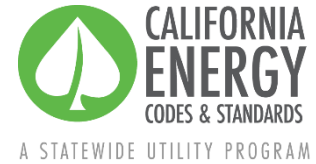


# Meeting Notes: 3/17 PM 2026

Posted April 9, 2026



These notes summarize the content from the 2028 Title 24, Part 6 Code Cycle Utility-Sponsored Stakeholder Meeting on **Data Centers, Healthcare Exceptions, and Fenestration**.

If you are interested in providing input on any of the topics covered in this meeting, please email your comments to [info@title24stakeholders.com](mailto:info@title24stakeholders.com) by May 7th. Comments received after then may not be incorporated into the final version of the CASE Report.

## Quick Links

- [Key Points from Meeting](#) – Read through highlights from each measure and review feedback requested from stakeholders.
- [In-Meeting Questions / Comments](#) – Navigate directly to questions asked during the meeting and responses from CASE Authors
- [Zoom Polls & Responses](#) – Review the Poll Questions asked during the meeting and see the responses from stakeholders.
- [Meeting Materials](#) (available on Title24Stakeholders.com) – Review slides, measure summaries, proposed code language and more on our website.

## Meeting Information

**Meeting Date:** 3/17/2026

**Meeting Time:** 2:00 pm – 4:30 pm

**Meeting Host:** California Statewide Utility Codes and Standards Team

## Meeting Agenda

Time	Topic	Presenter
2:00 PM	Introduction	Cosimina Panetti, Payam Bozorgchami, Kelly Cunningham
2:15 PM	Data Centers	Jeff Stein and Hillary Weitze
3:00 PM	Healthcare Exceptions	Bryan Boyce and Fred Betz
3:45 PM	Nonresidential Fenestration	Maureen Guttman
4:30 PM	Conclusion / Wrap-up	Cosimina Panetti

## Members of the CASE Team

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### 1.1.2 Statewide Utility Codes and Standards Team – Codes and Standards Enhancement (CASE) Team Members

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## California Energy Commission

### Contact for 2028 Code Cycle:

Any questions for the CEC can be sent to: [EnergyCodeUpdateInquiries@energy.ca.gov](mailto:EnergyCodeUpdateInquiries@energy.ca.gov)

### CEC Docket

Comments on the 2028 Energy Code update can be formally submitted to the docket: <https://efiling.energy.ca.gov/Ecomment/Ecomment.aspx?docketnumber=25-BSTD-03>

## Key Points from Meeting

The purpose and benefits of each measure presented at this meeting are noted below. Specific topics we are looking for feedback on are highlighted.

To provide input, email the CASE Authors noted above or send to [info@title24stakeholders.com](mailto:info@title24stakeholders.com).

### Data Centers

- **Purpose:** Review code change proposals on economizers, fan control and heat recovery, and seek input on those changes
- **Benefits:** The proposals are cost effective and expected to yield an estimated statewide electricity savings of 14.6 GWh/yr, statewide peak demand reductions of 1.4 MW, and statewide greenhouse gas reductions associated with energy use of 1,875 metric tons CO<sub>2</sub>e.
- **Feedback requested:**
  - How do the proposed changes to data center requirements address concerns about high water use from data centers?
    - The changes to economizer requirements allow for multiple non-evaporative cooling systems, including airside economizers, air-cooled chillers with economizer coils on the secondary loop with dedicated fans, and refrigerant economizer systems that can modulate load served continuously from at least 10-90%.
    - Additionally, the heat recovery requirement encourages the use of system systems that can reject computer room heat to a heating system rather than a condenser system which may otherwise be evaporatively cooled.
  - What are common heat recovery systems that could be used to meet the proposed computer room heat recovery requirement?

- Heat recovery chiller or heat pump, VRF with heat recovery, runaround coil, computer room return air ducted directly to be used for hot air (e.g., hot deck of dual fan dual duct system).

