



STATE OF WASHINGTON

STATE BUILDING CODE COUNCIL

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BUILDING, FIRE AND PLUMBING COMMITTEE SUMMARY MEETING MINUTES

MONITOR Enterprise Services, Rm 2331
LOCATION: 1500 Jefferson Street
Olympia, Washington

MEETING DATE: May 23, 2014

Agenda Items	Committee Actions/Discussion
1. Welcome and Introductions	Meeting called to order at 10:00 a.m. by Dave Peden. <u>Members in Attendance:</u> Dave Peden, Chair; Steve Simpson; Tom Balbo joined later <u>Staff in Attendance:</u> Tim Nogler, Managing Director; Joanne McCaughan <u>Visitors Present:</u> Lee Kranz, Maureen Traxler, John Williams
2. Review and Approve Agenda	The agenda was approved as written..
3. Department of Health-Comment on Hospital Standard 	There was not a quorum and Tim Nogler said we could have an informal discussion, but we can't make any formal decisions. John Williams with DOH explained his issue starting with some history. The federal government in the 1940s realized there was a problem with the hospital system across the nation. We didn't have enough hospitals in smaller local jurisdictions and the hospitals we had were unsafe from a fire and life/safety perspective. There were a couple of large fires where scores of people died. The federal government had concerns about what they were spending money on and providing Medicare and Medicaid reimbursement; they decided they wanted to adopt a building standard that provides good solid fire and life/safety support consistently across the nation. At that point we had three model codes and the federal government chose the NFPA Life/Safety code because it was a single code that could provide consistency across the country. There was a lot of health care focus in the NFPA 101 code and discussion between health care providers, architects, and fire marshals. NFPA 101 has

always had a health care oriented slant to it.

In more recent times we have a single code group that is adopted across the country, the ICC family of codes. Moreover during the ICC development process there was a great effort made to address the health care facility related concerns. These buildings are built differently than any other type of building, and there are unique issues due to the occupants housed there. For example, do you evacuate patients, or do you shelter in place?. The DOH along with SBCC has partnered several times to bring the ICC codes up to par with NFPA 101 Life/Safety code. Also in the past four years ICC has recognized there needs to be a particular health care focus and it created the ICC Ad Hoc Committee for health care which John is heavily involved with. This committee has looked at both the federal standard and the ICC codes. John noted the committee has done their best to bring the standards together.

The federal agency that adopts the Life/Safety Code, i.e., the Centers for Medicaid and Medicare Services, requires adoption of the Life/Safety Code as a requirement for Medicaid/Medicare reimbursement. So any hospital or nursing home that wants to receive Medicare money they have to follow the Life/Safety Code. This federal organization has opened up its rules, most recently in 2003; at that point we were still on the 1985 version of the NFPA Life/Safety Code, so this is a very significant opportunity. The current open comment period will expire on June 16, 2014.

DOH proposes to take advantage of a clause that is in CMS's existing rules and use the 2015 ICC codes as an equivalent to the NFPA 101 Life/Safety Code. The reason CMS opened their rules was to move from the 2000 version of the Life/Safety Code to the 2012 version. They have made it clear they want to stay with the Life/Safety Code. There exists a clause in their rules that says if a state has a fire and life/safety code that is generally equivalent to the NFPA 101, CMS will review it and permit them to use that. Historically, we along with other states have made that proposal to CMS and have been turned down. The rejection hasn't come with a lot of detail. DOH plans to put in a comment that requests CMS to consider the 2015 version of the code as equivalent, as they believe it is; if they make this comment during the

comment period, CMS is required to provide a response. That response could be yes or could be no or even maybe. But at least during the comment they are required to enumerate their reasons for making the decision.

Since we are talking about going to the state code in the interest of interagency cooperation and transparency we wanted to bring this to SBCC and first ask if SBCC had any issues with that and if not would SBCC be willing to support the concept. At this point, rather than discuss other impacts, John asked if there are any questions.

Dave Peden asked if this were to go, does John predict that DOH and others might propose more state amendments to the model code. **John** said this was one of the impacts he planned to mention. He believes DOH would not make many proposals. In the past they have done so, in order to maintain parity between our state codes and the federal standard. This issue would remain if CMS chooses our Washington state code as equivalent. However, they may put conditions on it. They haven't made very many amendments to NFPA 101 when they adopt it, but they do make some amendments.

