read:*

19 ~~1265.9. (a) Any person, political subdivision of the state, or~~
20 ~~governmental agency desiring a license for a general acute care~~
21 ~~hospital, as defined in subdivision (a) of Section 1250, shall, in~~
22 ~~addition to the application described in Section 1265, file with the~~
23 ~~department a statement that describes the financial capacity of the~~
24 ~~general acute care hospital to comply with the Alfred E. Alquist~~
25 ~~Hospital Facilities Seismic Safety Act of 1983 (Chapter 1~~
26 ~~(commencing with Section 129675) of Part 7), and a projected~~

27 1265.9. (a) *An individual or entity that seeks approval to*
28 *operate or manage a health facility licensed pursuant to*
29 *subdivision (a), (b), or (f) of Section 1250 and is subject to Section*
30 *1265, shall file with the department a statement that describes the*
31 *plan for the hospital to comply with the Alfred E. Alquist Hospital*
32 *Facilities Seismic Safety Act of 1983 (Chapter 1 (commencing with*
33 *Section 129675) of Part 7 of Division 107). The plan shall include*
34 *a description of the financial capacity that the proposed owner or*
35 *operator anticipates to be sufficient to ensure timely compliance*
36 *and a projected timeline for this compliance.*

37 (b) *The applicant shall provide the statement described in*
38 *subdivision (a) to all of the following:*

- 1 (1) The Facility Development Division of the Office of
- 2 Statewide Health Planning and Development, which shall post the
- 3 statement on the office’s Internet Web site.
- 4 (2) Any investor or entity holding more than 5 percent of the
- 5 value of the general acute care hospital.
- 6 (3) Any real estate investment trust which holds an interest in
- 7 the property on which the general acute care hospital is located.
- 8 (4) The entity responsible for providing property and casualty
- 9 insurance coverage for the general acute care hospital.
- 10 (5) The entity responsible for the directors and the owner’s
- 11 liability insurance for the management of the general acute care
- 12 hospital.
- 13 (6) The medical staff of the general acute care hospital.
- 14 (7) The collective bargaining agent, if any, that has a contract
- 15 with the existing licenseholder.
- 16 (8) The local planning departments within the local jurisdiction
- 17 of the general acute care hospital.
- 18 (9) Any health care service plans or health insurers that have
- 19 had contracts with the general acute care hospital within the prior
- 20 year.
- 21 (10) Any contractor that employs workers at the general acute
- 22 care hospital and, if applicable, the collective bargaining agent
- 23 representing the subcontracted workers.
- 24 (c) The department shall consider whether the applicant has
- 25 demonstrated a history of substantial compliance with seismic
- 26 safety requirements, based on information provided by the Office
- 27 of Statewide Health Planning and Development regarding the
- 28 record of compliance with respect to any other facilities owned by
- 29 the same applicant.
- 30 ~~(d) If the applicant does not demonstrate a financial capacity~~
- 31 ~~and intent to comply with the Alfred E. Alquist Hospital Facilities~~
- 32 ~~Seismic Safety Act of 1983 with respect to facilities that the~~
- 33 ~~applicant currently manages or operates or with respect to the~~
- 34 ~~general acute care hospital for which the application is being made,~~
- 35 ~~the application shall be denied.~~
- 36 (e)
- 37 (d) Failure to comply with this section shall not be subject to
- 38 the criminal penalty described in Section 1290.

1 ~~SEC. 2.~~

2 SEC. 3. Section 130060 of the Health and Safety Code is
3 amended to read:

4 130060. (a) (1) After January 1, 2008, any general acute care
5 hospital building that is determined to be a potential risk of collapse
6 or pose significant loss of life shall only be used for nonacute care
7 hospital purposes. A delay in this deadline may be granted by the
8 office upon a demonstration by the owner that compliance will
9 result in a loss of health care capacity that may not be provided
10 by other general acute care hospitals within a reasonable proximity.
11 In its request for an extension of the deadline, a hospital shall state
12 why the hospital is unable to comply with the January 1, 2008,
13 deadline requirement.

14 (2) Prior to granting an extension of the January 1, 2008,
15 deadline pursuant to this section, the office shall do all of the
16 following:

17 (A) Provide public notice of a hospital's request for an extension
18 of the deadline. The notice, at a minimum, shall be posted on the
19 office's Internet Web site, and shall include the facility's name
20 and identification number, the status of the request, and the
21 beginning and ending dates of the comment period, and shall advise
22 the public of the opportunity to submit public comments pursuant
23 to subparagraph (C). The office shall also provide notice of all
24 requests for the deadline extension directly to interested parties
25 upon request of the interested parties.

