12-4-1970

Congressional Record S. 19465-79 - Health Safety, Standards

Mike Mansfield 1903-2001

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THE SETTING OF CERTAIN HEALTH AND SAFETY STANDARDS—WHERE SHOULD THE AUTHORITY BELONG?

Mr. MANSFIELD. Mr. President, a few days ago I asked the distinguished chairman of the Committee on Finance to call attention to the members of that committee a rather serious problem that now faces hundreds of health-care facilities which currently provide services to medicare beneficiaries throughout the United States. New standards regarding these facilities have been ordered by the
Department of Health, Education, and Welfare that could have the effect of denying further participation in the medicare program by these institutions.

The immediate problem, of course, was to provide a mechanism whereby hardpressed facilities could comply with the new requirements. Since, in most instances, major capital expenditures are required to upgrade public and the extended-care facilities into compliance with the new regulation, I proposed an amendment to make these capital funds available. I am pleased to note that the members of the Committee on Finance recognized the potential dangers of not helping the affected facilities and moved quickly to adopt, with modifications, an amendment I suggested in this area.

When medicare was enacted in 1965, Senators expressed concern over the need to assure that older Americans received proper health care financed by the program only in a safe and hazardous-free environment. To meet this objective, we have authorized the Secretary of Health, Education, and Welfare to establish, in addition to any other statutory requirements relating to health facilities, whatever specific and standards he believed necessary to assure the proper protection of medicare beneficiaries. At the outset of medicare, substantial funds were provided and assurance authority of institutions in the United States became medicare providers of health services.

Granting this authority to the Secretary, however, Congress recognized that an unlimited authority in this area might result in the issuance of unrealistic requirements which many facilities simply could not meet. To impose standards of this kind would probably lead to the wholesale disqualification of numerous institutions which were the only facilities in an area capable of providing beneficiaries with the services to which they are entitled under law. A ceiling, therefore, was placed upon the Secretary's authority. Requirements imposed by the Secretary could not exceed comparable requirements prescribed by the Joint Commission on the Accreditation of Hospitals, a private voluntary body which sets standards for health facilities in the country.

In September of this year, the Social Security Administration announced that new physical environmental standards were to be imposed on facilities currently participating in medicare which were not otherwise accredited by the JCAH accepting body. Among the new requirements was a standard that such facilities come into compliance with the current standards issued by the National Fire Protection Association as part of that association's life safety code. The NFPA, like the JCAH, is also a national voluntary standard-setting organization. The Joint commission uses the life safety code of the NFPA in its hospital safety programs. As proposed by the Secretary, these facilities not in compliance with the new regulations would be denied further participation in medicare within a matter of only months, unless they could show that contracts had been entered into to install, among other things, costly fire sprinkler systems in their institutions.

So here we have the Government demanding a new set of requirements beyond which few facilities could comply and for which, limited, if any, funds are available from public sources. Department officials, in answer to my inquiries in this area, indicated that affected institutions could obtain Hill-Burton money to fund the required changes in physical plant. Such funds, of course, are scarce and available are unable to make this source of funding exceedingly doubtful. What is more, many extended-care facilities would be unable to avail themselves of Hill-Burton money if, by some good fortune, funds were widely available for specifically this purpose.

I have received letter after letter from the administrators of the affected institutions. From fire marshals, and even from my Governor, pointing out the financial problems created by these suddenly imposed new standards.

I was grieved to see included in these letters I have received included at the end of my remarks in order that Senators could see first hand the magnitude of the problems that have arisen from the Department's sudden action in this area. I should add that, of course, that the difficulties described in these letters are not at all confined to facilities in my State, but they can be found everywhere there are affected institutions.

As of this morning, I have received 129 letters from Missoula, one from Ronan, and one from Lewistown, one from Helena, three from Butte, two from Bynum, one from Lewistown, two from Vaughn, one from Simms, one from Polson, one from Polson, two from Miles City, two from Great Falls, two from Red Lodge, three from Plentywood, two from Cuberston, one from Sheridan, one from Moore, one from Townsend, one from Jordan, two from Chester, one from Polson, one from Ennis, two from Ecore, one from Big Sandy, two from Augusta, one from Anaconda, one from Ryegate, one from Columbus, one from Missoula, one from Terry, one from Ronan, and one from Sheridan, or a total of 193 letters and telegrams to date. And they are still pouring in.

But, to save time and costs, I shall ask that not all these letters, which I have with me on my desk, be incorporated at this point in the Record, but I do want to assure the Senate of the deep concern expressed by the people, especially in the small towns, who are dependent upon these small town hospitals and the like, and on the retention of doctors at these hospitals, which will not be achieved if the sprinkler system requirement goes into effect too soon and too drastically.

So that there is no misunderstanding, let me make it clear that I and, I think, most Senators applaud the Department's interest in and efforts to upgrade the Nation's health-care facilities. How I wish it were possible that every hospital and extended-care institution in the United States would be brand new, fully staffed, and equipped with the latest equipment. Unfortunately, our institutions are not in such fine shape.

If the Government insists upon burdening facilities with new requirements that will cost hundreds of thousands of dollars to comply with, then the same Government must provide the financial wherewithal to fund these requirements. Hospitals and other health facilities are desperately short of capital funds and if private capital market appears unable to meet their needs at a reasonable cost. Without relief, action such as the Department has taken can only drive hospitals that are struggling to meet the skyrocketing costs of medical care or deny services to those whose tax dollars now support both medicare and hospital and other facility construction programs. It is time, I think, for Congress to deal honestly with the N. If Congress is not going to do a better job of helping these institutions, it should give Senator Mansfield the right to do a better job.

Let me also express to my colleagues my growing concern about the apparent willingness of Congress to delegate indirectly to nongovernmental bodies to establish the standards in the medicare program with Federal programs. State and local governments have long exercised responsibilities in the standards-setting area, whether or not the facilities are public or private. If Congress proposes to preempt such authority, let us do so directly, and not by means of using nongovernmental bodies whose objectives are limited to only one narrow part of the issue. Experts differ in their views regarding which standards to adopt or how they should be achieved. If these standards are concerned. If they are not achieved, they will have to find some means for helping these institutions.

Mr. President, I consider it most important that my colleagues in the Senate and others be fully aware of the existence of this problem and the need for serious action to deal with this serious problem affecting facilities in my State of Montana and across the Nation.

Let me express my deep appreciation for the personal and deep interest shown by the distinguished chairman of the Committee on Finance, the Senator from Louisiana (Mr. Long), and the distinguished ranking minority member of that committee, the Senator from Delaware (Mr. Williams). Both have taken a personal interest in this problem. They and their colleagues on the Committee on Finance are trying to ease the burden on facilities and to them I wish to express my thanks publicly, because they are aware of the problem, which I assure is not confined to the State of Montana, and are doing what they can within the limits of their responsibility to be of assistance.

Mr. President, I ask unanimous consent that the correspondence material from my files be incorporated in the Record at this point.

There being no objection, the material was ordered to be printed in the Record, as follows:
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MONTANA HOSPITAL ASSOCIATION,

To: Administrators of September Hospitals.

From: William E. Leary, Executive Director.

Subject: Sprinkler System "Crisis".

It is interesting to note that the Joint Commission on Accreditation of Hospitals has taken a similar approach regarding this same area of concern which is brought out in its Interpretation of Standard 1 under Hospital Safety in the Standards for the Accreditation of Hospitals.

Interpretation of Standards.

In its interpretation of the standards for hospital accreditation the Joint Commission has classified the type of building construction into six categories based upon definitions developed by the National Fire Protection Association. These categories are: fire resistant construction, noncombustible construction, heavy timber construction, noncombustible construction, ordinary construction and wood frame construction.

"Hospitals of heavy timber construction, noncombustible, or ordinary construction, or wood frame construction, shall have an approved automatic fire extinguishing system. Such (system) shall be compatible with the area to be protected and shall not cause a situation that in itself would endanger the lives and safety of patients and personnel."