## Healthcare Exceptions

- **Purpose:** Review, modify, or eliminate exceptions to increase energy efficiency for healthcare facilities while maintaining health, safety, and other important provisions for these specialized facilities.
- **Benefits:** The proposed code changes would increase energy savings and compliance improvement by aligning the Department of Healthcare Access and Information (HCAI) requirements with Title 24, Part 6 requirements.
- **Feedback requested:**
  - For new construction, what percent of hospitals set back system and zone air flow to minimum allowable levels per the CMC?
  - For new construction, Table 4-A allows total air turndown for many spaces, but there is no mention of outdoor air turndown. Does outside air turndown get incorporated or recommended for these spaces into building design?
  - For alterations, should the Statewide CASE Team establish additional thresholds at the building-system level to determine when healthcare alterations must comply with the code? If yes, for which measures (e.g., roof insulation)?
  - Seeking feedback on the proposed Skilled Nursing Facility prototype: is it representative of facilities within California? If not, please provide recommendations or resources.
  - For alterations, when assessing costs of alterations in healthcare facilities, and specifically hospitals and skilled nursing facilities, what data sources should be considered? Seeking additional data on cost estimates for healthcare alterations.
  - Should testing requirements be in compliance with Title, Part 6, in addition to the HCAI's testing and inspection requirements?
  - Should there be one compliance form dedicated to healthcare facilities?
  - Should there be a dedicated mechanical system for critical spaces?
  - Should there be multiple baseline systems for hospitals and skilled nursing home facilities?
  - Should there be performance credit for hospital facilities?

- Should the 300 TR threshold limitation for air-cooled chillers be the same as for other NR buildings?
- What should be the building area threshold for removing/modifying existing building exceptions? Meeting Title 24, Part 6 requirements for small facilities may not be cost-effective.
- Looking for information on current compliance practice under the performance path. What improvement should be made to improve compliance and reduce the burden on enforcement?
- Should there be a renewable energy and battery storage requirement for healthcare facilities?
- What is the cost for air leakage testing and verification in hospital buildings?
- How common is it to see simultaneous heating and cooling in healthcare buildings?
- What are the typical supply air and supply water reset temperatures used in healthcare facilities?
- Is ASHRAE Guideline 36 typically followed in newly constructed buildings? What are some control strategies used in existing buildings?

## NR Fenestration

- **Purpose:** Review changes to the proposal made since the first Stakeholder meeting, and seek input on those changes
- **Benefits:** The proposed code change addresses inefficiencies in current fenestration U-factor requirements across a broad range of California climate zones, contributing to reduced heating energy use and improved thermal performance in new nonresidential buildings.
- **Feedback requested:**
  - Primarily, we were asking for information from stakeholders on incremental costs to make the proposed changes.

## In-Meeting Questions / Comments

During the meeting, questions and comments were submitted in the Q&A pane in Zoom as well as asked aloud. Answers are provided below.

Attendees were also asked to respond to polls. Navigate directly to the **[Zoom Polls & Responses](#)** by clicking the link.

Due to time limitations, not all written questions and comments were discussed during the meeting, but all have responses available in these meeting notes.

### **Data Centers, Jeff Stein and Hillary Weitze**

1. **Question asked via Zoom question pane by Mark Roest:** What if the building is designed to allow wind to blow through it, economizing passively?
  - a. Chris Uraine: Hi Mark, thank you for your comment. We'd like to follow up and discuss further offline. Can you reach out to our team: Aniruddh Roy aroy@energy-solution.com, Jeff Stein jstein@taylor-engineering.com, Hillary Weitze hillary@redcaranalytics.com and please copy: info@title24stakeholders.com
2. **Question asked via Zoom question pane by Dale Sartor:** Many high density data centers are cooled with a combination of air and liquid. Does the "all other ITE" requirements apply no matter what the split is? Seems that would allow liquid cooling to game the system.
  - a. Aniruddh Roy: Thank you, Dale. Jeff attempted to answer this question while presenting the examples on slide 13, but we'll revisit any follow-up questions during the Q&A portion.
3. **Question asked via Zoom question pane by Benedict Dolcich:** By what date must comments be submitted?
  - a. Nikki Westfall: Please try to get comments in by April 14!
4. **Question asked via Zoom question pane by Ted Tiffany:** Exception 3 should apply to thermal energy networks or campus condenser water loop where it could be useful outside the building
  - a. Chris Uraine: Hi Ted, thank you for your comment. The team will reach out to you to discuss further.
5. **Question asked Verbally by Elizabeth Becker:** Heat recovery that's proposed where you need 5x the head load. Will there be different metrics based on climate zones?
  - a. Jeff Stein: The 5x the heat load isn't a requirement but rules to qualify for this exception. You need a good sized office building to use that heat from the computer room.

### **Healthcare Exceptions, Bryan Boyce and Fred Betz**

1. **Question asked via Zoom question pane by Jon McHugh:** Patient room occupancy controls built off type of occ sensing controls used in guest rooms?
  - a. Fred Betz: Guestroom occupancy – usually keycard goes into a slot and everything works. That's maybe a touch risky if someone pulls the card and

forgets to put it back. It is a code requirement and you could be penalized for not conditioning a space.