26 (B) Provide copies of extension requests to interested parties
27 within 10 working days to allow interested parties to review and
28 provide comment within the 45-day comment period. The copies
29 shall include those records that are available to the public pursuant
30 to the Public Records Act, Chapter 3.5 (commencing with Section
31 6250) of Division 7 of Title 1 of the Government Code.

32 (C) Allow the public to submit written comments on the
33 extension proposal for a period of not less than 45 days from the
34 date of the public notice.

35 (b) (1) It is the intent of the Legislature, in enacting this
36 subdivision, to facilitate the process of having more hospital
37 buildings in substantial compliance with this chapter and to take
38 nonconforming general acute care hospital inpatient buildings out
39 of service more quickly.

1 (2) The functional contiguous grouping of hospital buildings of
2 a general acute care hospital, each of which provides, as the
3 primary source, one or more of the hospital's eight basic services
4 as specified in subdivision (a) of Section 1250, may receive a
5 five-year extension of the January 1, 2008, deadline specified in
6 subdivision (a) of this section pursuant to this subdivision for both
7 structural and nonstructural requirements. A functional contiguous
8 grouping refers to buildings containing one or more basic hospital
9 services that are either attached or connected in a way that is
10 acceptable to the State Department of Public Health. These
11 buildings may be either on the existing site or a new site.

12 (3) To receive the five-year extension, a single building
13 containing all of the basic services or at least one building within
14 the contiguous grouping of hospital buildings shall have obtained
15 a building permit prior to 1973 and this building shall be evaluated
16 and classified as a nonconforming, Structural Performance
17 Category-1 (SPC-1) building. The classification shall be submitted
18 to and accepted by the Office of Statewide Health Planning and
19 Development. The identified hospital building shall be exempt
20 from the requirement in subdivision (a) until January 1, 2013, if
21 the hospital agrees that the basic service or services that were
22 provided in that building shall be provided, on or before January
23 1, 2013, as follows:

24 (A) Moved into an existing conforming Structural Performance
25 Category-3 (SPC-3), Structural Performance Category-4 (SPC-4),
26 or Structural Performance Category-5 (SPC-5) and Non-Structural
27 Performance Category-4 (NPC-4) or Non-Structural Performance
28 Category-5 (NPC-5) building.

29 (B) Relocated to a newly built compliant SPC-5 and NPC-4 or
30 NPC-5 building.

31 (C) Continued in the building if the building is retrofitted to a
32 SPC-5 and NPC-4 or NPC-5 building.

33 (4) A five-year extension is also provided to a post 1973 building
34 if the hospital owner informs the Office of Statewide Health
35 Planning and Development that the building is classified as a
36 SPC-1, SPC-3, or SPC-4 and will be closed to general acute care
37 inpatient service use by January 1, 2013. The basic services in the
38 building shall be relocated into a SPC-5 and NPC-4 or NPC-5
39 building by January 1, 2013.

1 (5) SPC-1 buildings, other than the building identified in
2 paragraph (3) or (4), in the contiguous grouping of hospital
3 buildings shall also be exempt from the requirement in subdivision
4 (a) until January 1, 2013. However, on or before January 1, 2013,
5 at a minimum, each of these buildings shall be retrofitted to a
6 SPC-2 and NPC-3 building, or no longer be used for general acute
7 care hospital inpatient services.

8 (c) On or before March 1, 2001, the office shall establish a
9 schedule of interim work progress deadlines that hospitals shall
10 be required to meet to be eligible for the extension specified in
11 subdivision (b). To receive this extension, the hospital building or
12 buildings shall meet the year 2002 nonstructural requirements.

13 (d) A hospital building that is eligible for an extension pursuant
14 to this section shall meet the January 1, 2030, nonstructural and
15 structural deadline requirements if the building is to be used for
16 general acute care inpatient services after January 1, 2030.

17 (e) Upon compliance with subdivision (b), the hospital shall be
18 issued a written notice of compliance by the office. The office
19 shall send a written notice of violation to hospital owners that fail
20 to comply with this section. The office shall make copies of these
21 notices available on its Internet Web site.

