

Senate Bill No. 289

Passed the Senate August 30, 2010

Secretary of the Senate

Passed the Assembly August 27, 2010

Chief Clerk of the Assembly

This bill was received by the Governor this _____ day
of _____, 2010, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to amend Sections 1265.8 and 130060 of, and to add Sections 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, Ducheny. Hospitals: seismic safety.

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 individual or entity, that seeks initial approval to operate or manage a general acute care hospital, to file with the department, and provide to other specified entities, a statement that describes the plan for the hospital to comply with the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, as specified. This bill would also require a person, political subdivision of the state, or governmental agency desiring a license for a general acute care hospital, to file with the department a 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 a 3-year 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 the office are deposited into the continuously appropriated Hospital Building Fund, the bill would make an appropriation.

This bill would provide that the 3-year extension provisions proposed to be added by this bill would not become operative if both this bill and SB 608 are enacted, both bills add Section 130064 to the Health and Safety Code, and SB 608 is chaptered last.

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.

This bill would incorporate additional changes in Section 130064 of the Health and Safety Code, as proposed by SB 608, that would become operative only if SB 608 and this bill are both chaptered and become effective on or before January 1, 2011, and this bill is chaptered last.

Appropriation: yes.

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

SECTION 1. Section 1265.8 of the Health and Safety Code is amended to read:

1265.8. (a) In addition to the requirements of this chapter, any person, political subdivision of the state, or governmental agency desiring a license for a general acute care hospital, as defined in

subdivision (a) of Section 1250, shall file with the department a statement that it has complied with the requirements of the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (Chapter 1 (commencing with Section 129675) of Part 7 of Division 107), and it has received approval from the Office of Statewide Health Planning and Development pursuant to that chapter. The department shall not issue any license until such requirement has been met.

(b) The failure to comply with this section shall not be subject to the criminal penalty described in Section 1290.

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

1265.9. (a) An individual or entity that seeks initial approval to operate or manage a general acute care hospital licensed pursuant to subdivision (a) of Section 1250 and is subject to Section 1265, shall file with the department a statement that describes the plan for the hospital to comply with the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983 (Chapter 1 (commencing with Section 129675) of Part 7 of Division 107). The plan shall include a description of the financial capacity that the proposed owner or operator anticipates to be sufficient to ensure timely compliance and a projected timeline for this compliance.

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

(1) The Facility Development Division of the Office of Statewide Health Planning and Development, which shall post the statement on the office's Internet Web site.

(2) Any investor or entity holding more than 5 percent of the value of the general acute care hospital.

(3) Any real estate investment trust which holds an interest in the property on which the general acute care hospital is located.

(4) The entity responsible for providing property and casualty insurance coverage for the general acute care hospital.

(5) The entity responsible for the directors and the owner's liability insurance for the management of the general acute care hospital.

(6) The medical staff of the general acute care hospital.

(7) The collective bargaining agent, if any, that has a contract with the existing licenseholder.

(8) The local planning departments within the local jurisdiction of the general acute care hospital.

(9) Any health care service plans or health insurers that have had contracts with the general acute care hospital within the prior year.

(10) Any contractor that employs workers at the general acute care hospital and, if applicable, the collective bargaining agent representing the subcontracted workers.

(c) The department shall consider whether the applicant has demonstrated a history of substantial compliance with seismic safety requirements, based on information provided by the Office of Statewide Health Planning and Development regarding the record of compliance with respect to any other facilities owned by the same applicant.

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

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

130060. (a) (1) 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 shall only be used for nonacute care hospital purposes. A delay in this deadline may be granted by the office upon a demonstration by the owner that compliance will result in a loss of health care capacity that may not be provided by other general acute care hospitals within a reasonable proximity. In its request for an extension of the deadline, a hospital shall state why the hospital is unable to comply with the January 1, 2008, deadline requirement.

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

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

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

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

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

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

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

(A) Moved into an existing conforming Structural Performance Category-3 (SPC-3), Structural Performance Category-4 (SPC-4), or Structural Performance Category-5 (SPC-5) and Non-Structural

Performance Category-4 (NPC-4) or Non-Structural Performance Category-5 (NPC-5) building.