The interpretation then goes on to define multiple construction type buildings, hazardous areas, and six categories based upon definitions developed by the National Fire Protection Association.


Although no mention is made in the Joint Commission's regulations regarding acceptance of amendments in the Life Safety Code as they are amended from time to time, it is crucial that the public be made aware of the fact that the 1969 edition of the Code was taken without a complete study of the relative value of sprinkler systems and smoke detection devices and was due to aggressive politi-
cal pressure put on the Department due in part to the Harnar House fire in Marietta, Ohio.

The Department of Health, Education, and Welfare was unyielding in its efforts to push the building industry to modify and extend the date for eight hospitals to December 31, 1970.

On December 15, 1970, the Department added the following hospitals to the list of unsprinkled medicare facilities and stipulated that the sprinkler system must be installed by January 31, 1971. Stillwater Community Hospital, Columbus Barrow Memorial Hospital, Dillon Carbon County Memorial Hospital, Red Lodge, Montana. Pennsylvania Memorial Hospital, Baker, Sheridan Memorial Hospital, Pinyewood Ruby Valley Hospital, Sheridan Garfield County Hospital, Jordan Liberty County Hospital, Chester Teton Memorial Hospital, Choteau Dahl Memorial Hospital, Ekalaka Granite County Hospital, Phillipsburg Big Sandy Medical Center, Big Sandy

Schenetz Community Hospital, Big Timber

Daniel Memorial Hospital, Scobean County Hospital, Circle.

The following JCAH hospitals are not totally fire resistant but more data is required. Livingston County Hospital, Livingston Central Montana Hospital, Lewistown St. John's Lutheran Hospital, Libby Shelby Medical Center, Helena.

This list brought to twenty-nine hospitals plus thirteen extended care facilities of which an inspection (protected and unprotected) that by the Medicare requirement would need to have a complete sprinkler system installation.

All efforts have been exhausted by the Montana State Department of Health to work with the F.E.W. to resite their order and consequently some fifteen sprinkler system companies were invited to meet with the hospital and ECP representatives on October 15 to discuss the method whereby the sprinkler system companies could conduct the surveys of the forty-two facilities, have bid lettings and start the work.

Fire companies came to the meeting and presented their timetables for getting the job done. In general the time table they agreed upon is as follows:

1. That the five companies could each make five surveys within the next eight weeks. A total of at least 25 surveys by December 15.

2. Taking of bids would take place between December 16 and December 31.

3. Experience bids take 30 days.

4. Submission of drawings to the Montana Fire Rating Bureau and approval from that body and the State Fire Marshal—30 days.

5. Set up on the job—3 weeks.

6. Normal installation will take about 30 days.

Thus, the earliest any of the facilities could expect to have their sprinkler system ready and in operation would be by MAY 5-15, 1971.

The five companies have agreed to conduct the surveys on their cost providing they were permitted a priority method and this was agreed upon. Thus, each of the facilities will be contacted by one of the following companies in the future:

- Grinnell Company, 909 East Sprague, Spokane, Washington 99202
- Viking Automatic Sprinkler Company, 3111 State, Boise, Idaho 83707
- Viking Automatic Sprinkler Co., 3111 State, Boise, Idaho 83707
- Viking Automatic Sprinkler Company, P.O. Box 404, Meridian, Idaho 83642
- Maryair, 4000 85th West, Hockevers, Beaverton, Oregon 97005
- Frick Engineering Company, 3389 South 6th West, Salt Lake City, Utah

Facilities will not be asked to sign any contract with any of the companies but you are requested to discuss the companies as they conduct the surveys.

It is obvious to everyone that the job cannot not be finished in 90 days and in many cases until June or July 1971. Many of the hospitals rely in part upon County funding which is not sufficient, and thus the county supported institutions will not be able to get bids until June or July.

What is happening is that the granting by the Department of Health, Education, and Welfare of an extension on the deadlines.

On October 14, 1970, Mansfield requested a top level meeting with key officials in the Department of Health, Education, and Welfare to present their timetables for getting the job done and to come to some agreements and consequently some fifteen wood species would be by May 5-15, 1971.

The following companies came to the meeting and presented their timetables for getting the job done:

1. Express your thanks for your interest in the problem and for his meeting with representatives of the companies.

2. Request that he attempt to have the Department of Health, Education, and Welfare grant an extension until October 1, 1971 to give more time to the health care facilities to study their own local systems, to experiment with different systems, and to allow counties to provide a mill levy for the system.

3. Suggest that the regulatory body investigate the probability of Federal grants through Hill-Burton to pay for the sprinkler system.

4. Ask him to request that the Department of Health, Education, and Welfare make an immediate but impartial study on the merits of sprinkler systems versus smoke detection systems as a means of fire control in hospitals and nursing homes. Report of the study should be available by March 31, 1971.

5. Suggest that he work for legislation which would require that thereafter any changes in regulations or interpretations of regulations for Title VIII (Medicare) and Title XIX (Medicaid) be circulated to the field at least 180 days before publication of the regulations in the Federal Register. Circulation to the field shall mean that the Department of Health, Education, and Welfare shall publish the tentative regulation and/or regulation change to the American Hospital Association, American Nursing Home Association, at least 180 days before publication in the Federal Register.

Senator Mansfield's name is on the list of the MT Senate by the American Lodge, Fourth Avenue SW, Washington, D.C. 20201, the Senate Health, Education, and Welfare Committee, Senate File, January 23, 1971.

The hospitals not accredited by the Joint Commission are not able to get bids until June or July.

In Marietta, the hospital administrators, and the Board of Trustees are to be moved in November when Congress reconvenes.

What is needed to be done now is for every hospital administrator and the Board of Trustees to write to Senator Mansfield and include the following:

1. Express your thanks for your interest in the problem and for his meetings with representatives of the companies.

2. Request that he attempt to have the Department of Health, Education, and Welfare grant an extension until October 1, 1971, to give more time to the health care facilities to study their own local systems, to experiment with different systems, and to allow counties to provide a mill levy for the system.

3. Suggest that the regulatory body investigate the probability of Federal grants through Hill-Burton to pay for the sprinkler systems.

4. Ask him to request that the Department of Health, Education, and Welfare make an immediate but impartial study on the merits of sprinkler systems versus smoke detection systems as a means of fire control in hospitals and nursing homes. Report of the study should be available by March 31, 1971.

5. Suggest that he work for legislation which would require that thereafter any changes in regulations or interpretations of regulations for Title VIII (Medicare) and Title XIX (Medicaid) be circulated to the field at least 180 days before publication of the regulations in the Federal Register.


Dated: August 12, 1970

ROBERT M. BALL
Commissioner of Social Security.

Appended: August 26, 1970

JOHN G. VENEMAN
Acting Secretary of Health,

Education, and Welfare.

Regulations No. 5 of the Social Security Administration (20 CFR 405), are further amended as follows:

1. Paragraph (b) of 450.1022 is amended by revising the material preceding subparagraph (d) and subparagraph (e) and adding the new subparagraph (f) to read as follows:

(f) Standard: fire control. The hospital must be in full compliance with the current standards of the National Fire Protection Association's "Life Safety Code", as amended from time to time. The hospital must provide fire protection by the elimination of fire hazards, the installation of necessary safeguards such as extinguishers, sprinkling devices and fire barriers to insure rapid and effective fire control, and the adoption of written fire control plans revised four times per year by key personnel on each shift. The factors explaining the standard are as follows:

(i) The hospital has:

(1) Written evidence of regular inspection and approval by State or local fire control agencies.

(ii) Equipment as close to fireproof as possible.

(iii) A sufficient amount of fire extinguishing equipment is properly situated, checked annually for type, replacement, and renewal dates, and maintained in workable condition.

(iv) Proper routine storage and prompt disposal of trash;
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(vi) "No Smoking" signs prominently displayed, where appropriate, with rules governing the ban on smoking in designated areas of the building, so that they are not likely to be obeyed by all personnel; and
(vii) Fire regulations prominently posted and all fire codes rigidly observed.