22 (f) (1) A hospital that has received an extension of the January
23 1, 2008, deadline pursuant to subdivision (a) or (b) may request
24 an additional extension of up to two years for a hospital building
25 that it owns or operates and that meets the criteria specified in
26 paragraph (2), (3), (5), or (6).

27 (2) The office may grant the additional extension if the hospital
28 building subject to the extension meets all of the following criteria:

29 (A) The hospital building is under construction at the time of
30 the request for extension under this subdivision and the purpose
31 of the construction is to meet the requirements of subdivision (a)
32 to allow the use of the building as a general acute care hospital
33 building after the extension deadline granted by the office pursuant
34 to subdivision (a) or (b).

35 (B) The hospital building plans were submitted to the office
36 and were deemed ready for review by the office at least four years
37 prior to the applicable deadline for the building. The hospital shall
38 indicate, upon submission of its plans, the SPC-1 building or
39 buildings that will be retrofitted or replaced to meet the
40 requirements of this section as a result of the project.

1 (C) The hospital received a building permit for the construction
2 described in subparagraph (A) at least two years prior to the
3 applicable deadline for the building or, if the building failed to be
4 reclassified as an SPC-2 building pursuant to ~~the Hazards US~~
5 ~~described in~~ paragraph (6), at least one year prior to the applicable
6 deadline.

7 (D) The hospital submitted a construction timeline at least two
8 years prior to the applicable deadline for the building demonstrating
9 the hospital's intent to meet the applicable deadline or, if the
10 building failed to be reclassified as an SPC-2 building pursuant to
11 ~~the Hazards US described in~~ paragraph (6), at least one year prior
12 to the *applicable* deadline. The timeline shall include all of the
13 following:

- 14 (i) The projected construction start date.
- 15 (ii) The projected construction completion date.
- 16 (iii) Identification of the contractor.

17 (E) The hospital is making reasonable progress toward meeting
18 the timeline set forth in subparagraph (D), but factors beyond the
19 hospital's control make it impossible for the hospital to meet the
20 deadline.

21 (3) The office may grant the additional extension if the hospital
22 building subject to the extension meets all of the following criteria:

23 (A) The hospital building is owned by a health care district that
24 has, as owner, received the extension of the January 1, 2008,
25 deadline, but where the hospital is operated by an unaffiliated
26 third-party lessee pursuant to a facility lease that extends at least
27 through December 31, 2009. The district shall file a declaration
28 with the office with a request for an extension stating that, as of
29 the date of the filing, the district has lacked, and continues to lack,
30 unrestricted access to the subject hospital building for seismic
31 planning purposes during the term of the lease, and that the district
32 is under contract with the county to maintain hospital services
33 when the hospital comes under district control. The office shall
34 not grant the extension if an unaffiliated third-party lessee will
35 operate the hospital beyond December 31, 2010.

36 (B) The hospital building plans were submitted to the office
37 and were deemed ready for review by the office at least four years
38 prior to the applicable deadline for the building. The hospital shall
39 indicate, upon submission of its plans, the SPC-1 building or

1 buildings that will be retrofitted or replaced to meet the
2 requirements of this section as a result of the project.

3 (C) The hospital received a building permit for the construction
4 described in subparagraph (B) by December 31, 2011.

5 (D) The hospital submitted, by December 31, 2011, a
6 construction timeline for the building demonstrating the hospital's
7 intent and ability to meet the deadline of December 31, 2014. The
8 timeline shall include all of the following:

9 (i) The projected construction start date.

10 (ii) The projected construction completion date.

11 (iii) Identification of the contractor.

12 (E) The hospital building is under construction at the time of
13 the request for the extension, the purpose of the construction is to
14 meet the requirements of subdivision (a) to allow the use of the
15 building as a general acute care hospital building after the extension
16 deadline granted by the office pursuant to subdivision (a) or (b),
17 and the hospital is making reasonable progress toward meeting
18 the timeline set forth in subparagraph (D).

19 (F) The hospital granted an extension pursuant to this paragraph
20 shall submit an additional status report to the office, equivalent to
21 that required by subdivision (c) of Section 130061, no later than
22 June 30, 2013.

23 (4) An extension granted pursuant to paragraph (3) shall be
24 applicable only to the health care district applicant and its affiliated
25 hospital while the hospital is operated by the district or an entity
26 under the control of the district.

