Department of Health & Human Services	Inspection Checklist R432-500 Frestanding Ambulatory Surgical Center	This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. *(Revised 5/20/2026)*

Facility Name:		Facility ID:		Phone Number:		Notes / Sticky Notes
Address:				Email Address:		
Legislative updates for 2026 are found at the end of the checklist. Updates will be enforceable starting May 20, 2026.						

Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)			Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)		
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Inspection Information:

- All areas that are inaccessible must remain inaccessible for this inspection. During the inspection, the licensor will ask to have locked areas unlocked. All accessible areas must be compliant with all applicable rules during the inspection.

- The Licensor will email you this inspection checklist after the inspection is completed, if requested.

- These are initial observations and do not constitute a final inspection report.

- An official inspection report will be sent to you once this inspection has been approved by OL management.

- You may submit feedback on this inspection through your Licensing Portal or at: DLBC.utah.gov

Signature Information

Inspection Type:		**Date:**		**Time Started:**		**Time Ended:**	
Number of rule noncompliances:			**Name of Individual Informed of this Inspection:**				
Licensor(s) Conducting this Inspection:					**OL Staff Observing Inspection:**		
☐	**The Licensor reviewed compliance.**						

RULES CHECKLIST									
Rule # R432-35		**Rule Description** **R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance:**	**Notes**
R432-35-3. Covered Provider - DACS Process			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-35-3(1)		(1) The covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before issuance of a provisional license, license renewal, or engagement as a covered individual.	☐	☐	☐		☐	☐	
R432-35-3(2)(a)-(b)		(2) The covered provider shall ensure the engaged covered individual: (a) signs a criminal background check authorization form that is available for review by the OBP; and (b) submits fingerprints within 15 working days of engagement.	☐	☐	☐		☐	☐	
R432-35-3(3)		(3) The covered provider shall ensure DACS reflects the current status of the covered individual within five working days of the engagement or termination.	☐	☐	☐		☐	☐	
R432-35-3(4)		(4) The covered provider may provisionally engage a covered individual while certification for direct patient access is pending as permitted in Section 26B-2-239.	☐	☐	☐		☐	☐	
R432-35-3(5)		(5) If the OBP determines an individual is not eligible for direct patient access, based on information obtained through DACS and the sources listed in Section R432-35-8, the OBP shall send a notice of agency action, as outlined in Section R497-100-5, to the covered provider and the individual.	☐	☐	☐		☐	☐	
R432-35-3(6)		(6) The covered provider may not arrange for a covered individual who has been determined not eligible for direct patient access to engage in a position with direct patient access.	☐	☐	☐		☐	☐	
R432-35-3(7)		(7) The OBP may allow a covered individual to have direct patient access with conditions, during an appeal process, if the covered individual demonstrates to the OBP, the work arrangement does not pose a threat to the safety and health of patients or residents.	☐	☐	☐		☐	☐	

R432-35-3(8)		(8) The covered provider that provides services in a residential setting shall enter required information into DACS to initiate and obtain certification for direct patient access for each individual 12 years of age and older, who is not a resident, and resides in the residential setting. If the individual is not eligible for direct patient access and continues to reside in the setting, the OL may revoke an existing license or deny licensure.	☐	☐	☐		☐	☐	
R432-35-3(9)(a)-(d)		(9) The covered provider seeking to renew a license as a health care facility shall utilize DACS to run a verification report and verify each covered individual's information is correct, including: (a) address; (b) email address; (c) employment status; and (d) name.	☐	☐	☐		☐	☐	
R432-35-3(10)		(10) An individual or covered individual seeking licensure as a covered provider shall submit required information to the OBP to initiate and obtain certification for direct patient access before the issuance of the provisional license. If the individual is not eligible for direct patient access, the OL may revoke an existing license or deny licensure as a health care facility.	☐	☐	☐		☐	☐	

RULES CHECKLIST									
Rule # R432-500		**Rule Description** **R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance**	**Notes**
R380-80-4. Providers' Duty to Help Protect Clients.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R380-80-4(1)		(1) The provider shall protect each client from abuse, neglect, exploitation, and mistreatment.	☐	☐	☐		☐	☐	
R380-80-5. Provider Code of Conduct.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	
R380-80-5(4)		(4) Each provider shall protect clients from abuse, neglect, harm, exploitation, mistreatment, fraud, and any action that may compromise the health and safety of clients through acts or omissions and shall instruct and encourage others to do the same.	☐	☐	☐		☐	☐	
R432-500-6. Administration and Organization.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
6(1)		A licensee shall operate each freestanding ambulatory surgical center.	☐	☐	☐		☐	☐	
6(2)		If the licensee is other than a single individual, the licensee shall ensure there is an organized functioning governing authority to ensure accountability.	☐	☐	☐		☐	☐	
6(3)		The governing authority shall meet at least quarterly and keep written minutes of its meetings.	☐	☐	☐		☐	☐	

6(4)(a-f)		The licensee shall have the overall responsibility and authority for the organization and have at least the following additional responsibilities: (a) comply with any applicable federal, state, and local laws, rules, and requirements; (b) adopt and institute bylaws, operating room protocols, policies, and procedures relative to the operation of the facility; (c) appoint, in writing, a qualified administrator, who may be the licensee, administrator or medical director, as the same person, to be responsible for the implementation of facility bylaws, policies and procedures, and for the overall management of the facility; (d) appoint, in writing, a qualified medical director to advise and be accountable to the licensee for the quality of patient care; (e) ensure that patients requiring hospitalization are not admitted to the facility; and (f) appoint members of the medical staff and delineate their clinical privileges.	☐	☐	☐		☐	☐	
R432-500-7. Administrator.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
7(1)(a-b)		Each licensee shall designate, in writing, an administrator who has freedom from other responsibilities to be on the premises of the facility enough hours in the business day to manage the facility and to respond to appropriate requests by the department. (a) The administrator shall designate a person, in writing, to act as administrator in their absence. (i) The designee shall have enough power, authority, and freedom to act in the best interests of patient safety and wellbeing and shall remain available at the facility. (ii) A de facto administrator may not supplant or replace the designated facility administrator. (b) The licensee shall ensure the administrator is the direct representative of the board in the management of the facility and is responsible to the board for the performance of their duties.	☐	☐	☐		☐	☐	
7(2)(a-c)		The licensee shall ensure the administrator and designee are: (a) at least 21 years old; (b) experienced in administration and supervision of personnel; and (c) knowledgeable enough about the practice of medicine to interpret and be conversant in surgery protocols.	☐	☐	☐		☐	☐	