(4) Flame spread rating of carpet, carpet assemblies and other floor coverings installed in inpatient care areas is not more than 75, when tested in accordance with the "Tests for Surface Burning Characteristics of Building Materials" (ASTM E-84-68—Surface Burning Characteristics of Building Materials) or a flame propagation index of less than 4.0 when tested in accordance with the "Underwriters' Laborator­ies Chamber Test" (UL 992—Chamber Test Method for the Flame Propagation Classification of Flooring and Floor Covering Materials).

(5) Flame spread rating of carpet and carpet assemblies and other floor coverings installed in other than inpatient areas meet the standards promulgated under the Flammable Fabrics Act (DOC FF 1-70 and DOC FF 2-70), provided that these areas are separated from inpatient care areas by fire resisting construction or suitable smokestop partitions that are approved by State or local fire authorities. Floor coverings in areas which are not so separated from inpatient areas meet the ASTM E-84-68 or UL 992 requirements contained in subparagraph (4) of this paragraph.

2. In §406.1134 the material preceding paragraph (a) and paragraph (a) are revised to read as follows:

§406.1134 Conditioning of participation—physical environment.
The extended care facility is constructed, equipped, and maintained to insure the safety of patients and provides a functional, sanitary, and comfortable environment.

(a) Standard: safety of patients. The extended care facility is constructed, equipped, and maintained to insure the safety of patients. It is structurally sound and conforms to the current standards of the National Fire Protection Association's Life Safety Code as amended from time to time and are testing and conforming construction.

(1) The facility complies with all applicable State and local codes governing construction.

(2) Fire resistance and flame spread ratings of constructions, materials, and finishes conform to all applicable State and local fire protection codes and ordinances.

(3) Flame spread rating of carpet, carpet assemblies, and other floor coverings installed in inpatient care areas is not more than 75, when tested in accordance with the "Steiner Tunnel Test" prescribed by the American Society for Testing and Materials (ASTM—E84—68—Surface Burning Characteristics of Building Materials), or a flame propagation index of less than 4.0 when tested in accordance with the "Underwriters' Laboratories Chamber Test" (UL 992—Chamber Test Method for the Flame Propagation Classification of Flooring and Floor Covering Materials).

(4) Flame spread rating of carpet and carpet assemblies and other floor coverings installed in other than inpatient areas meet the standards promulgated under the Flammable Fabrics Act (DOC FF 1-70 and DOC FF 2-70), provided that these areas are separated from inpatient care areas by fire resisting construction or suitable smokestop partitions that are approved by State or local fire authorities. Floor coverings in areas which are not so separated from inpatient areas meet the ASTM E-84-68 or UL 992 requirements contained in subparagraph (3) of this paragraph.

(5) Fire and smoke alarm systems providing complete coverage of the building are installed and inspected regularly. Fire extinguishers are located on each floor. Fire regulations are prominently posted and carefully observed.

(6) Couches are equipped with firmly secured handrails on each side.

(7) Unless the facility is of 2-hour fire resistant construction, building and non-ambulatory or physically handicapped persons are not housed above the street level floor.

(8) Responsibilities of the structure by the fire control authority having jurisdiction in the area are on file in the facility.

(9) The building is maintained in good repair and kept free of hazards such as those created by any damaged or defective parts of the building.

(10) No occupancies or activities undesirable to the health and safety of patients are located in the building or buildings of the extended care facility.

(11) Flame retardations in the handling and storage of oxygen shall include:

(a) Shockproof and sparkproof equipment;

(b) Adequate ventilation; and

(c) All other applicable safety provisions required by the current National Fire Code (NFPA No. 9).

(P.R. Doc. 70-11555;Filed, Sept. 1, 1970; 8:46 a.m.)

RESOLUTION

Whereas, the Department of Health, Education and Welfare has proposed to adopt regulations which provide that in order for extended care facilities and hospitals not accredited by the Joint Commission on Accreditation of Hospitals or the American Osteopathic Association to qualify for participation in the Medicare program, (1) the standards in the National Fire Protection Association Life Safety Code shall be complied with; and

Whereas, prior to the final adoption of the proposed regulations, consideration will be given to any data, comments, or arguments pertaining thereto which are submitted in writing in duplicate to the Commission Building, Federal Plaza, 4th Avenue, SW, Washington, D.C. 20201, on or before December 2, 1970; and

Whereas, Hospitals are at all times vitally interested and concerned with the welfare and safety of the patient, and the cost thereof is not the dominating consideration; and

Whereas, it appears that the Department of Health, Education and Welfare is violating precedent in proceeding without due process regulations in total of an independent organization namely the National Fire Protection Association with providing due processes for institutions to be governed thereby to be involved in and have a voice in the formulation of such regulations; and

Whereas, it appears that the proposed blanket adoption of the Life Safety Code has not been properly evaluated with the applicability thereof to individual institutions in terms of optimum efficiency, cost and implementation; and

Whereas, it appears that the adoption of the Life Safety Code shall obligate all institutions to adhere thereto as the same shall be determined by the National Fire Protection Association without affording the Department of Health, Education and Welfare due process and due consideration thereby due process in the formulation of such amendments as it may be proposed, it then be decided that certification under Title XVIII without due process; and

Whereas, it further appears that the proposed regulations makes mandatory the almost immediate purchase and installation within affected institutions of automatic sprinkling systems and thereby establishes discriminatory treatment and requirements for the different regions of the nation; and

Whereas, there is definitive and authoritative conclusions that smoke detection and automatic sprinkling systems do not provide maximum automatic fire protection and that there should be allowed for alternative means that will secure as nearly equivalent safety to life and fire as may be possible and practical.

Therefore, be it resolved: That the American Hospital Association be directed to investigate the potential impact of the proposed action of the Department of Health, Education and Welfare upon member institutions of the American Hospital Association and to present alternative arrangements that will secure equivalent safety to life from fire as may be practical and

Further Resolved that the American Hospital Association prepare and file appropriate objections to the Commissioner of Social Security in accordance with the foregoing stated reasons, or in accordance with the development of additional reasons from the recommended investigation of the American Hospital Association,

Adopted by Region VIII of the American Hospital Association, November 9, 1970.

MONTANA HOSPITAL ASSOCIATION,

By: Senator Mike Mansfield,
Senate Majority Leader,
U.S. Senate, Washington, D.C.

DEAR SENATOR MANSFIELD:

Congratulations on your recent election to the Senate from Montana. It was a smashing victory and well deserved.

We have been notified that the Secretary of Health, Education and Welfare has granted an extension to December 2, 1970 to give all interested parties the opportunity of commenting or protesting the proposed regulation change that was entered in the Federal Register, Volume 35, Number 171, page 38888 it refers to fire and safety requirements for extended care facilities and for hospitals.

Personally thank you on behalf of the member hospitals of the Montana Hospital Association for the action taken by you in putting a stop to this action by the Secretary of Health, Education and Welfare on this particular problem.

The Montana Hospital Association will officially protest this regulation change as will most of the hospitals in the state of Montana. In addition, we ask all associations in our region, which includes the states of Arizona, New Mexico, Colorado, and Idaho will also make formal protests regarding the language and the purpose of this regulation change.

Mr. Frank Stewart, president of the Montana Hospital Association, Senator Alice Marie, delegate to the American Hospital Association, and I will pursue this question further with the members of the Region VIII of the American Hospital Association in Denver on November 10th. It appears that Region VIII of the American Hospital Association request that the American Hospital Association act upon the proposed regulation change on behalf of all of the members of the AHA.

Besides the financial reasons, individual hospitals would have to make the establishment of sprinkler systems in their facilities, we find that one of the major negative aspects is that the hospital would have to conform to current standards of the National Fire Protection Association's Life Safety Code, as amended from time to time. This clause in itself would mean that the National Fire Protection Association's Life Safety Code could not be applied until standards six months, a year from now and the hospitals would then be.
exposed to additional expense in installing other smoke detection systems. The Department of the Interior does not deem that the National Fire Protection Association would deem necessary.