27 (5) The office may grant the additional extension if the hospital
28 building subject to the extension meets all of the following criteria:

29 (A) The hospital owner submitted to the office, prior to June
30 30, 2009, a request for review using computer modeling utilized
31 by the office pursuant to regulations in effect on or prior to June
32 30, 2009, and based upon software developed by the Federal
33 Emergency Management Agency, referred to as Hazards US, and
34 the building was deemed SPC-1 after that review.

35 (B) The hospital building plans for the building are submitted
36 to the office and deemed ready for review by the office prior to
37 July 1, 2010. The hospital shall indicate, upon submission of its
38 plans, the SPC-1 building or buildings that shall be retrofitted or
39 replaced to meet the requirements of this section as a result of the
40 project.

1 (C) The hospital receives a building permit from the office for
2 the construction described in subparagraph (B) prior to January 1,
3 2012.

4 (D) The hospital submits, prior to January 1, 2012, a
5 construction timeline for the building demonstrating the hospital's
6 intent and ability to meet the applicable deadline. The timeline
7 shall include all of the following:

- 8 (i) The projected construction start date.
- 9 (ii) The projected construction completion date.
- 10 (iii) Identification of the contractor.

11 (E) The hospital building is under construction at the time of
12 the request for the extension, the purpose of the construction is to
13 meet the requirements of subdivision (a) to allow the use of the
14 building as a general acute care hospital building after the extension
15 deadline granted by the office pursuant to subdivision (a) or (b),
16 and the hospital is making reasonable progress toward meeting
17 the timeline set forth in subparagraph (D).

18 (F) The hospital owner completes construction in order for the
19 hospital to meet all the criteria to enable the office to issue a
20 certificate of occupancy by the applicable deadline for the building.

21 (6) The office may grant the additional extension if all of the
22 following conditions are met:

23 (A) The hospital owner provides documentation to the office
24 by January 20, 2011, stating the owner's intent to comply with the
25 January 1, 2013, deadline requirements described in subdivisions
26 (a) and (b) by using computer modeling utilized by the office
27 pursuant to regulations adopted after June 30, 2009, but before
28 December 30, 2010, and based upon Hazards US.

29 (B) The hospital owner submits to the office by July 1, 2011, a
30 request for review using computer modeling utilized by the office
31 pursuant to regulations adopted after June 30, 2009, but before
32 December 30, 2010, and based upon Hazards US, and the hospital
33 ~~plans to construct a building to meet the SPC-2 requirement.~~ *plans*
34 *to mitigate targeted structural deficiencies to meet the SPC-2*
35 *requirements.*

36 (C) The hospital building plans for the building are submitted
37 to the office and deemed ready for review by the office prior to
38 January 1, 2012. The hospital shall indicate, upon submission of
39 its plans, the SPC-1 building or buildings that shall be retrofitted
40 or replaced to meet the requirements of this section as a result of

1 the project. The hospital shall also provide a proposed construction
2 timeframe to complete the project once the permit is issued. The
3 construction timeframe shall be approved by the office and shall
4 only include the amount of time that is reasonably necessary to
5 complete the construction required to meet the SPC-2 requirement.

6 (D) The hospital receives a building permit from the office for
7 the construction described in subparagraph (B) prior to January 1,
8 2013.

9 (E) The hospital provides documentation upon application
10 stating that the purpose of the construction is to meet the
11 requirements of subdivision (a), to allow the use of the building
12 as a general acute care hospital building after the extension deadline
13 granted by the office pursuant to subdivision (a) or (b), and to
14 make reasonable progress toward meeting the timeline set forth
15 in subparagraph (C).

16 (F) The additional extension granted by the office pursuant to
17 this paragraph may not exceed the lesser of two years or the amount
18 of time that is reasonably necessary to complete the construction
19 that is required for the building to meet the SPC-2 requirement,
20 ~~as adjusted for delays in construction that are beyond the control~~
21 ~~of the hospital.~~ *requirement. The extension may be adjusted for*
22 *delays in construction that are beyond the control of the hospital,*
23 *but not exceed a total of 24 months beyond 2013.*

24 (G) The hospital owner completes construction in order for the
25 hospital to meet all the criteria to enable the office to issue a
26 certificate of occupancy by the applicable deadline for the building.

27 (7) A hospital denied an extension pursuant to this subdivision
28 may appeal the denial to the Hospital Building Safety Board.

29 (8) The office may revoke an extension granted pursuant to this
30 subdivision for any hospital building where the work of
31 construction is abandoned or suspended for a period of at least six
32 months, unless the hospital demonstrates in a public document
33 that the abandonment or suspension was caused by factors beyond
34 its control.