7(3)(a-i)		The licensee shall provide the administrator's responsibilities in a written job description that is available for department review. Administrator responsibilities shall include the following: (a) ensure compliance with any applicable federal, state, and local laws, and facility bylaws; (b) develop, evaluate, update, and implement facility policies and procedures annually; (c) maintain enough qualified and competent staff to meet the needs of patients; (d) develop clear and complete job descriptions for each position; (e) notify appropriate authorities when a reportable disease is diagnosed; (f) review any incident and accident reports and take appropriate action; (g) establish a quality assurance committee that will respond to the quality and appropriateness of services and respond to the recommendations made by the committee; (h) secure through contracts the necessary services not provided directly by the licensee; and (i) receive and respond to the licensure inspection report by the department.	☐	☐	☐		☐	☐	
R432-500-8. Medical Director.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
8(1)(a-b)		The licensee shall retain, by formal agreement, a qualified physician to serve as medical director who is: (a) free from other responsibilities to assume professional, organizational, and administrative responsibility; and (b) accountable to the governing authority for the quality of services provided.	☐	☐	☐		☐	☐	
8(2)(a-b)		The physician designated as the medical director shall have at least the following qualifications: (a) current license to practice medicine in Utah; and (b) training and expertise in the branches of surgery and anesthesia services offered to provide supervision at the facility.	☐	☐	☐		☐	☐	
8(3)		The medical director shall ensure applicable laws relating to use of anesthesia, professional licensure acts, and facility protocols govern both medical staff and employee performance.	☐	☐	☐		☐	☐	

8(4)(a-j)		The licensee shall ensure the medical director is responsible for the following: (a) surgery and anesthesia services delivered in the facility; (b) reviewing and updating facility protocols; (c) conduct periodic reappraisals of medical staff privileges and revising those privileges as appropriate; (d) recommend to the governing authority, names of qualified health care practitioners to perform approved procedures, and to recommend privileges to be granted; (e) establish and maintain quality assurance mechanisms to review and identify problems and take appropriate action; (f) coordinate, direct, and evaluate any clinical operations of the facility; (g) evaluate and recommend the equipment type and quantity needed in the facility; (h) ensure that a qualified physician is available when patients are in the facility; (i) ensure physician documentation is recorded immediately and reflects an accurate description of care given; and (j) ensure that planned surgical procedures are within the scope of privileges granted to the physicians.	☐	☐	☐		☐	☐	
R432-500-9. Director of Nursing Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
9(1)		Each licensee shall employ and designate in writing a director of nursing who is responsible for the supervision and direction of the nursing staff and the operating room suite.	☐	☐	☐		☐	☐	
9(2)		The licensee shall ensure the director of nursing is a registered nurse who is qualified by training or education to supervise nursing services.	☐	☐	☐		☐	☐	
9(3)		The director of nursing shall consult with the medical director to plan and direct the delivery of nursing care.	☐	☐	☐		☐	☐	

9(4)(a-k)		The licensee shall ensure the director of nursing is responsible for: (a) maintaining qualified health care personnel that are available and used as needed under the supervision of a registered nurse; (b) ensuring a licensed nurse is on duty when patients are in the facility; (c) maintaining the operating room register; (d) reviewing and updating nursing care policies and procedures; (e) ensuring that nursing documentation is recorded immediately and reflects an accurate description of care given; (f) maintaining policies and procedures for pre-operative and post-operative care; (g) ensuring post-operative instructions are in writing and are reviewed with the patient or other responsible person following surgery; (h) supervising any non-physician direct patient care services, as defined in facility policy; (i) reviewing identified problems with the medical director through quality assurance mechanisms and take appropriate action; (j) ensuring patient care policies including admission and discharge policies are reviewed annually; and (k) ensuring patient care policies are developed and revised by a group representing professionals involved in patient care.	☐	☐	☐		☐	☐	
R432-500-10. Staff and Personnel.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

	10(1)(a-h)		The licensee shall establish a policy and procedure for the health screening of any personnel that protects the health and safety of personnel and patients. The licensee shall: (a) develop employee health screening and immunization components of personnel health programs in accordance with Rule R386-702, Communicable Disease rules; (b) prohibit employees with communicable diseases or open skin lesions, or weeping dermatitis, from direct contact with patients or patient care items, if direct contact may result in the transmission of the infection or disease; (c) perform health screening within the first two weeks of employment and as defined in facility protocols; (d) utilize the Mantoux method or other Food and Drug Administration approved in-vitro serologic test for employee skin testing and follow-up for tuberculosis in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis; (e) ensure that each employee is skin-tested for tuberculosis within two weeks of: (i) initial hiring; (ii) suspected exposure to a person with active tuberculosis; or (iii) development of symptoms of tuberculosis; (f) exempt any employee with a known positive reaction to skin tests from tuberculosis skin testing; (g) ensure any infections and communicable diseases reportable by law are reported by the facility to the local health department in accordance with Section R386-702-2; and (h) ensure that the facility is in compliance with the Occupational Safety and Health Administrations Bloodborne Pathogen Standard.	☐	☐	☐		☐	☐	
	10(2)(a-c)		The licensee shall ensure that there is an in-service training and orientation program that is planned and documented for each staff member. The licensee shall: (a) define the frequency and content of the training program in the facility policy; (b) review facility policy and procedures in the training program; and (c) ensure each staff member has access to, and knowledge of the policy and procedures manual	☐	☐	☐		☐	☐	
	R432-500-11. Contracts and Agreements.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	11(1)		The licensee shall secure and update contracts for services not provided directly by the facility.	☐	☐	☐		☐	☐	