- b. Travis English: we are not proposing this.
2. **Question asked via Zoom question pane by Ted Tiffany:** Keycard controls are a bad idea for healthcare. Requiring thermal and occupancy sensors would be better
  - a. Bryan Boyce: Thank you Ted
3. **Question asked via Zoom question pane by Jon McHugh:** Follow up on guest room controls, many hotels have occupancy based controls that control lighting, Hvac setpoints and ventilation. Not describing card key controls. Specialized control as less movement in guest rooms.
  - a. Fred Betz: So you're not describing card key controls, can you be more specific? Because it's not movement, I don't design hotels and the like, so if you're thinking of when has a hotel been assigned to a guest? Yes, that's something that has been done, so essentially, when you check into the hospital, the medical information system will, you know, log you for tracking purposes and for billing purposes, and the medical information system will know which room you're assigned to, or rooms. You go from your patient room, you might go to an exam room, a procedure room of some kind, etc. And so, they definitely do track you through the hospital for a variety of reasons. One challenge there, though is security, so hospitals are both from a privacy and a cybersecurity, in a system are trying to separate out those control systems, so we don't want somebody hacking the BAS and then getting access to patient records. So, it has been discussed, and it's been done, but it is generally something you receive a lot of pushback on.
  - b. Jon McHugh: A lot of the same issues for a patient room would also apply to guest rooms, and, you know, we have code requirements that not only adjust lighting, thermostat set points, and ventilation air in guest rooms, depending on occupancy. And many of the large chains actually don't use the card key controls, because they get additional savings from using occupancy sensing, and in some cases, they're looking at the combination of motion sensing, VOCs, door closures, and that sort of thing, and so just highlighting that there may be additional stakeholders that have products that might apply to what you're talking about here.
  - c. Fred Betz: In the report, we follow up on, or define a few different technologies, that are essentially sensing occupancy through infrared, not passive infrared, so essentially using Infrared cameras and, pattern recognition, essentially, to identify how many people are in the room. Now, that technology's been available for a little while now, and it's more used in the non-clinical side, for HVAC control. In that, if you can, you know, from a ventilation code perspective, you have a CFM per person number, and if you can count how many people are in the room, you can then tune precisely how many CFM you need to provide to that room. Same general technology, but in this case, we are more binary. It's on-off. You're either occupied or unoccupied. And so that's the technology that seems to be getting a little more traction.
  - d. Travis English: I was just going to mention that while we're aware that the technology exists, it's fair to say that in hospitals and healthcare, the market adoption has been very, very slow on any of that sort of occupancy sensing tech, even on the lighting systems, but particularly on the HVAC systems. So you

could count on, on one hand, the number of hospitals in the country that have actually sort of move forward with any of those strategies, whereas in hotels, it is, as mentioned, extremely common. So the technology is there, it's really more cultural and adoption-resistant, I would say.

- e. Fred Betz: I think I would add one more piece, is kind of the regulatory side of this, where if your HVAC system's having some trouble in a hotel, and maybe the controls are not working exactly right, maybe that's a problem, maybe not, right? And maybe they find you a different room.
  - f. Maybe you just open the window and you're okay with it. In healthcare, that room's shut down. You're done if you can't provide air to that room, you can't have a patient in it. And so it's a little more of a strict environment, you know, for a variety of reasons, but so the regulatory piece of it is a little bit different. But yeah, in principle, you're right, it's the same type of technology, but in the same general approach, but it's in an environment that is pretty unforgiving.
4. **Question asked via Zoom question pane and verbally by Ted Tiffany:** I would be REALLY Careful about the designations of skilled nursing facilities because there are I occupancies and a "Residential care facility" R3.1/R-4 that would be restricted by AB-130. These aren't aligned in Part-6 necessarily. Cautions around I-occupancy. There's been a lot of confusion about what's a medical clinical care facility, exempt hospitals, and I2 occupancies.
- a. Fred Betz: We did talk about clearly defining the differences between all of these so we'll follow up with you.
5. **Question asked via Zoom question pane by Samantha Miller:** Re: prototype: Most SNFs are Type 5 construction and 1-story.
- a. Alamelu Brooks: Thanks for your feedback, Samantha.
6. **Question asked via Zoom question pane by Ted Tiffany:** Listen to Travis! He's the boots on the ground on what works and KNOWs his healthcare ventilation and comfort standards better than anyone on the planet.
- a. Chris Uraine: Thanks for the feedback Ted

