Proposal # Acc-27

DEPARTMENT OF LABOR AND INDUSTRY

CODE CHANGE PROPOSAL FORM

(Must be submitted electronically)

Author/requestor: **Sumukha Terakanambi & Karen Gridley** *Date:* **2/25/2025**

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Code or Rule Section: **IBC 1109.5 & A117.1 809 (both new)**

Firm/Association affiliation, if any: **State Council on Disability & CCLD** *Topic of proposal:* ***Exam Rooms***

Code or rule section to be changed: **Add new section for exam and treatment spaces under Special Occupancies IBC Section 1109 and A117.1 Section 809**.

Intended for Technical Advisory Group ("TAG"): ***1341***

General Information	**Yes**	**No**
A. Is the proposed change unique to the State of Minnesota?	☐	☒
B. Is the proposed change required due to climatic conditions of Minnesota?	☐	☒
C. Will the proposed change encourage more uniform enforcement?	☒	☐
D. Will the proposed change remedy a problem?	☒	☐
E. Does the proposal delete a current Minnesota Rule, chapter amendment?	☐	☒
F. Would this proposed change be appropriate through the ICC code development process?	☒	☐

Proposed Language

1. The proposed code change is meant to:

☐ change language contained the model code book? If so, list section(s).
no

☐ change language contained in an existing amendment in Minnesota Rule? If so, list Rule part(s).
no

☐ delete language contained in the model code book? If so, list section(s).
no

☐ delete language contained in an existing amendment in Minnesota Rule? If so, list Rule part(s).
no

☒ add new language that is not found in the model code book or in Minnesota Rule.
yes

2. Is this proposed code change required by Minnesota Statute? If so, please provide the citation.
No.

3. Provide *specific* language you would like to see changed. Indicate proposed new words with underlining and ~~strikethrough~~ words proposed for deletion. Include the entire code (sub) section or rule subpart that contains your proposed changes.

IBC Chapter 11 Section 1109 Special Occupancies (new Scoping language)

1109.5 Exam and treatment spaces. Exam and treatment spaces located in Group B offices and clinics of medical healthcare providers, and dentists, shall comply with Section 1109.5.1 and 1109.5.2.

1109.5.1 Rooms and spaces. Each room or space used for exams or treatments shall be accessible.

Exception: Sinks used by employees inside exam and treatment spaces as part of their work are not required to be accessible.

1109.5.2. Overhead fixed lifts. In dental facilities and medical healthcare facilities having more than 4 but less than 26 exam and treatment spaces where exam or treatment tables or chairs are provided that patients self-transfer onto to receive services, a minimum of one exam and treatment space shall be provided that includes an overhead fixed ceiling or wall mounted lift. Where only one space is provided with an overhead fixed ceiling or wall mounted lift all exam and treatment services shall be able to be delivered in the space having the fixed lift.

In dental facilities and medical healthcare facilities having 26 or more exam and treatment spaces where exam or treatment tables or chairs are provided that patients self-transfer onto to receive services, at least one of each type of exam and treatment space in each department shall be provided with an overhead fixed ceiling or wall mounted lift.

Exception 1: Where multi-purpose exam and treatment spaces are provided within a department and are able to be use by any provider for any exam or treatment, only 1 exam or treatment space shall be required to be provided with an overhead fixed ceiling or wall mounted lift.

Exception 2: Facilities having 4 or fewer exam and treatment spaces are not required to provide an overhead fixed ceiling or wall mounted lift.

2017 A117.1 Chapter 8 Section 809 Exam and Treatment Spaces (new technical criteria)

809.1 General. Exam and treatment rooms and spaces shall comply with Section 809.

809.2 Turning space. A turning space shall be provided within the defined area of each room or space.

809.3 Clear floor space. A clear floor space complying with Section 305 shall be provided within the defined area of each room or space beyond the door swing, between fixed furnishings, elements or walls and the patient table or patient chair location. Where overhead fixed ceiling or wall mounted lifts are provided, a portion of the clear floor space shall be located below a portion of the track of the overhead fixed lift system.

809.4 Structural Support. The structural support system for the ceiling or wall mounted lift shall comply with the Minnesota Building Code.

4. Will this proposed code change impact other sections of a model code book or an amendment in Minnesota Rule? If so, please list the affected sections or rule parts.
   No.

Need and Reason

1. Why is the proposed code change needed? Please provide a general explanation as well as a specific explanation for any changes to numerical values (heights, area, etc.)
   This code change is needed in order to provide clarification that Accessibility Code requirements are required to be applied in exam rooms and treatment rooms in medical and dental healthcare facilities.
   This code change will also require a means for providing an increased level of access through a new requirement for a ceiling mounted lift in a certain number of exam or treatment spaces.

2. Why is the proposed code change a reasonable solution?
   The proposed language is reasonable because it clarifies an existing requirement that is often overlooked and misunderstood by designers and code inspectors. And it increases accessibility in health care facilities which aligns with guidelines published by the U.S. Access Board for compliance with the Federal ADA in health care facilities.