11(2)		The licensee shall ensure that each contract includes a statement that the contractor will conform to the standards required by this rule.	☐	☐	☐		☐	☐	
11(3)(a-b)		The licensee shall maintain hospital admitting privileges for each staff member, or a written transfer agreement with one or more full-service licensed hospitals located within an overall travel time of 15 minutes or less from the facility. The transfer agreement shall include: (a) transfer of information needed for proper care and treatment of the patient transferred; and (b) security and accountability of the personal effects belonging	☐	☐	☐		☐	☐	
R432-500-12. Quality Assurance.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
12(1)		The administrator and the medical director shall establish a quality assurance program and a quality assurance committee to review facility operations, protocols, policies and procedures, incident reports, medication usage, infection control, patient care, and safety.	☐	☐	☐		☐	☐	
12(2)(a-c)		The quality assurance committee shall: (a) include a representative from the facility administration, the medical director, the director of nursing, and may also include other representatives, as appropriate; (b) meet at least quarterly and keep written minutes available for department review; and (c) report findings and concerns to the medical director, administrator, and governing authority as applicable.	☐	☐	☐		☐	☐	
R432-500-13. Emergency and Disaster.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
13(1)		Each licensee shall ensure the safety and well-being of patients in the event of an emergency or disaster. An emergency or disaster may include utility interruption, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic, and injury.	☐	☐	☐		☐	☐	
13(2)		The licensee shall ensure the administrator is in charge of facility operations during any significant emergency. If not on the premises, the administrator shall make every effort to get to the facility to relieve the administrator designee to take charge during an emergency.	☐	☐	☐		☐	☐	
13(3)(a-b)		The licensee and the administrator are responsible for the development of a written emergency and disaster plan, coordinated with state and local emergency or disaster authorities. (a) The licensee shall make the plan available to each staff member to ensure prompt and efficient implementation. (b) The administrator and the licensee shall review and update the plan at least annually.	☐	☐	☐		☐	☐	

	13(4)		The licensee shall post names and telephone numbers of facility staff, emergency medical personnel, and emergency service systems.	☐	☐	☐		☐	☐	
	13(5)(a-j)		The licensee shall have an internal and external emergency or disaster plan including the following: (a) evacuation of occupants to a safe place, as specified; (b) delivery of emergency care and services to facility occupants when staff is reduced by an emergency; (c) the receiving of patients to the facility from another location, including housing, staffing, medication handling, and record maintenance and protection; (d) the person with decision-making authority for fiscal, medical, and personnel management; (e) an inventory of available personnel, equipment, supplies and instructions and how to acquire additional assistance; (f) staff assignment for specific tasks during an emergency; (g) names and telephone numbers at each telephone for on-call physicians; (h) documentation of emergency events; (i) emergency or disaster drills, other than fire drills are held at least biannually, at least one per shift, with a record of time and date maintained, actual evacuation of patients during a drill is optional; and (j) notification to the department if the facility is evacuated.	☐	☐	☐		☐	☐	
	13(6)(a-c)		The licensee and administrator shall develop a written fire emergency and evacuation plan in consultation with qualified fire safety personnel that identifies: (a) evacuation routes; (b) the locations of fire alarm boxes and fire extinguishers; and (c) emergency telephone numbers including the local fire department.	☐	☐	☐		☐	☐	
	13(7)		The licensee shall post the evacuation plan at several locations throughout the facility.	☐	☐	☐		☐	☐	
	13(8)		The emergency plan shall include fire containment procedures and how to use the facility alarm systems, extinguishers, and signals.	☐	☐	☐		☐	☐	
	13(9)		The licensee shall hold fire drills at least quarterly on each shift and documentation of the drill shall include a record of the time and date. Actual evacuation of patients during a drill is optional.	☐	☐	☐		☐	☐	

13(10)		The licensee shall ensure smoking policies are compliant with Title 26B, Chapter 7, Utah Indoor Clean Air Act.	☐	☐	☐		☐	☐	
R432-500-14. Patient's Rights.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
14(1)		The licensee shall ensure that written policies regarding the patient rights are made available.	☐	☐	☐		☐	☐	
14(2)(a-h)		The policies and procedures shall outline that each patient admitted to the facility is treated as an individual with dignity and respect and has the right to: (a) be fully informed, before, or at the time of admission, and during their stay, of the patient rights and of any facility rules that pertain to the patient; (b) be fully informed before admission of the treatment to be received, potential complications, and expected outcome; (c) to refuse treatment and to be informed of the medical consequences of such refusal; (d) to be informed, before or at the time of admission and during their stay, of services available in the facility and of any expected charges that the patient may be liable; (e) to participate in decisions involved in their health care; (f) to refuse to participate in experimental research; (g) to be assured confidential treatment of personal and medical records and to approve or refuse release to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract; and (h) to be treated with consideration, respect, and full recognition of personal dignity and individuality, including privacy in treatment and in care for personal needs.	☐	☐	☐		☐	☐	
R432-500-15. Patient Care Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
15(1)		A member of the medical staff or contracted provider is responsible for the care of each patient.	☐	☐	☐		☐	☐	
15(2)		The licensee shall ensure that medical staff bylaws establish the credentialing process and include the delineation of professional staff privileges.	☐	☐	☐		☐	☐	