We have no basis for a legal complaint against the National Fire Protection Association except that it is an organization which has no governmental controls over various and sundry insurance companies and fire marshals across the nation.

I have researched all of the regulations and conditions for certification that the Department of Health, Education, and Welfare has imposed upon Medicaid because there is some latitude and can find no regulation that gives an outside agency or association actual standard setting authority.

We are currently collecting data from hospitals across the state regarding what it will cost them individually to install the sprinkler systems in accordance with the National Fire Protection Association. A few examples so far are: Broadwater Hospital in Townsend, 26 beds, $10,000; Madison Valley Hospital, Ennis, 14 beds, $15,500 or 6970 per bed. Without any federal funds available to provide for the installation of the sprinkler systems, the hospitals will have to increase their costs.

Personally feel that the Department of Health, Education, and Welfare is moving too fast in implementing the Federal regulations and changing of regulations and that our field is so complex that we are not able to keep up with the new regulations now are we able to take any specific action upon proposed regulations within the thirty days allowed to us from the issuance of the notice in the Federal Register. I do hope that you will consider some appropriate legislative action to assure the hospitals and nursing homes that we will receive ample notification, and I am suggesting at least 90 days notice before such modifications are published in the Federal Register.

I, and other representatives of the Montana Hospital Association, will be in Washington during January 25-27 and will certainly take the opportunity to visit with you at your convenience.

Again, my personal congratulations to you on your victory in Montana. Keep up the good work.

Sincerely,
WILLIAM E. BRAY, Executive Director.

MONTANA HOSPITAL ASSOCIATION,

To: Administrators of Montana Hospitals.

From: William E. Leary, Executive Director.

Subject: Sprinkler Systems and Hospitals.

Many of our member hospitals in the Montana Hospital Association have been in recent months faced with the problem of complying with a regulation of the Department of Health, Education, and Welfare which requires that the hospital meet standards of an outside agency (National Fire Protection Association) and has no legal basis for proposing standards or regulations for the Medicare program.

It is truly regrettable that the Joint Commission on Accreditation of Hospitals has taken a similar approach regarding this same area of the industry. I hope, in its interpretation of Standard 1 under Hospital Safety in the Standards for the Accreditation of Hospitals, that the Joint Commission will take the opportunity to define after the Joint Commission has defined in itself the requirements related to fire safety. It is necessary that you immediately inform each Medicaid facility in Montana as being unsprinkled wood frame construction and that sprinklers are required and that immediate steps should be taken to safeguard patients. Local fire marshals shall be able to visit Medicaid facilities in taking measures to assure adherence to fire safety whereas sprinkler systems are being installed. Some hospitals which have been identified as being taken, but are not sprinklered for increased frequency of fire drills; keeping sprinklered doors closed all the time, discarding bulky refuse promptly so that they do not remain overnight in the building; prohibition of smoking in rooms where flammable liquids, combustible gases or oxygen are used or stored; prohibition of smoking by patients classified as not responsible; proper subtrays of noncombustible materials; opening any paint-stuck apartments; and making sure equipment or other materials are not stored in corridors.

Every wood frame unsprinkled Medicare facility in your state should be given a 45-day grace period after receipt of this letter and of the 45-day period should be no later than June 15, 1970 (in any case) to indicate an intent to comply with the new sprinkler requirement and submit evidence (a copy of request for public information) to your agency that gives definite assurance that it is actually going ahead with the work. Sprinklers' would be installed by the end of 1970. If the facility does not submit such evidence by June 15, 1970, or indicates by then that it does not plan to install an automatic sprinkler system in its wood frame facility, you are then instructed to process a termination in accordance with State Operations Manual, section 2730. Because of the severe hazard existing, these cases should have the highest priority and your agency should immediately schedule a current re-survey (this will not be necessary if a complete survey has been performed within 60 days), prepare the termination case, and forward it to the regional office. Complete all actions that are required on cases referred to the regional office no later than July 30, 1970. You should advise the regional office immediately of the status of this project by May 22, 1970, and again on June 15, 1970. We may require other reports in early August and again about October 1.

A review by our central office of survey report forms pointed up the fact that some hospitals have no certified engineers and that some of the work was not installed in accordance with the original plans. The list of construction have not safeguarded hazardous areas. Section 10-1371 of the 1967 edition of the Life Safety Code states:
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“Any hazardous area should be so safe-guarded as to minimize dangers to occupants of institutional buildings from fires occurring in such areas. These measures or safeguards shall be appropriate to the degree of hazard and shall consist of separation by construction of fire-resistant buildings, the installation of necessary safeguards such as extinguishers, sprinkling devices, and fire barriers to insure rapid and effective fire control; and the adoption of written fire control plans and regulations governing proper routine fire fighting in accordance with the National Fire Protection Association’s Life Safety Code and any changes that may be made in the future.”

The Life Safety Code, as quoted above shall be consistent with the guidelines that have been previously discussed. Please note that adequate separation of the hazardous areas from the rest of the extended care facility or hospital by suitable fire protected materials could make it unnecessary to install a sprinkler system. Similarly, where a hazardous area is physically removed from the rest of the facility, sprinkler systems may be unnecessary, for example, where the boiler and heater rooms are located in a separate building. As proposed, Section 10-1371 of the Life Safety Code is non-applicable to any of your unsprinkled facilities. Please work with us on a complete description of the deficiency together with a signed evaluation by the state or local fire marshal that explains why in his judgment additional safeguards are not required. At the present time, our central office is still considering whether to require sprinklers in “ordinary” constructed buildings (“ordinary” as defined by the Life Safety Code.)

Significant capital expenditures that may be involved in taking adequate fire safety precautions, we are drafting a letter to be sent to your state hospital association informing them of our action. We are expecting that you will take immediate action to inform the affected providers of these latest requirements. Please contact us if questions remain.

Sincerely yours,

LEON J. ROLLIN,
Assistant Regional Representative,
Health and Education, ECF's of the National Fire Protection.

The present regulation, section 405.1022, Condition of Participation—Physical Environment as it relates to fire control reads as follows:

“(b) Standard; fire control. The hospital provides fire protection by the elimination of fire hazards; the installation of necessary safeguards such as extinguishers, sprinkling devices, and fire barriers to insure rapid and effective fire control; and the adoption of written fire control plans and regulations governing proper routine fire fighting in accordance with the National Fire Protection Association’s Life Safety Code, as amended from time to time. (emphasis added) The new regulation provides for fire protection by the elimination of fire hazards; the installation of necessary safeguards such as extinguishers, sprinkling devices, and fire barriers to insure rapid and effective fire control; and the adoption of written fire control plans and regulations governing proper routine fire fighting in accordance with the National Fire Protection Association’s Life Safety Code, as amended from time to time. (emphasis added)

Thus, the new regulation would now read:

405.1022 Condition of Participation—Physical Environment

“(b) Standard; fire control. The hospital provides fire protection by the elimination of fire hazards; the installation of necessary safeguards such as extinguishers, sprinkling devices, and fire barriers to insure rapid and effective fire control; and the adoption of written fire control plans and regulations governing proper routine fire fighting in accordance with the National Fire Protection Association’s Life Safety Code, as amended from time to time. (emphasis added) The new regulation provides for fire protection by the elimination of fire hazards; the installation of necessary safeguards such as extinguishers, sprinkling devices, and fire barriers to insure rapid and effective fire control; and the adoption of written fire control plans and regulations governing proper routine fire fighting in accordance with the National Fire Protection Association’s Life Safety Code, as amended from time to time. (emphasis added)
CONGRESSIONAL RECORD — SENATE

December 4, 1970

Mike Mansfield

STATE DEPARTMENT OF HEALTH,
Helena, Mont., September 28, 1970,
Re Bureau of Health Insurance,
Automatic Sprinkler Requirement.
Hon. Mike Mansfield, Senator from Montana,
Senate Majority Leader,
Senate Office Building,
Washington, D.C.

Dear Senator Mansfield: I think you should be informed about how the Bureau of Health Insurance directive will affect health care facilities in Montana.