35 (g) All submissions to the office to obtain an extension pursuant
36 to subdivision (f) and to comply with the requirements for the
37 ~~extension shall be complete and accurate. The office shall deny or~~
38 ~~revoke an extension described in subdivision (f) if the office~~
39 ~~determines that the information submitted did not meet this~~
40 ~~standard.~~ *extension, including Section 130061, shall be complete*

1 *and accurate. The office shall deny or revoke an extension pursuant*
 2 *to subdivision (f) if the office determines that the information*
 3 *submitted had a material effect on the granting of the extension.*
 4 *A hospital that is denied an extension pursuant to this subdivision*
 5 *may appeal the denial to the Hospital Building Safety Board.*

6 ~~SEC. 3.~~

7 SEC. 4. Section 130064 is added to the Health and Safety Code,
 8 to read:

9 130064. (a) In lieu of the extension described in subdivision
 10 (f) of Section 130060, the office may grant an extension to a
 11 general acute care hospital pursuant to either subdivision (c) or
 12 subdivision (f) if the hospital building ~~will not be able to~~, *due to*
 13 *a local planning delay, will not* meet the seismic safety standards
 14 of that section by January 1, 2013.

15 (b) When applying for an extension under this section, the owner
 16 of the general acute care hospital shall submit to the office
 17 documentation that includes at least all of the following:

18 ~~(1) The schedule of the project and the necessary enabling~~
 19 ~~projects, and their dependencies on local approvals as had been~~
 20 ~~originally anticipated.~~

21 *(1) The original schedule of the project or projects, as had*
 22 *originally been anticipated.*

23 ~~(2) The schedule of the project and the necessary enabling~~
 24 ~~projects, and their dependencies on local approvals as currently,~~
 25 ~~as currently projected.~~

26 ~~(3) A timeline for the documentation submitted~~ *submission of*
 27 *the documents* to the local planning authority or jurisdiction.

28 (4) The local planning authority for the project and for the
 29 enabling phases of the project does not grant approvals prior to
 30 November 1, 2010, ~~where~~ *if* the hospital had *originally* filed the
 31 local application prior to January 1, ~~2009~~ 2008.

32 (5) A proposed construction timeframe demonstrating the
 33 completion of the project once the permit is issued. The
 34 construction timeframe shall be approved by the office and shall
 35 only include the amount of time that is reasonably necessary to
 36 complete the construction required to meet the seismic
 37 requirements.

38 (c) The office may grant an extension, in full one-year
 39 increments, but no longer than three consecutive years, which
 40 compensates for delays determined pursuant to subdivision (d).

1 (d) The office shall conduct a comprehensive review of the
2 schedule for the project ~~and necessary enabling phases or projects~~
3 according to criteria specified in this section. This review shall
4 encompass the project *or projects* under jurisdiction of the office,
5 as well as ~~enabling other~~ project phases not under the jurisdiction
6 of the office. The office shall consider the cumulative effect of
7 local approval timelines for all elements of the project ~~and~~
8 ~~necessary enabling phases or projects~~, inclusive of changes in
9 scope or sequence of the project ~~or its enabling phases or projects~~
10 *required by the local planning process*. The office may grant
11 extensions based on evaluation of ~~each~~ *all* of the following
12 circumstances:

13 ~~(1) Where the local planning authority approvals have delayed~~
14 ~~or will delay the construction start date of the project, or of an~~
15 ~~enabling phase of the project.~~

16 ~~(2) Where the local conditions of approval on a project or on~~
17 ~~its enabling phases extend the duration beyond the originally~~
18 ~~anticipated construction completion date.~~

19 ~~(3) Where changes in sequence or processes the hospital deems~~
20 ~~necessary to mitigate local concerns on the project or its enabling~~
21 ~~phases delay the construction completion date.~~

22 ~~(4) Where the cumulative effect of delays on the project or on~~
23 ~~enabling phases create additional construction delays due to local~~
24 ~~seasonal weather impacts.~~

25 *(1) If the local planning authority approvals have delayed or*
26 *will delay the construction start date of the project or projects.*

27 *(2) If the local conditions of approval on a project or projects*
28 *extend the duration beyond the originally anticipated construction*
29 *completion date.*

30 *(3) If the cumulative effect of delays on the project or projects*
31 *creates additional construction delays due to local seasonal*
32 *weather impacts requirements of the local planning authority.*

33 ~~(5)~~

34 (4) Construction related to the seismic retrofit or replacement
35 project has begun by January 1, 2013.