15(3)		The attending member of the medical staff, including any non-physician specialist, is responsible for the quality of patient care delivered and the supervision of patients admitted to the facility.	☐	☐	☐		☐	☐	
15(4)		Each staff member, and those under contract by the facility, shall comply with current laws, facility protocols, and current standards as interpreted by the medical director.	☐	☐	☐		☐	☐	
R432-500-16. Extended Recovery Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
16(1)(a-d)		Extended recovery care services provided by a licensee shall not exceed 24 hours. The licensee shall ensure the following: (a) services are provided to no more than three patients anywhere in the facility between the hours of 10pm and 6 am; (b) extended recovery care services are integrated with other departments and services of the facility; (c) extended recovery care services have policies and procedures that describe the nature and extent of the extended recovery services provided, that are consistent with ambulatory surgery and anesthesia services; and (d) a minimum of two health care workers, including one that is a registered nurse with Advanced Cardiac Life Support certification, is on duty when patients are in the extended recovery care unit.	☐	☐	☐		☐	☐	
16(5)(a-b) should be [16 (2)(a-b)]		In addition to the items required in a patient's medical record under Section R432-500-22, the physician shall document the following: (a) the reason or need for a patient's admission to the extended recovery service; and (b) dietary orders to meet the nutritional needs of the patient.	☐	☐	☐		☐	☐	
16(6)(a-b) should be [16 (3)(a-b)		The licensee shall obtain a Food Service Establishment Permit, if required by the local health department. (a) The licensee shall ensure inspection reports by the local health department are maintained at the facility for review by the department. (b) Any personnel that prepare or serve food shall observe personal hygiene and sanitation practices to protect food from contamination.	☐	☐	☐		☐	☐	
R432-500-17. Nursing Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

17(1)		Each licensee shall ensure that nursing services are provided commensurate with the needs of the patients served.	☐	☐	☐		☐	☐	
17(2)		The licensee shall ensure any non-medical patient services are under the general direction of the director of nursing, except as exempted by facility policy.	☐	☐	☐		☐	☐	
17(3)		Nursing service personnel shall maintain a current Utah license and are responsible to plan and deliver nursing care, and assist with treatments and procedures.	☐	☐	☐		☐	☐	
17(4)(a-b)		The licensee shall provide equipment in good working order to meet the needs of patients. (a) The licensee shall ensure the facility has the type and amount of equipment indicated in facility policy and approved by the medical director. (b) The licensee shall ensure the following equipment is available to the operating suite: (i) emergency call system; (ii) cardiac monitor; (iii) ventilation support system; (iv) defibrillator; (v) suction equipment; (vi) equipment for Cardiopulmonary Resuscitation and Airway Management;	☐	☐	☐		☐	☐	
R432-500-18. Pharmacy Service.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
18(1)		The licensee shall ensure that pharmacy space and equipment required are adequate based upon the type of drug distribution system used, number of patients served, and extent of shared or purchased services.	☐	☐	☐		☐	☐	
18(2)		The licensee shall ensure there is a pharmacy supply under the direction of a pharmacist.	☐	☐	☐		☐	☐	
18(3)		If the licensee does not have a staff pharmacist, it shall retain a consultant pharmacist by written contract.	☐	☐	☐		☐	☐	

	18(4)		The licensee shall ensure there are written policies and procedures approved by the medical director and pharmacist that govern the acquisition, storage, and disposal of medications.	☐	☐	☐		☐	☐	
	18(5)		The licensee shall ensure the quality and appropriateness of medication usage is monitored by the quality assurance committee.	☐	☐	☐		☐	☐	
	18(6)		The licensee shall supply necessary drugs and biologicals in a prompt and timely manner.	☐	☐	☐		☐	☐	
	18(7)		The licensee shall ensure a current pharmacy reference manual is available to each staff member.	☐	☐	☐		☐	☐	
	18(8)		The licensee shall ensure any medications, solutions, and prescription items are kept secure and separate from nonmedicine items in a conveniently located storage area.	☐	☐	☐		☐	☐	
	18(9)(a-c)		The licensee shall ensure an accessible emergency drug supply is maintained in the facility if the facility does not have a pharmacy. (a) The medical director and the facility pharmacist shall approve the emergency drug supply. (b) The licensee shall ensure contents of the emergency drug supply are listed on the outside of the container and an inventory of the contents is documented by nursing staff after each use and at least weekly. (c) The licensee shall replace used items within 48 hours.	☐	☐	☐		☐	☐	
	18(10)		The licensee shall maintain medications that are stored at room temperature, within 59 to 80 degrees Fahrenheit (F) or 15 to 30 degrees Celsius (C). The licensee shall maintain refrigerated medications within 36 to 46 degrees F or two to eight degrees C.	☐	☐	☐		☐	☐	
	18(11)		The licensee shall securely store medications and other items that require refrigeration separately from food items.	☐	☐	☐		☐	☐	

	18(12)(a)		The licensee shall only allow access to drugs by licensed nursing, pharmacy, and medical personnel as designated by facility policy. The licensee shall maintain Schedule II drugs under double-lock and separate from other medication. (a) The licensee shall maintain separate records of drug use on each Schedule II drug, and ensure the following: (i) records are accurate and complete including patient name, drug name, strength, administration documentation, and name, title, and signature of person administering the drug; (ii) the record is reconciled at least daily and retained for at least one year; and (iii) If medications are supplied as part of a unit-dose medication system, separate records are not required;	☐	☐	☐		☐	☐		
	18(13)		The licensee shall maintain records of Schedule III and IV drugs, as identified in the Controlled Substance Act of 1970, 21 USC 802-6, in such a manner that the receipt and disposition of the drugs can be readily traced.	☐	☐	☐		☐	☐		
	18(14)		The licensee shall promptly destroy any discontinued and outdated drugs, including those listed in Schedules II, III, or IV of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970. A licensed physician and a licensed registered nurse, designated by the licensee, shall witness and document the drug destruction.	☐	☐	☐		☐	☐		
	18(15)(a-g)		The licensee shall keep individual drug destruction logs for three years that include the following: (a) name of the patient; (b) name and strength of the drug; (c) prescription number; (d) amount destroyed; (e) method of destruction; (f) date of destruction; and	☐	☐	☐		☐	☐		
	18(16)		The discharging physician may order that a single dose or pre-packaged medications may be sent with the patient upon discharge.	☐	☐	☐		☐	☐		
	18(17)		The licensee shall ensure the use of multiple dose medications is released in compliance with Utah pharmacy law.	☐	☐	☐		☐	☐		
	18(18)		The licensee shall document any medications used in the patient's medical record.	☐	☐	☐		☐	☐		