Steve Simpson asked how NFPA101 would deal with medical gas installation. He also asked about the impacts, since NFPA 101 and Ch. 13 of Uniform Plumbing Code are the basis of how a plumber installs medical gas in medical facilities; he wanted to know whether this will change.

John thinks it should make things easier, because currently, both the 2000 Life/Safety Code and the 2012 Building Code point to the standard that is the NFPA 99. Unfortunately they point to different versions of the standard. The Life/Safety Code points to the 1999 version of NFPA 99 and the 2012 points to the 2005 version of NFPA 99. John thinks the requirements aren't going to change much. We will just use a newer version. The version to be used will be consistent with what the building departments are enforcing.

Lee Kranz in Bellevue and the chair of WABO Technical Code Development Committee shared that they have not had any discussion on this issue. Based on Bellevue's experience they support the idea of calling the 2015 family of codes equivalent to NFPA 101. WABO has a lot of experience working with DOH and collaborating on different projects. Many of the issues that have come up

are related to enforcing two different building codes for one project. Lee thinks it is an issue for the design community as well. They are challenged by the two different codes. There are some things in the Life/Safety Code that are related to design of hospitals and healthcare facilities. If necessary we could amend the Washington State Code to amend some of those issues, but he suspects the IBC and other codes will cover the life/safety issues that would be applied to those kinds of facilities.

Lee knows in the Life/Safety Code there is a requirement for separation of operatories with fire-rated walls and doors. Would that be something we would want to amend if this proposal went through? **John** thinks this is one of the things that CMS amends in the Life/Safety Code.

Lee feels the gap of 10 years between codes NFPA is planning on using is large and ICC does a better job of staying current. **John** said his constituents have expressed their frustration of how slowly CMS moves.

Lee said Bellevue strongly supports the idea of DOH using the 2015 I-codes to be equivalent to NFPA 101 and he intends to send an email to the WABO Technical Code Committee to see if there is any opposition to this. Based on the feedback WABO will be sending a commentary to CMS on the issue.

Maureen Traxler, Seattle, asked if the DOH request is approved, would they be approving the 2015 code as equivalency specifically, and would they be able to update the code and adopt the 2018 code. **John** said that as this has never been done before we are moving to new ground. CMS includes a pretty broad statement that if a state has its life/safety code and they believe it is equivalent, they can ask CMS to consider it as equivalent. There are no instructions on how we do that, or instructions on how often, or whether it is necessary to reapply if they are rejected. We are willing to start somewhere with a lot of unknowns.

John added the impact this would have on SBCC and how we enforce rules across the state. There is a concept about consistency and application of standards that CMS has. CMS is going to want to have some way of verifying that whoever builds the building, reviews it, etc. and whoever applies for the certificate of occupancy provides an ongoing inspection. They are going to want to see consistent application of the rules. Their method of doing

<p style="text-align: center;">Motion</p>	<p>this in the past has been coming after occupancy and if they see anything wrong they require corrections. The way it happens now if a jurisdiction decides that a hospital doesn't need to be sprinklered they can make that call. DOH would say they have to sprinkle the hospital because of the federal standard. Healthcare is very special and there is a very broad and wide range of interpretation across the state.</p> <p>The benefit of this would be we would all be reading out of the same book, and would have greater consistency. This would allow for a much more direct conversation between the building official, the state fire marshal and DOH to figure out what the main issue is.</p> <p>Dave Peden said Committee action for today would be to agree or disagree to support the DOH with their request. Steve Simpson moved the Committee support DOH for the purpose of the comment on Life/Safety Codes 101 to CMS. Committee Chair requests staff to send a letter to DOH verifying this.. Tom Balbo seconded the motion. The motion carried.</p>
<p>6. Staff Report</p>	<p>Tim Nogler reported there would be a Building Code TAG coming up on June 3. Following the TAG there will be another meeting of the BFP group on June 12.</p>
<p>8. Other Business</p>	<p>None was given.</p>
<p>9. Adjourn</p>	<p>The meeting was adjourned at 11:31 a.m.</p>