36 ~~(6)~~

37 (5) The project was submitted for review by the department no
38 later than January 1, 2009.

39 ~~(7)~~

1 (6) The project has received a building permit from the
2 department no later than January 1, 2012, to complete construction
3 on the entire project. 2012.

4 (e) Every six months after the approval of the extension, the
5 hospital owner shall report to the office on the status of the project,
6 demonstrating that it is making reasonable progress toward meeting
7 the construction timeline. It shall also report any delays or
8 circumstances that could materially affect the estimated completion
9 date.

10 (f) The office may grant an additional extension of up to two
11 years in addition to the extension granted pursuant to subdivisions
12 (e) and (d) if the project meets the following criteria:

13 (1) A matrix of buildings at the facility that identifies compliance
14 of each building to the standards required by Section 130065 at
15 the completion of the project.

16 (2) The construction timelines submitted pursuant to subdivision
17 (a) were determined to go beyond three years from the date the
18 building permit was issued.

19 (g)

20 (f) The office may revoke an extension granted pursuant to this
21 subdivision for any hospital building where the work of
22 construction is abandoned or suspended for a period of at least six
23 months, unless the hospital demonstrates in a public document
24 that the abandonment or suspension was caused by factors beyond
25 its control.

26 (h) The office may revoke an extension provided under this
27 section if it is determined the documentation provided under
28 subdivision (a) was falsified in any manner by the hospital.

29 (g) *The office may revoke an extension provided under this*
30 *section if it is determined that any information submitted pursuant*
31 *to this section was falsified in any manner by the hospital or if the*
32 *hospital fails to meet any of the criteria or conditions specified in*
33 *this section.*

34 (i)

35 (h) Regulatory submissions made by the office to the California
36 Building Standards Commission pursuant to this section shall be
37 deemed, and shall be adopted as, emergency regulations.

38 (i) *The hospital owner shall pay to the office an additional fee,*
39 *as determined by the office, sufficient to cover the additional cost*
40 *incurred by the office for maintaining all reporting requirements*

1 *established under this section, including, but not limited to, the*
2 *costs of reviewing and verifying the extension documentation*
3 *submitted pursuant to subdivisions (b), (d), and (e). The additional*
4 *fee shall not include any cost for review of the plans or other duties*
5 *related to receiving a building or occupancy permit.*

6 (j) A hospital denied an extension pursuant to this section may
7 appeal the assessment to the Hospital Building Safety Board.

8 ~~SEC. 4.~~

9 *SEC. 5.* Section 130065.1 is added to the Health and Safety
10 Code, to read:

11 130065.1. (a) On or before January 1, ~~2017~~ 2016, a general
12 acute care hospital shall report all of the following to the office:

13 (A) Current configuration of all buildings on its campus,
14 including each structural performance category.

15 (B) The number of acute care beds and the basic and
16 supplemental services provided in each building.

17 (C) Identification of each building that needs to meet the
18 structural and nonstructural requirements of Section 130065.

19 (D) *If a hospital building is under construction, or beginning*
20 *construction, to meet the requirements of Section 130060,*
21 *130061.5, 130064, or 130065 the hospital shall provide project*
22 *numbers for each building.*

23 (b) (1) On or before January 1, 2020, a hospital shall submit a
24 master plan for all the buildings that are subject to subdivision (a)
25 of Section 130065 that the hospital intends to rebuild or replace
26 by January 1, 2030. The hospital master plan shall identify at least
27 all of the following:

28 (A) Each building that is subject to subdivision (a) of Section
29 130065.

30 (B) The current plan to rebuild or replace each building with
31 buildings that would be in compliance with subdivision (a) of
32 Section 130065, including all structural and nonstructural
33 requirements.

34 (C) The building or buildings to be removed from acute care
35 service and the projected date or dates of that action.

36 (D) The location for any new building or buildings, including,
37 but not limited to, whether the owner has received a permit for
38 that location.

39 (E) A copy of the preliminary design for the new building or
40 buildings.