R432-500-19. Anesthesiology Services.			R	UR	NA	Date	CDI	TA	Notes
19(1)		The licensee shall ensure there are facilities and equipment for the administration of anesthesia services commensurate with the clinical and surgical procedures planned for the facility.	☐	☐	☐		☐	☐	
19(2)(a-b)		The medical staff shall appoint a medical director of anesthesia services who shall meet the following requirements: (a) licensure to practice medicine in Utah; and (b) training and expertise in anesthesia services offered to ensure adequate supervision of patient care.	☐	☐	☐		☐	☐	
19(3)		The medical director of anesthesia services shall implement, coordinate, and ensure the quality of anesthesia services provided in the facility including the implementation of written policies and protocols that clearly define the responsibilities and privileges of qualified anesthetists.	☐	☐	☐		☐	☐	
19(4)		Only qualified anesthetists shall provide anesthesia care.	☐	☐	☐		☐	☐	
19(5)(a-b)		During the surgical procedure, a qualified anesthetist is responsible for the following: (a) monitor, by continuous presence in the operating room, except for short periods of time for personal safety, including during radiation exposure, a patient who is undergoing a surgical procedure and who is receiving general anesthetics, regional anesthetics, or monitored anesthesia care; and (b) continually evaluate a patient's oxygenation, ventilation, and circulation, and have means available to measure temperature during administration of any anesthetics.	☐	☐	☐		☐	☐	
19(6)		The non-physician qualified anesthetists shall provide patient specific anesthesia services upon the request of a licensed professional, as defined in Subsection R432-500-4(9). The licensed professional is responsible to remain involved in each patient's pre-operative assessment and shall ensure that the non-physician anesthetist is providing anesthesia services in a manner that specifically addresses the needs of each individual patient.	☐	☐	☐		☐	☐	
19(7)		The qualified anesthetist shall inform the patient and operating surgeon before surgery of who will be administering anesthesia.	☐	☐	☐		☐	☐	

	19(8)		The licensee shall ensure a physician remains immediately available in the facility to respond to medical emergencies when the operating team consists entirely of non-physicians.	☐	☐	☐		☐	☐	
	19(9)(a-b)		The licensee shall ensure written anesthesia service policies include: (a) anesthesia care policies and procedures for pre-anesthesia evaluation, intraoperative care including documenting a time-based record of events, and post-anesthesia care; (b) a qualified anesthetist conducts a pre-anesthesia evaluation, and documents the evaluation in the patient's medical record before inducing anesthesia to include: (i) planned anesthesia choice; (ii) assessment of anesthesia risk; (iii) anticipated surgical procedure; (iv) current medications and previous untoward drug experiences; (v) previous anesthetic experiences; and (vi) any unusual potential anesthetic problems.	☐	☐	☐		☐	☐	
	19(10)		A qualified anesthetist shall remain with the patient until the patient's status is stable. The qualified anesthetist or the anesthetist's qualified designee shall remain with the patient until the patient's protective reflexes have returned to normal, and it is determined safe as defined in facility policy.	☐	☐	☐		☐	☐	
	19(11)		The medical director of anesthesia services shall define the mechanism for the release of patients from postanesthesia care and a responsible adult shall accompany the discharge of each patient who is admitted to an ambulatory surgical facility, and who receives other than un-supplemented local anesthesia.	☐	☐	☐		☐	☐	
	19(12)		Medicaid certified providers shall comply with the 42 CFR 415.110 and 42 CFR 416.42 (December 30, 1999).	☐	☐	☐		☐	☐	
	19(13)		The licensee may not use flammable anesthetic agents for anesthesia or for the pre-operative preparation of the surgical field.	☐	☐	☐		☐	☐	
	19(14)		The licensee shall ensure anesthetic equipment is inspected and tested by the person administering anesthesia before use in accordance with facility policy.	☐	☐	☐		☐	☐	

R432-500-20. Laboratory and Radiology Services.			R	UR	NA	Date	CDI	TA	Notes
20(1)		The licensee shall make accommodations, as appropriate, for laboratory, radiology, and associated services according to facility policy.	☐	☐	☐		☐	☐	
20(2)		The licensee shall ensure services are provided with an order from a physician or a person licensed to prescribe such services and the order for laboratory and radiology services and the test results are included in the patient's medical record.	☐	☐	☐		☐	☐	
20(3)		If services are provided by contract, a Clinical Laboratory Improvement Amendments (CLIA) certified, stateapproved laboratory shall perform such services and promptly provide reports or results to the attending physician and documented in the patient's medical record.	☐	☐	☐		☐	☐	
20(4)		If the licensee provides CLIA certified or state-approved laboratory service, these services shall comply with the Laboratory Services section of Rule R432-100. If the licensee provides its own radiology services, these services shall comply with the Radiology Services section of Rule R432-100.	☐	☐	☐		☐	☐	
R432-500-21. Medical Records.			R	UR	NA	Date	CDI	TA	Notes
21(1)		The licensee shall have written policies and procedures that ensure medical records are complete, accurately documented, and systematically organized to facilitate storage and retrieval for staff use.	☐	☐	☐		☐	☐	