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

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

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

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

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

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

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

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

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

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

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

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

(D) The hospital submitted a construction timeline at least two years prior to the applicable deadline for the building demonstrating the hospital's intent to meet the applicable deadline or, if the building failed to be reclassified as an SPC-2 building pursuant to paragraph (6), at least one year prior to the applicable deadline. The timeline shall include all of the following:

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

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

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

(A) The hospital building is owned by a health care district that has, as owner, received the extension of the January 1, 2008, deadline, but where the hospital is operated by an unaffiliated third-party lessee pursuant to a facility lease that extends at least through December 31, 2009. The district shall file a declaration with the office with a request for an extension stating that, as of

the date of the filing, the district has lacked, and continues to lack, unrestricted access to the subject hospital building for seismic planning purposes during the term of the lease, and that the district is under contract with the county to maintain hospital services when the hospital comes under district control. The office shall not grant the extension if an unaffiliated third-party lessee will operate the hospital beyond December 31, 2010.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(C) The hospital building plans for the building are submitted to the office and deemed ready for review by the office prior to January 1, 2012. The hospital shall indicate, upon submission of its plans, the SPC-1 building or buildings that shall be retrofitted or replaced to meet the requirements of this section as a result of the project. The hospital shall also provide a proposed construction timeframe to complete the project once the permit is issued. The construction timeframe shall be approved by the office and shall only include the amount of time that is reasonably necessary to complete the construction required to meet the SPC-2 requirement.

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

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

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

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

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

(8) The office may revoke an extension granted pursuant to this subdivision for any hospital building where the work of

construction is abandoned or suspended for a period of at least six months, unless the hospital demonstrates in a public document that the abandonment or suspension was caused by factors beyond its control.

(g) All submissions to the office to obtain an extension pursuant to subdivision (f) and Section 130061.5 and to comply with the requirements of Section 130061, shall be complete and accurate. In addition to the penalty described in subdivision (g) of Section 130064, the office shall deny or revoke an extension pursuant to this chapter if the office determines that the information submitted had a material effect on the granting of the extension. A hospital that is denied an extension pursuant to this subdivision may appeal the denial to the Hospital Building Safety Board.

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

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

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

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

(2) The schedule of the project or projects, as currently projected.

(3) Documentation that the timeline for the submission of the documents to the local planning authority or jurisdiction.

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

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

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

(d) The office shall conduct a comprehensive review of the schedule for the project or projects according to criteria specified in this section. This review shall encompass the project or projects under jurisdiction of the office, as well as other project phases not under the jurisdiction of the office. The office shall consider the cumulative effect of local approval timelines for all elements of the project or projects, inclusive of changes in scope or sequence of the project or projects required by the local planning process. The office may grant extensions based on evaluation of all of the following circumstances:

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

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

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

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

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

(6) The project has received a building permit from the department no later than January 1, 2012.

(e) Every six months after the approval of the extension, the hospital owner shall report to the office on the status of the project or projects, demonstrating that it is making reasonable progress toward meeting the construction timeline.

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

(g) The office may revoke an extension granted pursuant to this section if it is determined that any information submitted pursuant to this section was falsified in any manner by the hospital or if the

hospital fails to meet any of the criteria or conditions specified in this section.

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

(i) The hospital owner shall pay to the office an additional fee, as determined by the office, sufficient to cover the additional cost incurred by the office for maintaining all reporting requirements established under this section, including, but not limited to, the costs of reviewing and verifying the extension documentation submitted pursuant to subdivisions (b), (d), and (e). The additional fee shall not include any cost for review of the plans or other duties related to receiving a building or occupancy permit.

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

SEC. 4.5. Section 130064 is added to the Health and Safety Code, to read:

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

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

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

(2) The schedule of the project or projects as currently projected.

(3) A timeline for the submission of documents to the local planning authority or jurisdiction.

(4) Documentation that the local planning authority for the project and for the enabling phases of the project does not grant approvals prior to November 1, 2010, where the hospital had originally filed the local application prior to January 1, 2008.

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

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

(d) The office shall conduct a comprehensive review of the schedule for the project or projects according to criteria specified in this section. This review shall encompass the project or projects under the jurisdiction of the office, as well as other project phases not under the jurisdiction of the office. The office shall consider the cumulative effect of local approval timelines for all elements of the project or projects, inclusive of changes in scope or sequence of the project or projects required by the local planning process. The office may grant extensions based on an evaluation of each of the following circumstances:

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

(2) Where the local conditions of approval on a project or projects extend the duration beyond the originally anticipated construction completion date.

(3) Where the cumulative effect of delays on the project or projects creates additional construction delays due to local seasonal weather impact requirements of the local planning authority.

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

(5) The project or projects were submitted for review by the department no later than January 1, 2009.

(6) The project or projects have received a building permit from the department no later than January 1, 2012.

(e) Every six months after the approval of the extension, the hospital owner shall report to the office on the status of the project or projects, demonstrating that it is making reasonable progress toward meeting the construction timeline.

(f) The office may grant an additional extension of up to two years in addition to the extension granted pursuant to subdivisions (c) and (d) only if the project or projects meet all of the following criteria:

(1) A matrix of buildings at the hospital that identifies compliance of each building to the standards required by Section 130065 at the completion of the project or projects.

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

(3) Acute care services will not be provided in any SPC-1 building at any time during the extension.

(4) The hospital demonstrates that it has, and maintains throughout the extension, life safety systems in all acute care patient care areas that do not depend on, and are not routed through, an SPC-1 building.