- 1 (F) The number of beds available for acute care use in each new
2 building.
- 3 (G) The timeline for completed plan submission.
- 4 (H) The proposed construction timeline.
- 5 (I) The proposed cost at the time of submission.
- 6 (J) A copy of any records indicating the hospital governing
7 board's approval of the hospital master plan.
- 8 (2) On or before January 1, 2023, the hospital owner submits
9 to the office a building plan for each building that is deemed ready
10 for review by the office.
- 11 (3) On or before January 1, 2025, the hospital owner receives
12 a building permit to begin construction for each building that the
13 owner intends to replace or retrofit pursuant to the master plan.
- 14 (4) Within six months of receipt of the building permit, the
15 hospital owner submits a construction timeline that identifies at
16 least all of the following:
- 17 (A) Each building that is subject to subdivision (a) of Section
18 130065.
- 19 (B) The project number or numbers for replacement of each
20 building.
- 21 (C) The projected construction start date or dates and projected
22 construction completion date or dates.
- 23 (D) The building or buildings to be removed from acute care.
- 24 (E) The estimated cost of construction.
- 25 (F) The name of the contractor.
- 26 (5) Every six months thereafter, the hospital owner shall report
27 to the office on the status of the project, including any delays or
28 circumstances that could materially affect the estimated completion
29 date.
- 30 (c) A hospital that has not submitted a report pursuant to this
31 section shall be assessed a civil penalty of ten dollars (\$10) per
32 licensed acute care bed per day, but in no case to exceed one
33 thousand dollars (\$1,000) per day for each SPC-1 building not in
34 compliance with this section until it has complied with this section.
35 These civil penalties shall be deposited into the Facilities Penalties
36 Account established pursuant to Section 130066. A hospital
37 assessed a civil penalty pursuant to this section may appeal the
38 assessment to the Hospital Building Safety Board.

1 (d) The office shall make the information required by
2 subdivisions (a) and (b), available on its Internet Web site within
3 90 days of receipt of this information.

4 ~~SEC. 5.~~

5 SEC. 6. Section 130066 is added to the Health and Safety Code,
6 to read:

7 130066. (a) A hospital that complies with Section 130060 may
8 post a sign at all public entrances to the hospital building that
9 states:

10
11 “THE STATE OF CALIFORNIA HAS DETERMINED THAT
12 THIS HOSPITAL FACILITY HAS COMPLIED WITH
13 APPLICABLE STATE SEISMIC SAFETY LAWS FOR
14 HOSPITALS.”

15
16 (b) A hospital that has an SPC-1 building shall post a sign at all
17 public entrances to the building that states:

18
19 “THE STATE OF CALIFORNIA HAS DETERMINED THAT
20 THIS HOSPITAL HAS BUILDING(S) THAT ARE AT RISK
21 OF COLLAPSE IN A MAJOR EARTHQUAKE. THE PLAN OF
22 COMPLIANCE FOR THIS HOSPITAL IS AVAILABLE FOR
23 YOUR REVIEW AT THE ~~PUBLIC INFORMATION DESK~~
24 *HOSPITAL’S INTERNET WEB SITE (INSERT INTERNET WEB*
25 *SITE ADDRESS)*. TO RECEIVE ADDITIONAL INFORMATION
26 REGARDING HOSPITAL SEISMIC SAFETY, GO TO
27 WWW.OSHPD.CA.GOV.”

28
29 (c) All signs posted pursuant to subdivision (a) or (b) shall be
30 posted in a conspicuous place at all public entrances of the building,
31 and shall be not less than five inches by seven inches in size and
32 be printed in no less than 30-point bold type.

33 (d) The plan of compliance required to be publicly available in
34 subdivision (b) is the reporting specified in subdivision (c) of
35 Section 130061.

36 (e) By February 1, 2011, each hospital that has an SPC-1 building
37 shall certify in writing to the office that it has complied with
38 subdivisions (b), (c), and (d). Failure to post the sign required in
39 subdivision (b) shall result in the hospital being assessed a civil
40 penalty of ten dollars (\$10) per licensed acute care bed per each

1 day that the hospital fails to post the sign required in subdivision
2 (b), but in no case to exceed one thousand dollars (\$1,000) per day
3 for each SPC-1 building. These fines shall be deposited into the
4 Facilities Penalties Account which is hereby established within
5 the Hospital Building Fund established pursuant to Section 129795.
6 A hospital assessed a civil penalty pursuant to this section may
7 appeal the assessment to the Hospital Building Safety Board.
8 Notwithstanding Section 129795, moneys in the account are not
9 continuously appropriated pursuant to that section, and shall be
10 available for expenditure only upon appropriation by the
11 Legislature in the annual Budget Act or other measure.

O