	21(2)(a-g)		The licensee shall ensure medical records comply with the following: (a) a permanent individual medical record is maintained for each patient admitted; (b) any entry is permanently typed or handwritten in ink, and able to be photocopied and stamps are not acceptable unless a co-signature is present; (c) each entry is authenticated with the date, name or identified initials, and title of the person making the entry; (d) records are kept current and conform to medical and professional practice based on the service provided to the patient; (e) if utilized, an automated record system meets the content requirements of this rule; (f) any records of discharged patients are completed and filed within a time frame established by written facility policy. The physician shall complete the medical record; and (g) each patient's medical record includes the following: (i) an admission record that includes the name, address, and telephone number of the patient, physician and responsible person and the patient's age and date of admission; (ii) a current physical examination and history, including allergies and abnormal drug reactions; (iii) informed consent signed by the patient or, if applicable, the patient's representative; (iv) complete findings and techniques of the operation; (v) signed and dated physician orders for medications and treatments; (vi) signed and dated nurse's notes that include vital signs, medications, treatments, and other pertinent information; (vii) discharge summary containing a brief narrative of conditions and diagnoses of the patient's final disposition, and instructions given to the patient and responsible person; (viii) the pathologist's report of human tissue removed during the surgical procedure, if any; (ix) reports of laboratory and x-ray procedures performed, consultations and any other pre-operative diagnostic studies; and (x) pre-anesthesia evaluation.	☐	☐	☐		☐	☐		

21(3)(a-g)		The licensee shall ensure medical record retention, storage and release practices comply with the following: (a) medical records are retained for at least seven years after the last date of patient care or until a minor reaches age 18 or the age of majority, plus an additional three years; (b) a new owner retains any patient records upon change of ownership; (c) provision is made for filing, safe storage, security, and easy accessibility of medical records; (d) medical record information is confidential; (e) there are written procedures for the use and removal of medical records and the release of patient information; (f) information is disclosed only to authorized persons in accordance with federal and state laws, and facility policy; and (g) requests for information identifying the patient, including photographs, require written consent by the patient.	☐	☐	☐		☐	☐	
R432-500-22. Housekeeping Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
22(1)		The licensee shall provide housekeeping services to maintain a clean, sanitary, and healthy environment. If the licensee contracts for housekeeping services with an outside agency, the licensee shall ensure there is a signed, dated agreement that details any services provided and the housekeeping service meets each requirement of this section.	☐	☐	☐		☐	☐	
22(2)		The licensee shall ensure written housekeeping policies and procedures are developed and implemented, and reviewed and updated annually.	☐	☐	☐		☐	☐	
22(3)		The licensee shall ensure enough housekeeping staff are employed or contracted with to maintain both the exterior and interior of the facility in a safe, clean, orderly manner.	☐	☐	☐		☐	☐	

22(4)(a-f)		The licensee shall ensure: (a) housekeeping equipment is suitable for institutional use and properly maintained; (b) cleaning solutions for floors are prepared according to manufacturer's instructions and be checked periodically to ensure proper germicidal concentrations are maintained; (c) there is enough noncombustible trash containers and lids are provided where appropriate; (d) storage areas containing cleaning agents, bleaches, insecticides, or poisonous, dangerous, or flammable materials, are safeguarded. (e) toilet rooms are not used for storage; and (f) throw or scatter rugs are not used in the main traffic areas of the facility or in exit ways.	☐	☐	☐		☐	☐	
R432-500-23. Laundry Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
23(1)(a-d)		Each licensee shall ensure there are provisions for storage and processing of clean and soiled linen as required for patient care. (a) The licensee shall ensure processing is done within the facility, in an on or offsite building, or in a commercial or shared laundry. (b) If the licensee contracts for laundry service, the licensee shall ensure there is a signed, dated agreement that details any services provided. (c) The licensee shall ensure that the laundry service meets each requirement of this section. (d) If the licensee processes laundry on the premises, the licensee shall employ a qualified person to direct the facility's laundry service. The person shall have experience or training in the following: (i) proper use of the chemicals in the laundry; (ii) proper laundry procedures; (iii) proper use of laundry equipment; (iv) appropriate facility policy and procedures; and (v) appropriate federal regulations, state rules, and local laws.	☐	☐	☐		☐	☐	
23(2)(a-d)		If laundry is processed by a commercial laundry that is not part of the facility, the licensee shall provide the following: (a) a separate room, vented to the outside, for holding and sorting soiled linen until ready for transport; (b) a central, clean linen storage area in addition to the linen storage provided in each unit with enough central storage capacity for the facility's operation; (c) a separate storage area to maintain clean and soiled linen carts away from traffic areas; and (d) handwashing facilities in each area where unbagged soiled linen is handled.	☐	☐	☐		☐	☐	

	23(3)(a-g)		If laundry is processed either within the facility or in a separate building, the licensee shall provide for the following: (a) receiving, holding, and sorting room for control and distribution of soiled linen. Soiled linen chutes may empty into this room; (b) a laundry room with washing machines and dryers adequate for the quantity and type of laundry to be processed; (c) a clean storage room with space and shelving adequate to store one-half of any laundry being processed; (d) convenient access to employee lockers and lounge; (e) storage for laundry supplies; (f) storage area for clean and soiled linen carts out of traffic; (g) traffic pattern through laundry area that is: (i) from building corridor to receiving and sorting or soiled linen room; (ii) from sorting soiled linen room to washroom; (iii) from washroom to a dry room that is separated from the washroom by a wall with a door; (iv) from dry room to clean storage or covered and protected building corridor; and (v) air flow is positive in direction moving from clean to soiled then to the exterior.	☐	☐	☐		☐	☐		
	23(4)(a-g)		Each licensee shall develop and implement policies and procedures relevant to operation of the laundry. The licensee shall review and update policies and procedures annually and ensure they address: (a) methods to handle, store, transport, and process clean, soiled, contaminated, and wet linens; (b) water temperature to wash laundry that is at least 150 degrees F, or 66 degrees C, unless the laundry equipment manufacturer recommends other temperatures, however, an automatic chemical sterilizing system may be used in lieu of 150 degrees F water with department approval; (c) collection and transportation of soiled linen to the laundry in closed, leak-proof laundry bags, or covered impermeable containers. Separate linen carts labeled soiled or clean linen are constructed of washable material and laundered or suitably cleaned to maintain sanitation; (d) the training of laundry personnel in proper procedures for laundry infection control; (e) provision for adequate laundry equipment including washers, dryers, linen carts, and transport carts to maintain clean laundry for the facility; (f) maintenance of laundry equipment in proper working condition; and (g) provision for a lavatory with hot and cold running water, soap,	☐	☐	☐		☐	☐		