Because of the recent tragic fire in an Oklahoma nursing home, the Federal government has been pushing for more stringent requirements for providers of "medicare" and "medicaid." This concern is expressed in several directives from the Bureau of Health Insurance, Denver Regional Office, that all hospitals and extended care facilities must have automatic sprinkler systems installed by December 31, 1970.

This department, together with Mr. William Penttila, the State Fire Marshal, oppose the requirement because automatic sprinkler systems will protect the building, but will not guarantee patient safety. We think smoke detectors are preferred. Other states have voiced the same opinion, but with no resulting change of requirements coming from the Bureau of Health Insurance.

The Federal administration will require Montana hospitals and nursing homes to spend an estimated $800,000 without any benefit to the patient. Many of our providers will have difficulty in financing the cost of automatic sprinklers. The Bureau of Health Insurance will require us to terminate Medicare eligibility to those health facilities that cannot comply. Our citizens will be the losers.

I am attaching a memorandum from Mr. Lindburg, Medicare Coordinator, with our department. It may be longer than you care to read, but it makes the point very well.

You may be assured of my continued interest and co-operation. Please keep me informed as this matter progresses.

Sincerely yours,

Mike Mansfield

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Helena, Mont., September 28, 1970,
Re Bureau of Health Insurance,
Automatic Sprinkler Requirement.
Hon. Mike Mansfield, Senator from Montana,
Senate Majority Leader,
Senate Office Building,
Washington, D.C.

Dear Senator Mansfield: This is in reply to your telegram dated October 19, 1970.

I am enclosing a report prepared by Commissioner Robert M. Ball to explain the reasons for enforcement of the sprinkler requirement. We are committed, as you know, to a policy of preventing unnecessary increases in medical care costs, but in this situation we must, as Commissioner Ball indicates, take the action that is paramount to protecting the health and safety of our citizens.

In your telegram to me, you raised the question of the availability of Hill-Burton funds to assist facilities in installing sprinkler systems. As far as Federal law is concerned, Hill-Burton funds may be used for the purpose of improving safety, but I believe there is a reason this decision was made.

In your telegram to us, you wanted to know how these directives will affect those facilities that have smoke detectors. We will be glad to provide you with the necessary information.

You are requested to submit a status report of sprinkler system directives from the Bureau of Health Insurance, our Federal Administrator, to the Senate Committee on Finance. We will make available the necessary information.

Sincerely yours,

John B. Anderson, M.D., Executive Officer.

MONTANA STATE DEPARTMENT OF HEALTH,
September 23, 1970,
To: Dr. John S. Anderson,
From: Mr. M. E. Lindburg,
Subject: Bureau of Health Insurance Sprinkler Directives.

You are requested to submit a status report of sprinkler system directives from the Bureau of Health Insurance, our Federal Administrator, to the Senate Committee on Finance.

I am enclosing a copy of a letter I have received recently from the State Health Insurance Office, which is not more favorable, I am sending it on to you in the hope that it will provide some clarification.

I am pleased to inform you that the Senate Committee on Finance has approved a modification to the request. I would like to inform you that the Bureau of Health Insurance has approved the establishment of a loan fund within Hill-Burton funds for making loans to certain hospitals and extended care facilities for the purpose of installing fire sprinkler systems when such funds are required by Medicare.

You are requested to work on this matter and assure you every effort is being made to be of assistance to all facilities affected. Please rest assured that we will keep you informed as this matter progresses.

Mike Mansfield

Report to Secretary Richardson regarding telegrams from Senator Mike Mansfield, November 17, 1970.

Our recent instructions to the State health department were necessary to deal with the need for sprinklers in wood-frame buildings, and I enclose a copy of our letter to Senator Mansfield.

Public Law 90-346, section 234, provides that nursing homes will be required to meet the provisions of the National Fire Protection Code by January 1, 1970. Public Law 90-99, section 1863, provides that where a higher requirement is in effect under a State plan approved under title XIX of the Social Security Act, the requirement shall be imposed as a condition for Medicare.

The Social Security Administration has, therefore, adopted the provision of the Code as the Medicare standards for nursing homes, with the exception that extended care facilities do not apply to hospitals in express terms. Regulations now in the process of being promulgated will apply the Code to hospitals also under the authority of sections 1861(e)(8) and 1863 of the Social Security Act.

The Life Safety Code is a set of standards developed by the National Fire Protection Association, a private organization of recognized experts in the fire protection field. The Code specifies that fireproofing is required in institutional occupancies except where the building is of noncombustible type construction, i.e., the supporting walls, roof and floor are constructed of metal, concrete, masonry, or other materials that do not burn. According to the NFPA, "experience shows that automatic sprinklers, properly installed and maintained, are the most effective way of any of the various safeguards against loss of life by fire." (Appendix A, Life Safety Code, 1967, NFPA 101, page 184.

The recent instructions to the States and providers do not contain any new information. The United States Life Safety Code has been in effect since 1967. As early as 1968, many State agencies had already adopted the sprinkler requirement. The Social Security Administration advised all State agencies of the nationwide applicability of the Code and the standards adopted by the nursing home associations were aware of the sprinkler requirement before 1970 and individual facilities have had a great deal of advance notice that this requirement would be linked to the Federal health insurance programs.

We are very much aware that the sprinkler requirement involves considerable costs to individual facilities. We wish they were possible to come up with some alternative that would provide protection for the safety of patients, but most fire safety experts have told us that alternative protective measures do not provide the same degree of safety as automatic extinguishing systems. Therefore, we do not believe that this would be an appropriate area for achieving desired cost reductions.

The instruction that we sent out on sprinklers recognized that some hospitals and nursing homes may never be able to get a sprinkler system installed right away. It permits them to have a contract by January 31, from a company that installs sprinkler systems and that contract will be extended one year after the January 31 date. If a facility is unable to meet the January 31 date for any reason, we certainly would be willing to grant a reasonable extension.

Any facility in Montana anticipating difficulty should contact our office,

Robert M. Ball, Commissioner of Social Security.

Sincerely,

Elliot L. Richardson, Secretary.

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Robert M. Ball, Commissioner of Social Security.

Sincerely,

Elliot L. Richardson, Secretary.
December 4, 1970

CONGRESSIONAL RECORD — SENATE

HOSPITALS

Stillwater Community Hospital, Columbus.
Livingston County Hospital, Livingston.
St. Joseph's Hospital, Lewistown.
Garfield County Hospital, Jordan.
Liberty General Hospital, Chester.
Barrett Hospital, Dillon.
Carbon County Memorial Hospital, Red Lodge.
Sweet Grass Community Hospital, Big Timber.
Teton Memorial Hospital, Choteau.
Wheatland Memorial Hospital, Harlowton.
St. John's Lutheran Hospital, Libby.
Daniels Memorial Hospital, Sobey.
Dahl Memorial Hospital, Ekalaka.
McCone County Hospital, Circle.
Malta Hospital, Malta.
Granite County Hospital, Philipsburg.
Fallon County Hospital, Baker.
Big Sandy Medical Center, Big Sandy.
Sheridan Memorial Hospital, Plentywood.
Ruby Valley Hospital, Sheridan.

EXTENDED CARE FACILITIES

Liberty County Hospital, Chester.
Roundup Memorial Nursing Home, Roundup.
Wayside Sanitarium, Missoula.
Park View Nursing Home, Great Falls.
Valleymont Convalescent Hospital, Billings.
Valle Vista Manor, Lewistown.
Pondera County Hospital, Conrad.
Hillside Manor, Missoula.
Park Place Nursing Home, Great Falls.
Grandview Manor, Butte.
Valleymont Convalescent Hospital, Dillon.
Capitol Manor, Lewistown.
Missoula Community Hospital, Missoula.
Hillcrest Manor, Billings.
Lewistown Community Hospital, Ronan.
Broadwater Hospital, Townsend.
North Valley Hospital, Whitehall.
Parkview Manor, Great Falls.
Parkside Manor, Great Falls.
Lewistown Nursing Home, Lewistown.
Caldwell Manor, Billings.
Missoula Nursing Home, Missoula.
Parkview Manor, Great Falls.