## **Nonresidential Fenestration, Maureen Guttman**

1. **Question asked via Zoom question pane by anonymous attendee:** For alterations where 100% of fenestration is replaced, and the alteration is therefore required to comply with Section 140.3(a)5, does that mean the west-facing glazing area limitations that apply to new buildings also apply to such alterations?
  - a. Maureen Guttman: Our intent is whatever the new construction values are, that they would apply where there's 100% replacement.
  - b. Payam Bozorgchami: I think that's referring to window to wall area and the answer is no you don't have to.
2. **Question asked via Zoom question pane by Matt Manning:** The U-factors are too low for double with no thermal break.
  - a. Maureen Guttman: Thank you, that's great input. Anything you can send me that would substantiate that would be great. If our numbers are too low, we're looking for the right values.
3. **Question asked via Zoom question pane by Jon McHugh:** I would be interested in acceptance of the window replacements meeting prescriptive code if 100% of windows

in a given orientation being replaced? This is a halfway measure between 25% and 100% of building. Color matching and frame matching less critical for different orientation as often not seen together. Light from sky and surrounding reflected light different by orientation.

- a. Maureen Guttman: I'd like to make the code more stringent and simpler.
4. **Question asked Verbally by Jon McHugh:** In terms of assumed glass properties when trying to achieve the alterations of no thermal break in the frame. What are you assuming for glass, low e coating, etc.
  - a. Maureen Guttman: We will get back to you on that. Primarily we are looking at good window with better u factor that's cost effective. If it can have a thermal break, great.

## Wrap-Up

The meeting concluded with a call for participation throughout the code cycle. Several future meeting dates were presented.

Please reach out to the specific topic lead or [info@title24stakeholders.com](mailto:info@title24stakeholders.com) with input on the measures presented today.

The meeting adjourned at 4:30 PM PST.

## Zoom Polls & Responses

### Multiple Choice Questions

#### Healthcare Exceptions

1. **New Construction: What percent of hospitals set back system and zone air flow to minimum allowable levels per the CMC?**
  - a. 0-25% - **12.5% (1/8)**
  - b. 25%-50% - **75% (6/8)**
  - c. 50%-75% - **12.5% (1/8)**

#### Nonresidential Fenestration

1. **What is the current market share for alterations? That is, what percentage of window replacement projects in California currently install better-than-code windows?**
  - a. 26% - 50% - **67% (2/3)**
  - b. 51% - 75% - **33% (1/3)**

## Long Answer Questions

### Healthcare Exceptions

- 1. New Construction: Table 4-A allows total air turndown for many spaces, but there is no mention of outdoor air turndown. Do you incorporate or recommend OA turndown for these spaces in your building design?**
  - a. Todd Gottshall: Yes, for some spaces in some projects
  - b. Nicole Colantonio: Yes, for some spaces in some projects
  - c. Te Qi: Yes
- 2. Alterations: Should the Statewide CASE Team establish additional thresholds at the building-system level to determine when healthcare alterations must comply with the code? If yes, which measures (e.g., roof insulation)?**
  - a. Todd Gottshall: Mechanical measures that aren't affected by the base system.
  - b. Ted Tiffany: Alterations opens up a whole other can of worms with healthcare and HCAI staff have been just getting up to speed with new construction compliance forms. I would leave it for another code cycle TBH.
- 3. Skilled Nursing Facilities: Is the proposed Skilled Nursing Facility prototype representative of facilities within California? If no, please provide your recommendations or resources with your contact information for a more detailed conversation.**
  - a. Matt Manning: WWR of 20% is too low. Most patients will not get enough natural daylight.
  - b. Ted Tiffany: Isn't this an R-type facility limited by AB 130 action?
- 4. Alterations: When assessing costs of alterations in healthcare facilities, and specifically hospitals and skilled nursing facilities, what data sources should be considered?**

**Would you be willing to speak with the Statewide CASE Team about cost estimates for healthcare alterations?**

  - a. Ted Tiffany: Consider construction costs and special inspections for I occupancies.

### Nonresidential Fenestration

- 1. What else should we know? Are there other market or technical barriers or solutions we should consider?**
  - a. Kathy Krafka Harkema: Align with IECC. Don't use low ball numbers on cost estimation, go with highest cost numbers which are more realistic, especially going forward for non-residential.

- b. Mike IMEG: \$\$\$
- c. Steven Strawn: Not always easy to get the cost benefit across to building owners regarding energy saving and comfort.