23(5)(a-j)		The licensee shall ensure: (a) clean linen is stored, handled, and transported in a manner to prevent contamination; (b) clean linen is stored in clean closets, rooms, or alcoves used only for that purpose; (c) clean linen is covered if stored in alcoves or transported through the facility; (d) clean linen from a commercial laundry is delivered to a designated clean area in a manner that prevents contamination; (e) linens are maintained in good repair; (f) a supply of clean linen and other supplies are provided and available to staff to meet the needs of patients; (g) soiled linen is handled, stored, and processed to prevent the spread of infections; (h) soiled linen is sorted by methods to protect from contamination, and as specified in facility policy; (i) soiled linen is stored and transported in a closed container that prevents airborne contamination of corridors and areas occupied by patients, and precludes cross contamination of clean linens; and (j) laundry chutes are maintained in a clean sanitary condition.	☐	☐	☐		☐	☐	
R432-500-24. Physical Environment and Safey.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
24(1)(a-b)		The licensee shall provide a safe and sanitary environment. (a) The administrator shall employ a person qualified by experience and training to be in charge of facility maintenance, or if the licensee contracts for maintenance services, there is a signed, dated agreement that specifies agreement to comply with each requirement of this section. (b) The licensee shall develop and implement a written maintenance program, including preventive maintenance, to ensure continued equipment function and sanitary practices throughout the facility.	☐	☐	☐		☐	☐	
24(2)(a-b)		Each licensee shall develop and implement maintenance, safety, and sanitation policies and procedures that are reviewed and updated annually. (a) When maintenance is performed by an equipment-service company, the company shall certify that work performed is in accordance with acceptable standards and the licensee shall retain documentation of certification for department review. (b) The licensee shall develop a pest control program that ensures: (i) the facility is free from insects and rodents; (ii) a licensed pest control contractor or an employee trained in pest control procedures conducts the pest control program in the facility buildings and grounds; and (iii) any openings to the outside of the facility prevent the entrance of insects and rodents.	☐	☐	☐		☐	☐	

	24(3)(a-c)		The license shall ensure architectural and engineering drawing, specification books, and maintenance literature concerning the design and construction of built-in systems are available for use by maintenance and safety personnel this includes: (a) instructional information, cautions, specifications, and operational data on any facility equipment is available to any concerned departments; (b) systems-disconnects location information is readily available; and (c) documentation is maintained for department review of the pest control program and other maintenance activity.	☐	☐	☐		☐	☐	
	R432-500-25. General Maintenance.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	25(1)		The licensee shall ensure equipment used in the facility is approved by the Underwriter's Laboratories, a global safety certification company in the United States, and meet any applicable Utah Occupational Safety and Health Act requirements in effect at the time of purchase.	☐	☐	☐		☐	☐	

25(2)(a-u)		The licensee shall ensure the general maintenance of the facility complies with the following: (a) draperies, carpets, and furniture are maintained clean and in good repair; (b) electrical systems including appliances, cords, equipment, call systems, switches, and grounding systems are maintained to ensure safe functioning; (c) heating and cooling systems are inspected and documented annually to ensure safe operation; (d) written records of maintenance on high intensity (90%) filters and humidifiers are kept; (e) heating equipment are capable to maintain 80 degrees F.; (f) cooling equipment are capable to maintain 74 degrees F.; (g) electric circuits are tested annually to show that phase, voltage, amperage, grounding, and load balancing are as required; (h) grounding systems in operating rooms are tested and documented monthly; (i) medical gas systems are inspected quarterly; (j) steam systems driving autoclaves and other sterilization equipment are tested regularly to ensure proper operating temperatures, volumes, and pressures. Gauges are tested annually; (k) any switch-over devices, relays, breakers, outlets, and receptacles in the emergency system are tested quarterly; (l) air supplies, main burners, and stack afterburners are inspected annually; (m) any new equipment is tested before use; (n) any patient care equipment is tested as specified in facility policy but at least according to manufacturer's specifications; (o) any other electric and electronic equipment is tested at least annually; (p) any testing and inspections of systems and equipment is done by individuals with specialized training of the equipment they are testing; (q) records are maintained for inspections and testing; (r) maintenance work performed is documented. Any required records including maintenance, safety inspections, and drill schedules are retained for two years or from the date of the last major inspection; (s) any buildings, fixtures, equipment, spaces, and sanitation systems are maintained in operable condition; (t) any poisonous chemical is properly labeled and is be stored with patient care items; and (u) any air filters installed in heating, air conditioning, and ventilation systems, are inspected and filters replaced as needed to maintain the systems in operating condition.	☐	☐	☐		☐	☐	
R432-500-26. Emergency Electric Service.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