In a letter dated May 8, 1970, from the BHI RO, Denver, we were requested to complete some worksheets, provided by them, pertaining to Extended Care Facilities having one or more deficiencies in physical environment and disaster planning. The letter also indicated that we were to advise them of the status of the nine facilities, referred to above, regarding progress of installation of sprinkler systems as of June 15.

1. We completed the worksheets, as requested, and returned them.
2. In a letter dated May 8, 1970, from BHI RO, Denver, we were informed that the letter dated June 29, 1970, referred to above, should not have referred to wood-frame construction, specifically, but rather, should have stipulated "all facilities with less than one-hour fire resistance."
3. We did not affect us, as we had made this determination at the onset.
4. In a letter dated July 30, 1970, from the BHI RO, Denver, we received some additional worksheets on non-accredited hospital providers to complete, requesting certain data regarding physical environment and disaster plan area deficiencies as noted in their most recent survey report. Also, this letter indicated that deficiencies previously noted had been extended to September 30, 1970 as the date when evidence must be submitted to indicate completion of any required work and December 31, 1970 as the date when sprinklers must be installed.
5. A telephone call was received from BHI RO regarding the use of sprinkler systems and reasons we were opposed to the requirement.
6. A telephone call was received from BHI RO on the subject of included facilities and the report due on September 2, 1970, was mailed to Denver.

On August 26, 1970, I mailed a letter to Mr. Thomas M. Tierney, Director, BHI, Baltimore, Maryland, expressing our concern regarding the sprinkler directive and suggested that timed smoke detection systems connected to an alarm system be acceptable in lieu of a sprinkler system as being more specifically patient-safety oriented than sprinklers. At this date, we have received no answer to this letter.

On September 2, 1970, I sent essentially the same letter referred to in No. 8 above, to Mr. Richard L. Hamerling, Fire Protection Division, National Fire Protection Association, Boston, Mass. To date, we have received no reply.

On September 18, 1970, we received a letter from the BHI RO, Denver, requesting submission of our past due reports referred to in No. 7 above.
be made as a result. I talked to the President of the Association, Dr. George Warner, on his unsuccessful efforts to enlist heavy state opposition and he promised to follow-up on my request to communicate with Social Security Administration.

Our opposition to this directive is based on the following:

1. An installed smoke detection system connected to an alarm system inures early warning of fire and provides for safe removal of patients.

2. A sprinkler system is designed primarily for protection of material things such as buildings. These systems require intense heat to activate. There have been instances in this state where patients have burned to death before the sprinkler system discharged.

3. The cost of installing a smoke detection system is much less than installation costs for a sprinkler system. For 42 facilities, a conservative comparison of costs is approximately $600,000 to $250,000, which necessarily will result in increased health care costs to the consumer.

4. In some areas in the state, water pressure is insufficient to operate a sprinkler system.

5. Extreme temperatures in the state create maintenance problems in sprinkler system installations.

6. Many of our present hospitals and some prospective construction were not required to install sprinkler systems, yet upon completion would require such notice to enable them to begin their necessary fiscal planning. We will notify you of the established deadline when such information is received by this office.

Sincerely yours,

WILBUR W. SMITH,
Regional Representative,
Bureau of Health Insurance.

STATE OF MONTANA,
OFFICE OF THE GOVERNOR,
Helena, October 6, 1970.

ELLIOTT RICHARDSON,
Secretary, Health, Education, and Welfare,

DEAR MR. SECRETARY: Montana has forty-two hospitals and medical care facilities which would be required to install automatic sprinklers by December 31, 1970, in order to comply with Bureau of Health Insurance directives.

I can fully understand why the Department of Health, Education, and Welfare would want to insist on adequate fire safety measures, and I wholeheartedly support this effort. Patients are assured that the money investment involved will be substantial, in most cases, and facilities should be given such notice to enable them to begin their necessary fiscal planning. We will notify you of the established deadline when such information is received by this office.

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December 4, 1970

AMERICAN NURSING HOME ASSOCIATION,
WASHINGTON, D.C., NOVEMBER 3, 1970.
Hon. MICHAEL J. MANSFELD,
Old Senate Office Building,
Washington, D.C.

Attention: Mr. Dean Hart.

Enclosed you will find the material which I spoke about during the Senate hearing on the phone on Friday, October 30, 1970. Included are:

An ANHA memorandum describing the August 28 memorandum on SSA and ANHA representatives. This is a memorandum on a SSA Bureau of Health Insurance letter sent during the second week of October to the SSA's regional offices.

A telegram sent on September 8 to Mr. Morris Levy, Assistant Director of the Bureau of Health Insurance, on the sprinkler problem. The reply letter of Mr. Levy to the September 8 telegram.

A telegram sent to SSA Commissioner Robert M. Ball on September 30 by ANHA, request deadline for submitting comments on proposed regulations. A letter from the owner of a facility in Ohio describing effects of the August 28 memorandum on the entire sprinkler problem has been handled. I hope this information will be helpful to you in deciding what has taken place. ANHA representatives have met on several occasions with SSA officials and reached a compromise on positions only to have that result reversed by a subsequent policy statement by the agency. To our members who are attempting to provide quality patient care, this continual change of policy has distracted a significant amount of their needed energy and attention.

If I may be of further assistance, please let me know.

Sincerely,

Legislative Research Supervisor.

JACK A. MACDONALD

AMERICAN NURSING HOME ASSOCIATION,
WASHINGTON, D.C.
MEMORANDUM

On Friday, August 14, 1970, Jack Pickens, Jim Regan and I met with Mr. Morris Levy, SSA, Upper Branch; Maurice Hartman, Chief, Fiscal and Administrative, SSA; and Paul Reincke, a Fire Marshal, from Baltimore County, who serves as consultant to SSA. We discussed:

(1) Problem caused by SSA letter requiring ECF's of unprotected wood frame constructions by October 1st.

(2) The carpeting issue and proposed regulations about to be published in the Federal Register.

Basically, the following points were made:

SPRINKLER ISSUE

(1) In all cases, the number of facilities, as recorded by SSA, were lower than those indicated by ANHA members.

(2) SSA letter intended to cover "wood frame construction" as set out in 220.6 of Code for building construction.

(3) SSA agreed to send out clarifying letter to clearly identify structures intended to be covered.

(4) SSA agreed to be flexible on October 1st deadline.

(5) Deadline for California set for November because of the number of facilities involved.

(6) SSA expressed interest in early smoke detection system, if adopted by Life Safety Code. Code to be issued in October.

(7) SSA is concerned about early because of concern expressed by Senator Moss, and concern expressed by Senate Subcommittee. Early facilities not in compliance. Levy said the heat was on to prevent another fire—if another fire occurred, Levy said they would be hard put to explain it.

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(8) List of several hundred facilities with safety deficiencies had been compiled for Fountain Subcommittee—list will be published in Subcommittee printed hearings.

(9) SSA says list dead line is unrealistic and should be considered, and that where structural members have been protected, automatic sprinklers may be required at a protected facility and sprinkler now required.

CARPETING ISSUE

(1) Levy indicated the interim policy in the form of those ANHA letters containing guidelines had been cleared by the SSA General Counsel.

(2) The proposed regulation, soon to be published in the Federal Register, is at the Secretary's level. It will probably require the tunnel test or the Chamber test (Chamber test was developed under a Hill-Burton grant). The requirement will cover inpatient areas—thus areas will have to be divided. Also, the proposed regulations will affect all existing and new facilities. SSA would like our recommendations to help make regulation effective and feasible.

(3) SSA will take a look at the facility in Washington State (state and fac. not identified) to see if, if we supply further information on test being used, and whether carpeting was installed after the February deadline. (ASIA)

(4) More expensive carpeting probably will not meet proposed tests, but less expensive will—reason—backing, fluffy fabrics not fire resistant.

(5) Levy suggested carpeting not be tested now. The thought came out that if carpeting is purchased, facility should obtain an affidavit that carpeting will meet tunnel test or chamber test.

