

# COUNCIL OF COMMUNITY CLINICS

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December 6, 2012

State of California  
State and Consumer Services Agency  
California Building Standards Commission  
2525 Natomas Park Dr., Suite 130  
Sacramento, CA 95833  
Email: [cbcs@dgs.ca.gov](mailto:cbcs@dgs.ca.gov)

Re: *Agenda Item aa*

Dear Madam Chair and Members of the Commission,

I wish to express my grave concerns about the revised OSHPD proposal to withdraw the Section 217.0 creation and definition of OSHPD 3SE to the Uniform Mechanical and Plumbing Codes. Our organization, the Council of Community Clinics, is comprised of sixteen private, non-profit health care organizations, serving 700,000 mainly uninsured and underinsured individuals in San Diego, Riverside and Imperial counties. These individuals receive primary care services at over 100 sites in our three county service area.

As you can probably imagine, our clinic organizations are extremely interested in this proposal. In fact, we were supportive of the 3SE category *and urge you to resurrect this proposal.*

Though months of stakeholder meetings, our clinics, and in particular, our statewide organization, the California Primary Care Association and worked with OSHPD staff to develop a new category of ventilation and plumbing requirements for licensed community clinics. Our clinic facilities are dramatically different from those of a hospital. The code should reflect the appropriate facility and the proper needs of such a facility, including our clients and employees. But the current proposal does not do that.

The OSHPD 3 regulations for community clinics and health centers are antiquated, extremely expensive and serve no public health benefit. This is an antiquated, outdated proposal that does not recognize either new construction and engineering principles or the needs of those who work in and use the community clinic facilities. Implementing such outdated standards will place a chill in establishment of needed facilities in our area, specifically in vastly underserved areas like the Coachella Valley of Riverside County.

*I urge you to either insert the 3SE proposal that resulted from the stakeholder meetings or to refer the amendments to the Mechanical and Plumbing Codes back to OSHPD staff.*

Sincerely,

  
Gary S. Rotto  
Director of Health Policy

*Sent via email 12/10/12*



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**CPCA Member Talking Points for OSHPD-3  
Hearing at the Building Standards Commission  
December 11 & 12, 2012**

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OUR CLINICS SHOULD NOT SUBJECT TO THE SAME REQUIREMENTS AS HOSPITALS - WE ARE CLINICS, NOT IN-PATIENT FACILITIES

- State licensed clinics should not be subject to the same building/mechanical requirements as hospitals. The acuity and needs of primary care patients and their families are different than long-term, in-patient building requirements.

OUR CLINICS SHOULD NOT BE SUBJECT TO MORE RIGOROUS AND EXPENSIVE MECHANICAL REQUIREMENTS THAN PRIVATE PHYSICIANS OR COUNTY PRIMARY CARE PROVIDERS

- Private primary care providers and county clinics have not been subject to these hospital-based mechanical/HVAC requirements even though they provide the same primary care services as our clinics. (They are not required to be licensed by the State of California). They, like our clinics, can meet all air quality, environmental and public health standards with flexible ducting and ventilation options that would have been available with the earlier OSHPD staff recommendation to create the OSHPD 3SE category.

OSHPD STAFF ORIGINALLY PROPOSED REGULATIONS THAT ACKNOWLEDGED THE UNFAIR REQUIREMENTS AND PROPOSED A SOLUTION THAT TREATED US FAIRLY

- We worked with OSHPD staff for months and developed the OSHPD 3SE category that would ensure access to quality health care for California's uninsured without compromising public health or environmental quality.
- We were disappointed and surprised to see OSHPD staff recommendations withdrawn after developing sound public policy that ensures our ability to meet the needs of millions of Californians that we currently serve as well as millions more awaiting coverage - including the working poor and those that have lost insurance or cannot afford employer coverage.

THE OSHPD 3SE PROPOSAL THAT WAS WITHDRAWN WOULD HAVE MET ALL PUBLIC AND ENVIRONMENTAL QUALITY STANDARDS.

- There have been significant advances in the quality of ventilation products available. Today, there are flexible duct products that are highly flame resistant/retardant and they

comply with GreenGuard and LEED Platinum requirements (highest environmental standards) and are energy efficient.

- If you have experience complying with these building standards, share with the commission the costs involved, how the standards affected your construction or renovation, and the concerns that experts like building officials or architects shared with you about these standards.
- Also share with the commission how many more patients you will be able to serve if OSHPD 3SE gets implemented (based on the projected savings).

COMPLIANCE WITH THE LONG-OUTDATED, HOSPITAL-BASED OSHPD MECHANICAL REQUIREMENTS MAY IMPEDE OUR ABILITY TO SERVE THE MILLIONS OF CALIFORNIANS WHO WILL BE ELIGIBLE FOR COVERAGE UNDER ACA.

GOVERNOR BROWN HAS COMMITTED TO REDUCING UNNECESSARY REGULATIONS THAT HARM BUSINESS AND HE HAS LED THE COUNTY IN PREPARING FOR HEALTH CARE REFORM AND IMPLEMENTATION OF THE AFFORDABLE CARE ACT.

- The costly, unnecessary mechanical/HVAC and ventilation requirements would cause delay in serving Californians who lost jobs, can't afford employer coverage or simply need our services.
- We serve over 5 million Californians and have been preparing to serve even more with ACA.

RESOLUTION NUMBER R-\_\_\_\_\_

DATE OF FINAL PASSAGE \_\_\_\_\_

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SAN DIEGO IN SUPPORT OF REGULATION RELIEF FOR COMMUNITY CARE CLINICS

WHEREAS, the private, non-profit community clinics comprise the heart of the health care safety net in San Diego, providing primary care services to over 730,000 uninsured/underinsured San Diegans at more than 80 sites in the area; and

WHEREAS, the State of California licenses these clinics, which must follow the State Mechanical Code and Plumbing Code, for ventilation and plumbing requirements; and

WHEREAS, the existing Codes are outdated as they require community clinics to be constructed with same expensive ventilation systems and hard plumbing pipes as hospitals are required to have; and

WHEREAS, the building requirements should appropriately fit the service/setting; for example, currently local private doctor offices and county clinics are not subject to these high level systems, even though they offer the same services; and

WHEREAS, the Office of Statewide Planning and Health had a "3SE proposal" that was worked on collaboratively for over a year with the California Primary Care Association and a long list of other stakeholders to allow clinics to utilize today's modern products such as flexible ducting, while still providing fire safety, energy efficiency and environmental quality; and

WHEREAS, these changes fit under "regulation relief" because clinics only serve patients in a primary care outpatient doctor office- type setting, not a long- term inpatient setting with beds like hospitals, which need higher standards; and

WHEREAS, the difference in product cost and installation and time savings has a drastic impact on these clinics opening, operating and serving the public; NOW, THEREFORE,

BE IT RESOLVED by the City Council of the City of San Diego, that the City of San Diego supports regulatory relief for Community Care Clinics that will benefit our citizens in need and the local neighborhoods served by them.