   The U.S. Department of Justice describes on their ADA.gov website what features must be part of Accessible examination rooms to make it possible for patients with mobility disabilities, including those who use wheelchairs, to receive appropriate medical care. These features allow the patient to enter the examination room, move around in the room, and approach the medical equipment provided. The features that make this possible are:
   - **an accessible route to and through the room;**
   - **an entry door with adequate clear width, maneuvering clearance, and accessible hardware; and**
   - **adequate clear floor space inside the room for side transfers and use of lift equipment.**

3. What other factors should the TAG consider?
   The cost of requiring a ceiling mounted lift can be very expensive and will need to consider if it violates Statute 14.127 which prohibits the cost of a code change from exceeding $25,000 for any one small business in the first year after the rule takes effect. Many dental, chiropractor, acupuncture, massage therapy and physical therapy offices are small businesses and a requirement to provide a ceiling mounted lift may be considered unreasonable under this statute. The TAG should consider the size of the office or business in developing or recommending code language.
   Considerations that contribute to the cost include, the need to ensure the structure can withstand the load created when in use, which may mean improving or reinforcing subfloors, upgrading trusses, inserting steel joists, improving the space with sprinkler systems, among other things.
   The TAG should also consider if the proposed locations for installation of a ceiling lift are subject to and can comply with safe patient handling OSHA requirements, or any other requirements related to use, operation and sanitizing of the equipment.

Cost/Benefit Analysis

1. Will the proposed code change increase or decrease costs? Please explain and provide estimates if possible.

The cost of simply clarifying the language that exam and treatment spaces must comply will have minimal impact on cost because this is already required by code. However, requiring ceiling lifts will increase costs. The cost of the equipment plus installation can vary depending on the specific type of equipment chosen and the structural implications of the individual equipment, but on average is approximately $10,000 per lift.

2. If there is an increased cost, will this cost be offset by a safety or other benefit? Please explain. If the benefit is quantifiable (for example energy savings), provide an estimate if possible.
   The benefit will be increased access to health care services by persons with mobility limitations.

3. If there is a cost increase, who will bear the costs? This can include government units, businesses, and individuals.
   Building owners, developers and patients will bear the cost.

4. Are there any enforcement or compliance cost increases or decreases with the proposed code change? Please explain.
   No.

5. Will the cost of complying with the proposed code change in the first year after the rule takes effect exceed $25,000 for any one small business or small city (Minn. Stat. § 14.127)? A small business is any business that has less than 50 full-time employees. A small city is any statutory or home rule charter city that has less than ten full-time employees. Please explain.
   Possibly. An average ceiling mounted lift can cost approximately $10,000. If a healthcare facility is required to provide 3 or more lifts it would exceed $25,000. This could easily be the case for the small business of a health care provider having up to 50 employees with multiple doctors and health care providers and multiple types of exam and treatment rooms.

Regulatory Analysis

1. What parties or segments of industry are affected by this proposed code change?
   Building Code Officials and Inspectors, Designers and Architects, Building Owners and Developers, Health Care Service Professionals and Businesses.

2. Can you think of other means or methods to achieve the purpose of the proposed code change? What might someone opposed to this code change suggest instead? Please explain what the alternatives are and why your proposed change is the preferred method or means to achieve the desired result.

   The alternative to changing the building code is to leave things as is. However, the current building code does not specify that accessibility requirements apply to exam rooms/spaces in healthcare or dental facilities, nor does it accommodate a majority of mobility devices. Including the proposed changes ensures that at least 75% of mobility devices are accommodated and more space is available for people on wheelchairs to more freely maneuver around.

   In terms of a ceiling lift, currently the alternative is that hospitals use a portable hoyer lift to transfer patients onto the examination table. This current practice creates several safety concerns. First, it is very hard to maneuver the hoyer lift around due to the existing space constraints. Bumping into walls or cabinets when trying to maneuver a patient could lead to injuries. Second, the legs of the hoyer lift do not fit under the examination table or MRI table. This means that hospital staff must pull the patient back to ensure that they are properly situated. Doing so can increase the possibility of patients falling and could even lead to liability concerns if staff who are assisting the patients get injured. Finally, with a portable hoyer lift,

several hospital staff are needed to assist the patient. Many of these problems will get solved with a ceiling lift. The patient can be transferred in a safer, less cumbersome manner, there is no maneuvering required, and less staff may be required to provide assistance. This will improve the overall experience for people with disabilities.

In terms of sanitizing the slings, hospitals currently provide patients with slings that are disposable, or they request that the patient take the sling home with them, so they are not reused. Otherwise, hospitals are already required to wipe down surfaces including hoyer lift slings. Wiping down a hoyer lift sling is easy and slings can also be put in a washing machine. Patients also can bring their own hoyer lift slings to the healthcare facilities.

3. What are the probable costs or consequences of not adopting the code change, including those costs or consequences borne by identifiable categories of affected parties, such as separate classes of government units, businesses, or individuals?

   The consequences of not adopting these changes are that people with disabilities will continue to face barriers to quality healthcare. In my experience, getting an examination that requires me to be transferred is a very stressful and uncomfortable process if the clinic has a portable hoyer lift. Whenever the clinic has had a ceiling lift, the transfer was much smoother and I had less risk of falling because the staff did not have to work so hard to safely position me.

   Additionally, more space will ensure that people with disabilities can have access to a barrier free environment when seeking healthcare and dental services.

4. Are you aware of any federal or state regulation or requirement related to this proposed code change? If so, please list the federal or state regulation or requirement and your assessment of any differences between the proposed code change and the federal regulation or requirement.

   The space requirements in this code change proposal are based on the 2017 AN117.1 building blocks. This includes the larger turning circle and the greater clear floor space. Additionally, while a ceiling lift is not currently required, clinics in Minnesota have successfully installed ceiling lifts to aid in accommodating patients with mobility disabilities. Finally, many of these changes complement recent Access Board standards to require healthcare and dental facilities to provide accessible medical diagnostic equipment as part of the new regulations in Title II of the ADA.

***Note: Incomplete forms may be returned to the submitter with instruction to complete the form. Only completed forms can considered by the TAG.