

April 4, 2022

Via email to:
HCR_PRT@hhs.texas.gov**COMMENT LETTER**HCR_PRT@hhs.texas.govHealthcare Regulation Policy, Rules, and Training
Texas Health and Human Services Commission

Re: Draft Rules, Requirements for Design, Construction, and Fire Safety in Health Care Facilities, Project No. 20R109

To Whom It May Concern:

On behalf of our more than 450 member hospitals and health systems, including rural, urban, children's, teaching and specialty hospitals, the Texas Hospital Association is pleased to comment on the draft rules for Requirements for Design, Construction, and Fire Safety in Health Care Facilities (Title 26, Part 1, Chapter 520 of the Texas Administrative Code). THA appreciates HHSC's commitment to an open and transparent rulemaking process. THA member hospitals continue to evaluate the impact of the draft rules and THA will provide additional information as it becomes available. We reserve the right to comment further when the rules are formally published in the *Texas Register*.

Our comments on the draft rules at this time are as follows:

§520.9. Licensed Facility Location – Subsection (a) indicates that stairs or elevators shall not serve as the vertical connector, a departure from the existing rule. We request that the existing rule allowing stairs to serve as the vertical connector be preserved.

§520.28. Commissioning – While we recognize that the latest IECC codes already require commissioning and many facilities already commissions projects, we recommend that the rules reflect IECC-type exceptions for things that do not need commissioned due to smaller project size and scope.

§520.108. Neonatal Intensive Care Unit – Subsection (c)(2) revises the existing requirement for a single-occupant room to provide a minimum 165 square feet clear floor area with a minimum 12 foot headwall length, rather than the current 120 square feet clear floor requirement. We believe the current requirement is adequate and recommend that the requirement remain at the current 120 square feet requirement.

§520.109. Obstetrical Unit and Cesarean Delivery Unit

- Subsection (g)(2)(B)(i) revises the existing requirement for a cesarean delivery room to provide a minimum 440 square feet clear floor area, rather than the current 360 square feet. We recommend allowing

a smaller area if the hospital provides a separate adjacent infant resuscitation room in accordance with subpart (ii).

- Subsection (c)(3) provides a single standard for LDR and LDRPs rooms of a minimum 325 square feet clear floor area with a minimum 13 foot headwall length. LDR rooms are not are not intended for an overnight stay and therefore we recommend that requirements for LDR rooms be stated separately consistent with the current requirement allowing for smaller LDR rooms compared to LDPR rooms.

§520.123. Observation Patient Unit (Clinical Decision Unit) – Subsection (a) requires the observation unit or CDU to meet the requirements of draft rule 520.124, related to a behavioral health observation patient unit. We believe a requirement that all rooms on a CDU to meet this requirement is excessive and would recommend changing the requirement to a minimum of one room per CDU meet the additional requirements found in draft rule 520.124.

§520.129. Imaging Unit – Subsection (c)(11)(J)(iv) requires power conditioning and uninterruptible power supplies to be provided as indicated by the MRI manufacturers power requirements and specific licensed facility conditions. Typically an MRI comes with a minimal uninterrupted power supply for patient removal from bore in the event of a power failure. We request clarification whether the UPS bought with the MRI will meet this requirement.

§520.173. Surfaces – Subsection (b) references monolithic floor and wall base assemblies “without crevices or seams”. The quoted language appears redundant in light of the definition of monolithic flooring in 520.2(67) and should be deleted. We also request clarification as to whether sheet vinyl with welded seams will comply with the new definition.

§520.183. Electrical Systems – Subsection (j)(3) states that certain components of the HVAC equipment must be powered from the critical branch whereas all other codes require these components to be powered from the equipment branch. We are advised that this change will drive the sizes of critical transfer switches way up and also generators since the critical branch must be up and running in 10-seconds whereas the equipment branch can be delayed. While this will reduce the equipment branch, it will also violate many of the other codes. We question the need for HVAC equipment to be on critical branch with generator support. We specifically recommend that chillers not be required to be connected to generators. Requiring all chillers on the critical branch will result in a drastic increase in size and number of generators.

§520.184. Plumbing Systems – Subsection (j)(A) – (C) suggests that wrist blades are no longer the acceptable means for hands free and that all hand-washing sinks must have sensor regulated or electronic faucets. We are uncertain whether this is intentional as (A) – (C) seem contradictory, in that (A) speaks to wrist blades but (B) and (C) both say “shall require” the electronic version. We recommend that this subsection be clarified and specifically allow for wrist blades as an acceptable "hands free" option. Electronic sensors are still notorious for not functioning properly, and such a requirement will also unnecessarily increase costs for wired power or extra maintenance for battery replacement and sensor repairs.

We appreciate your consideration of these comments and for the opportunity to remain a part of HHSC’s collaborative effort to ensure a regulatory scheme that protects patients, is operationally feasible, and provides

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clarity to those being regulated. Should you have any questions or need additional information, please do not hesitate to contact me at 512/465-1577 or swohleb@tha.org.

Respectfully submitted,

A handwritten signature in black ink that reads "Stephen G. Wohleb". The signature is written in a cursive, flowing style.

Stephen G. Wohleb
Senior Vice President and General Counsel
Texas Hospital Association