AMERICAN NURSING HOME ASSOCIATION,
To: Executive Board, Executive Directors, Secretaries, Legislative Committee, Attorneys, ECF Conference.

Subject: Advance copy of SSA proposed BH letter on life safety code and installation of automatic sprinkler equipment and ANHA Day letter to SSA.

We are sending copies of our information a copy of an advance BH letter, covering SSA requirements for the installation of automatic sprinkler systems. ANHA has been dubbed to keep going on that line in an effort to eliminate as many problems as possible for ANHA members. We are sending copies of our Day Letter to Mr. Thomas Tierney of BH, raising strong objections to the deadlines mentioned on page two of the proposed letter. We are hopeful Mr. Tierney's office will revise the deadline so as to make it uniform in the various regions.

[From Fire Journal, July 1966]

FOR ARCHITECTS AND BUILDERS: MISCONCEPTIONS ON SPRINKLERS AND LIFE SAFETY

The enforcing authority who requests installation of an automatic sprinkler system for life safety from fire frequently encounters objections from owners, the architect, or the engineer made on the basis of some very erroneous ideas. Among the common mistakes are:

1. Sprinklers will cause damage to the building.
2. Sprinklers will obscure exits and suffocate everyone.
3. Sprinklers will cause more water damage than the fire.
4. The steam generated will scorch everyone.

WATER DAMAGE

In a fire situation there will be much less water damage in an unsprinklered building than in an unsprinklered building because the rate of water application for extinguishment will be 5 to 10 times lower.

Let us consider the possibilities of water damage under fire conditions in sprinklered and unsprinklered buildings. Tests on sprinklers test an incipient fire and applies an average of about 20 g.p.m. on the fire. Since the water will also extinguish smoke and flame, notification that water is flowing is immediately given, so that operation of the system comes under human supervision.

In an unsprinklered building someone must discover the fire and call the fire department. This takes a lot of time and the area time for the fire department to reach the property. During this period the fire is growing. Even if the building is equipped with a fire detection system connected to fire headquarters (a superior type of automatic arrangement), there will still be an interval before the fire department reaches the property. When fire fighters attack the fire they will use either a 1½-inch line (100 g.p.m., or 5 times the amount of water per minute from a sprinkler) or a 2½-inch line (250 g.p.m., or 10 times the amount from a sprinkler).

Before they can be listed and labeled by any of the nationally recognized testing laboratories, automatic sprinklers are subjected to some extremely rigorous tests. The mechanical tests for sprinklers include a leakage test (the sprinkler system is filled with water, and the system is allowed to stand for 24 hours). A water pressure test (a pressure of 150 pounds per square inch is applied for 10 days), a water flow test (a test of 80 pounds per square inch is applied for 500 hours), a freeze test (100 alternate exposure cycles of hot and cold temperatures), a strength test (a vibration test at the rate of 35 cycles per second and an amplitude of 0.04 inches for 120 hours).

No part of any other water system in a building is subjected to similar tests. Then why worry about leakage from sprinklers when they are the only fire fighting devices in the building that have proved reliability?

Insurance companies, which pay the losses on sprinkler losses, have had a rough time convincing the companies why sprinkler leakage is less than half the fire insurance rate—and the companies expect that only one-quarter of the contents value will be insured against sprinkler leakage. Maybe the major cause of sprinkler leakage is the freeze-up, which is extremely unlikely in the heated buildings in which sprinklers are installed for life safety from fire.

SMOKE

The amount of smoke generated by a fire depends primarily on the time the fire burns before it is extinguished. Because sprinkler operation is automatic, a fire extinguished by sprinklers will generate less smoke than the same fire in an unsprinklered building, where extinguishment is delayed until hose streams can be placed in operation.

Automatic sprinklers are designed to operate only after a certain temperature has been reached at the sprinkler. This is to avoid sprinkler operation over small fires that can be handled by hand applied fire extinguishers. Between the time a fire starts and the time the sprinklers begin to operate, there can be built-up at the building's combustible products of combustion, including smoke. When a sprinkler operates, some of the products of combustion will be driven to the floor, some water may evaporate in the flow to the fire (because of high air temperature); and some of the water will turn to steam when it hits the cool objects in the building. Extinguishment is incomplete during extinguishment—which means some smoke generation. It is not possible to equate these conditions mathematically to life safety, but actual fire experience and fire tests indicate that the conditions do very little to make life safer.

A portion of the most recent series of fire
tests conducted in Los Angeles in a school building showed that sprinklers would have extinguished fires. The automatic sprinklers would have controlled fires that could occur in a school building by causing temperature reductions of 50 degrees Fahrenheit, thus preventing fires from spreading. The sprinklers would have prevented fires that might have started in small rooms with a fire large enough to operate a sprinkler, since the conditions within the room would certainly be uncomfortable (although not necessarily potentially fatal). If the room were large enough for the occupant to experience no discomfort up to the time of sprinkler operation, no condition created by sprinkler operation would be fatal.

Moreover, in the tests conducted in schools, Thirty test fires simulated typical fires. Water from the sprinkler extinguished the fire. There are also supporting case histories not been for the efficient work done by the automatic sprinkler system. Another case shows that sprinklers can prevent serious injury. In this incident, a guest smoking in bed in a hospital room set a fire and the patient was awakened by the cold water discharging from a furred sprinkler. In the words of the fire chief, "This is not been for the efficient work done by the automatic sprinkler."

A person standing under an operating sprinkler is in no more danger of drowning than if he were standing out in a heavy rain and he lived 50 times less danger of drowning than if he were standing under a shower.

At 15 psi a nominal 1/2-inch sprinkler discharges a water density of about 1 foot per minute. Power is below the sprinkler, the discharge pattern is about 16 feet in diameter and the average water density per square foot is about 4 gpm. This density is the equivalent of about one inch of rain an hour—quite a heavy rainfall, but not at all unusual. A shower head has an average water discharge rate of about 4 gpm. At a distance from the shower head where the water is 10 feet in diameter, the density of water discharge per square foot is 39 gpm, or about 50 times the density from the sprinkler under the conditions previously cited.

The amount of steam generated in putting out a fire will be the same whether the water comes from a sprinkler or a hose nozzle. However, there will be a smaller amount of steam when sprinklers extinguish a fire than in an unsprinklered building when hose streams are used, (as was pointed out above, under "Smoke") the fire in an unsprinklered building will be much larger before it is controlled. A sprinkler system will be required for extinguishment, and more steam will be formed.

RICHARD E. STEFENS, FNP A Assistant Technical Secretary.

AMERICAN NURSING HOME ASSOCIATION, October 14, 1970.

Mr. Thomas M. Tierney,
Director, Bureau of Health Insurance, Social Security Administration, Washington, D.C.: Appreciate very much opportunity to review advance copy of proposed bill re adoption of automatic sprinkler equipment. While proposed letter represents effort to explain requirements for sprinkler systems in certain facilities, American Nursing Home Association must object strongly in behalf of its members, to the proposed treatment and requirements for the different regions. Spectacularly urgent that before BHE letter be distributed, the definition of automatic sprinkler system be clarified. January 31, 1971—be made uniform for all regions. ANHA especially concerned about language contained in par. 2 suggesting possible termination of certain facilities. Extremely unfair to set different deadlines, since all local fire protection agencies are in complying with new requirements on such short notice. Appreciate continued cooperation and understanding in this important matter.

Respectfully,
ROBERT HARRISON
Executive Vice President.

SOCIAL SECURITY ADMINISTRATION, Baltimore, Md.


This BHE provides additional information on the automatic sprinkler equipment and definitions and other information to assist you in dealing with providers who may be required to install sprinkler equipment.