(5) The hospital either demonstrates that the SPC-1 building does not pose a structural risk to an adjoining hospital building that is used for acute care services or mitigates the risk in accordance with a deadline described in subdivision (f) of Section 130060 that the office determines will best protect patient safety.

(g) The office may revoke an extension granted pursuant to this section for any hospital building where the work of construction is abandoned or suspended for a period of at least six months, unless the hospital demonstrates that the abandonment or suspension was caused by factors beyond its control.

(h) The office may revoke an extension granted pursuant to this section if it is determined that any information submitted pursuant to this section was falsified in any manner by the hospital or if the hospital fails to meet any of the criteria or conditions specified in this section.

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

(j) The hospital owner that applies for an extension pursuant to this section shall pay to the office an additional fee, to be determined by the office, sufficient to cover the additional cost incurred by the office for maintaining all reporting requirements established under this section, including, but not limited to, the costs of reviewing and verifying the extension documentation submitted pursuant to this section. This additional fee shall not include any cost for review of the plans or other duties related to receiving a building or occupancy permit.

(k) A hospital denied an extension pursuant to this section may appeal the denial to the Hospital Building Safety Board.

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

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

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

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

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

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

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

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

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

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

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

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

(F) The number of beds available for acute care use in each new building.

(G) The timeline for completed plan submission.

(H) The proposed construction timeline.

(I) The proposed cost at the time of submission.

(J) A copy of any records indicating the hospital governing board's approval of the hospital master plan.

(2) On or before January 1, 2023, the hospital owner submits to the office a building plan for each building that is deemed ready for review by the office.

(3) On or before January 1, 2025, the hospital owner receives a building permit to begin construction for each building that the owner intends to replace or retrofit pursuant to the master plan.

(4) Within six months of receipt of the building permit, the hospital owner submits a construction timeline that identifies at least all of the following:

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

(B) The project number or numbers for replacement of each building.

(C) The projected construction start date or dates and projected construction completion date or dates.

(D) The building or buildings to be removed from acute care.

(E) The estimated cost of construction.

(F) The name of the contractor.

(5) Every six months thereafter, the hospital owner shall report to the office on the status of the project, including any delays or circumstances that could materially affect the estimated completion date.

(c) A hospital that has not submitted a report pursuant to this section shall be assessed a civil penalty of ten dollars (\$10) per licensed acute care bed per day, but in no case to exceed one thousand dollars (\$1,000) per day for each SPC-1 building not in compliance with this section until it has complied with this section. These civil penalties shall be deposited into the Facilities Penalties Account established pursuant to Section 130066. A hospital assessed a civil penalty pursuant to this section may appeal the assessment to the Hospital Building Safety Board.

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

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

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

“THE STATE OF CALIFORNIA HAS DETERMINED THAT THIS HOSPITAL FACILITY HAS COMPLIED WITH

APPLICABLE STATE SEISMIC SAFETY LAWS FOR HOSPITALS.”

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

“THE STATE OF CALIFORNIA HAS DETERMINED THAT THIS HOSPITAL HAS BUILDING(S) THAT ARE AT RISK OF COLLAPSE IN A MAJOR EARTHQUAKE. The plan of compliance for this hospital is available for your review at the hospital’s Internet Web site, (insert Internet Web site address). To receive additional information regarding hospital seismic safety, go to www.oshpd.ca.gov.”

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

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

(e) By February 1, 2011, each hospital that has an SPC-1 building shall certify in writing to the office that it has complied with subdivisions (b), (c), and (d). Failure to post the sign required in subdivision (b) shall result in the hospital being assessed a civil penalty of ten dollars (\$10) per licensed acute care bed per each day that the hospital fails to post the sign required in subdivision (b), but in no case to exceed one thousand dollars (\$1,000) per day for each SPC-1 building. These fines shall be deposited into the Facilities Penalties Account which is hereby established within the Hospital Building Fund established pursuant to Section 129795. A hospital assessed a civil penalty pursuant to this section may appeal the assessment to the Hospital Building Safety Board. Notwithstanding Section 129795, moneys in the account are not continuously appropriated pursuant to that section, and shall be available for expenditure only upon appropriation by the Legislature in the annual Budget Act or other measure.

SEC. 7. (a) Section 4.5 of this bill shall only become operative if (1) both this bill and Senate Bill 289 are enacted and become effective on or before January 1, 2011, (2) each bill adds Section

130064 to the Health and Safety Code, and (3) this bill is enacted after Senate Bill 608, in which case Section 4 of this bill shall not become operative.

(b) Neither Section 4 nor Section 4.5 of this bill shall become operative if (1) both bills are enacted and become effective on or before January 1, 2011, (2) each bill adds Section 130064 to the Health and Safety Code, and (3) Senate Bill 608 is enacted after this bill.

Approved _____, 2010

Governor