During the last several months, we have consulted with a number of fire safety experts who informed us that it is potentially very dangerous if persons who are not ambulatory are housed in a wood-frame construction building protected by an automatic sprinkler system. These experts include top-level officials of the National Fire Protection Association and the North American Fire Marshals Association. Additionally, section 1963 of the Social Security Act requires the Secretary to impose, as a requirement for provider participation in Medicare, higher standards required by State, local or other governmental jurisdictions. The Life Safety Code, the standards of the National Fire Protection Association (recognized by the American National Standards Institute) and the standards became applicable to Medicare extended care facilities by the same date. The Life Safety Code requires automatic sprinkler equipment in all extended care facilities and hospitals of wood-frame construction. On September 2, 1970, we published our proposed revised extended care facility and hospital regulations in the Federal Register. The revisions include the adoption of the Life Safety Code in the Medicare Conditions of Participation for Extended Care Facilities and Nonaccredited Hospitals.

TIMETABLE FOR INSTALLATION OF AUTOMATIC SPRINKLER EQUIPMENT

Originally, BHE established October 1 as the deadline for installation of sprinkler equipment in all wood-frame (protected and unprotected) and nonwood-frame hospitals and nonaccredited hospitals. However, the October 1 deadline was temporarily waived for protected wood-frame facilities in regions VI through X (Kansas City, Dallas, Denver, San Francisco, and Seattle) because of the large number of providers in these regions and the problems encountered in arranging for sprinkler installation. We have now extended the deadline for these facilities to have a firm contract for the installation of sprinkler equipment, with the sprinkler system in place throughout the facility by January 1, 1971. All other extended care facilities and nonaccredited facilities (i.e., nonwood-frame providers in regions I-V) should have had the equipment installed by October 1. If these facilities have not completed, termination may be in order.

Following is a summary of the most commonly asked questions about the Life Safety Code and the sprinkler requirement:

What specifically is the Life Safety Code?
The Life Safety Code is a publication of the National Fire Protection Association, which was organized in 1896 to promote the science and improve the methods of fire protection. The Code is revised and updated approximately every 3 years. The most recent edition of the Code is dated 1970. It covers construction, protection, and occupancy features to minimize danger to life from fire, smoke, fumes, or panic. It also lists specific standards of fire-resistive construction. The requirements for hospitals and nursing homes are included in the institutional occupancy chapter of the Code.

2. Please enumerate the construction types as defined in section 220 of the Life Safety Code.

Because of the technical nature of this information, we are enclosing it as an attachment.

3. Which of the construction types enumerated in the Code are required to be sprinklered?

Section 19-2341 of the Life Safety Code provides automatic sprinkler protection shall be provided throughout all hospitals, nursing homes, and extended care facilities except those of fire-resistive construction or 1-hour protected noncombustible construction. The Code's revised and updated therefore. Therefore, wood-frame constructed facilities must be sprinklered.

4. What guidelines as to sprinklering should be used when two or more types of construction, one type of which requires an automatic sprinkler system, occupy the same building and are not separated by a fire wall (as defined in section 10-1131 of the Life Safety Code)?

The entire building is subject to the restrictions of the least fire-resistive construction, and would now be sprinklered throughout the entire building, even though the other type of construction was not specifically excluded by the Life Safety Code.

5. What action is to be taken if a certified extended care facility that requires the installation of a sprinkler system to meet Medicare requirements is attached to an unsprinklered JCAH accredited hospital?

The extended care facility and the hospital would need to be separated by fire walls as defined in section 10-1131 of the Life Safety Code.

However, the significant point here is that the Joint Commission on the Accreditation of Hospitals is including in its standards the necessity for compliance with the Life Safety Code. Therefore, a fire wall must be in place by early 1971, will be enforced along with all other requirements. Therefore, if any extended care facility is attached to a hospital and that hospital is required to have a sprinkler system to meet Medicare requirements is attached to a JCAH accredited hospital, the extended care facility must immediately install an automatic sprinkler system.
December 4, 1970

CONGRESSIONAL RECORD — SENATE

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Mike Mansfield Papers, Series 21, Box 46, Folder 83, Mansfield Library, University of Montana.
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"Steiner Tunnel Test" and "UL Chamber Test" (405.1134(4)] : This Association views with some concern the requirement contained in this section to prohibit the housing of "blind and non-ambulatory or physically handicapped persons" above the street level, "unless the facility is of 2-hour fire resistive construction." This provision will have, if adopted, a severely adverse impact on many extended care providers who have facilities with more than one floor level. Moreover, many of these providers will not be able to bring their facilities into compliance with this proposed rule. While we have not received complete information from our member state associations, we are advised that a number of our members will be forced out of the Medicare Program and out of business altogether because they will be unable to meet this requirement.

One ANHA Member, in answer to a request for information on this issue, indicated the following: "There are so many fire converted facilities with approximately 1,300 beds on the second floor, all of which would be affected by the proposed regulations... Approximately one-third of these patients are bed-to-chair and the balance are ambulatory with some type of assistive device or are blind but ambulatory. In essence, the government is putting eighty-five facilities...out of business."

While this is only one comment, it reflects general comments expressing grave concern for this proposed rule.

We recommend as an alternative that a fire detection system connected to a local fire station be utilized in order to permit the housing of physically handicapped persons above the street level floor. While this will continue to present a heavy burden on ECP members, it may eliminate the serious problem of numerous ECP's discontinuing services under the Medicare Program or going out of business altogether.

"Shockproof and Sparkproof Equipment" (405.1134(a)(1)) : This requirement is acceptable for oxygen storage areas and oxygen administering equipment. In an area being administered, we suggest provision for normal precautions to be followed, such as prohibition of smoking, lighting matches, use of flammable liquid and use of oils.

CONCLUSION

The American Nursing Home Association respectfully urges the Social Security Administration to give favorable consideration to the preceding comments and recommendations. We would like to reiterate that the National Fire Protection Association is still developing and studying the results of many fire safety systems and that its Board of Directors will be meeting December 8, 1970, on that very question. It is our opinion that until agreement is reached on the best methods of fire safety and their effects on patients are fully known, issues such as the sprinkler requirement must be delayed.

We would like to reemphasize our deep concern for the fire safety of the patients in our ECP facilities. Because of that concern and the tremendous financial burden on our ECP members, we cannot accept any system or which there remains a great deal of disagreement as to its life safety value.

Your favorable consideration of these recommendations would be very much appreciated by the members of this Association.

Sincerely yours,
C. ROBERT HARRISON, Executive Vice President.

[From the Choteau Acantha, Choteau, Mont.]

HOSPITAL SPRINKLING SYSTEM ORDER COULD CAUSE SERIOUS PROBLEMS

(By Mrs. Robert Nauck)
The once busy little town of Choteau, Montana and busines hub of Teton County has become a ghost town.

The population has dropped from around 1,500 to 600 people. The hospital, nursing home, drug store, doctor's clinic, clothing stores and a number of other businesses have closed their doors. All that is left of this once proud little town is a grocery store, a few bars and filling stations.

The above paragraphs could well be an article for a Great Falls, Missoula or out-of-state paper a few years from now.

Why did Choteau become a ghost town? The people did not care to take time to find out what was going on in their community or how they could help solve the problems. When people get too absorbed in their own little problems and take for granted that just because a business has been open for 20 years, it will always be there when they want it, they had better think again. You the people of Choteau—wake up, get your heads out of the sand—take a look around and see what you can do about the problems.

The people of Choteau and Teton County have a problem—our hospital. If nothing is done to help the hospital it will close its doors and the town of Choteau will go with it.

What are the problems at Teton Memorial Hospital? In order to stay under Medicare some remodeling and a number of repairs must be done. Things like fire exits, fireproof ceiling tile, a standby boiler and the sprinkler system to name a few. And there are no funds to do all these things.

Why stay under Medicare? Because 69 per cent of the people that are patients in Teton Memorial Hospital are under Medicare. The hospital cannot run financially on the remaining 30 per cent nor can the doctors make a living.

The immediate problem is to get an extension on the deadline date by which the sprinkler system has to be installed. The date is January 31, 1971. Our hope is to get the sprinkler system mandate investigated and eventually rescinded. The mandate came from the office of Commissioner Robert Ball, Department of Health, Education and Welfare in Washington, D.C.