26(1)		The licensee shall ensure an emergency generator is available to provide power to critical areas essential for patient safety in the event of an interruption in normal electrical power service.	☐	☐	☐		☐	☐	
26(2)(a-b)		The licensee shall provide: (a) emergency exit lighting; and (b) flashlights available for emergency use by staff.	☐	☐	☐		☐	☐	
26(3)(a-c)		The licensee shall ensure that emergency electrical power systems are maintained in operating condition and tested as follows: (a) the emergency power generator is tested weekly and run under load for a period of 30 minutes monthly; (b) transfer switches and battery-operated equipment are tested at approximately 14-day intervals; and (c) a written record of inspection, performance, test period, and repair of the emergency generator is maintained on the premises	☐	☐	☐		☐	☐	
R432-500-27. Provisions for Gas Usage.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
27(1)		Flammable anesthetic agents or chemicals may not be used unless the building is properly constructed for its use.	☐	☐	☐		☐	☐	
27(2)(a-g)		For gas usage in a facility, the licensee shall ensure: (a) compressed gasses and flammable liquids are stored safely and any compressed gas cylinders in storage are capped and secured; (b) oxidizing agents may not be stored with flammables; (c) oxygen and flammable agents are stored away from combustibles; (d) liquid flammable agents are stored in metal cabinets with no more than ten gallons of any one flammable liquid or 60 gallons total of flammable liquids stored per cabinet; (e) warning signs are posted when compressed gasses or flammable liquids are used; (f) equipment is available to extinguish liquid oxygen and enriched gasses; and (g) employees are trained in the proper use of equipment and containment of combustions	☐	☐	☐		☐	☐	
27(3)(a-b)		When using oxygen, the licensee shall ensure provision is made for the following: (a) safe handling and storage; and (b) facility personnel may not transfer gas from one cylinder to another.	☐	☐	☐		☐	☐	

27(4)(a-d)		The licensee shall test the piped oxygen system and file a written report as follows: (a) upon completion of initial installation; (b) when changes are made to the system; (c) when the integrity of the system has been breached; and (d) ensure there is a scavenging system for evacuation of anesthetic waste gas.	☐	☐	☐		☐	☐	
R432-500-28. Lighting.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
28(1)		Sodium and mercury vapor lights shall not be used inside the facility, but may be used as a source of exterior lighting.	☐	☐	☐		☐	☐	
28(2)		The licensee shall ensure there is an accessible storeroom, stairway, ramp, exit, and entrance areas are illuminated by at least 20 foot-candles of light at floor level.	☐	☐	☐		☐	☐	
28(3)		The licensee shall ensure that corridors are illuminated with a minimum of 20 foot-candles of light at floor level.	☐	☐	☐		☐	☐	
28(4)(a-g)		The licensee shall ensure other areas are provided with the following minimum foot-candles of light at working surfaces: (a) operating rooms, 50 foot-candles; (b) medication preparation areas, 50 foot-candles; (c) charting areas, 50 foot-candles; (d) reading areas, 50 foot-candles; (e) laundry areas, 30 foot-candles; (f) toilet, bath, and shower rooms, 30 foot-candles; and (g) nutritional area, 30 foot-candles.	☐	☐	☐		☐	☐	
R432-500-29. Water Supply.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

29(1)(a-f)		The licensee shall ensure the following: (a) plumbing and drainage facilities are maintained in compliance with Utah Plumbing Code; (b) backflow prevention devices are maintained in operating condition and tested when required by the Utah Plumbing Code and Utah Public Drinking Water Regulations; (c) hot water temperature controls automatically regulate temperatures of hot water delivered to plumbing fixtures used by staff and patrons; (d) maintain hot water delivered to patient care areas at temperatures between 105 and 115 degrees F.; (e) temperatures are regularly tested and a record maintained as part of the preventive maintenance program; and (f) there are grab bars at each bathroom facility utilized by patients.	☐	☐	☐		☐	☐	
29(2)		The licensee shall ensure water sterilizers, exchangers, distilleries, deionizers and filters are functional and provide the quality of water intended in each application.	☐	☐	☐		☐	☐	
R432-500-30. Sanitation Facilities.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
30(1)(a-c)		The licensee shall provide: (a) enough handwashing and toilet facilities for convenient use by employees and patrons; (b) clean, adequately ventilated facilities that are in good repair; and (c) an adequate supply of hand soap and a supply of sanitary towels or an approved hand drying appliance are available for use. Common towels are prohibited.	☐	☐	☐		☐	☐	
30(2)		Any toilet and bathroom doors used by patients and opening inward toward the bath or toilet room shall also allow the door to be removed from the outside of the bath or toilet room.	☐	☐	☐		☐	☐	
30(3)		The use of exposed element portable heaters is prohibited.	☐	☐	☐		☐	☐	
30(4)		If virulent agents are tested in the facility, the licensee shall provide a shielded exhaust hood or other equivalent protective device.	☐	☐	☐		☐	☐	

30(5)(a-e)		The licensee shall ensure: (a) building, grounds, walkways, and parking are free of hazards and in good repair; (b) parking and walkways are clear of snow and ice; (c) a clear unobstructed path are maintained from any emergency exits to a public way; (d) floors are maintained so they are in good repair. Floors in labs, toilet rooms, baths, kitchens, and isolation rooms are of ceramic tile, roll-type vinyls, or seamless bonded flooring that is resilient, non-absorbent, impervious, and easily cleaned; and (e) traffic in any patient care areas is monitored. The licensee shall permit only authorized individuals to have access to sterile areas.	☐	☐	☐		☐	☐	
30(6)		The licensee shall provide facilities and equipment for the sanitary storage and treatment or disposal of any categories of waste, including hazardous and infectious wastes if applicable, using techniques acceptable to the department of Environmental Quality, and the local health department with jurisdiction.	☐	☐	☐		☐	☐	
30(7)		The licensee shall ensure trash chutes, laundry chutes, and dumb waiters are safe and sanitary, and trash and laundry chutes, elevators, dumb waiters, message tubes, and other systems do not pump contaminated air into clean areas.	☐	☐	☐		☐	☐	
R432-500-31. Penalties.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
		Any person who violates any provision of this rule may be subject to the penalties enumerated in Section 26B-2-208, Rule R432-3, and Sections 26B-2-216 and 26B-1-224.	☐	☐	☐		☐	☐	
Legislative Updates 2026			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R380-600-3(2)		Each applicant and provider shall comply with any applicable rule, statute, zoning, fire, safety, sanitation, building and licensing law, regulation, ordinance, and code of the city and county where facility or agency will be or is located.	☐	☐	☐		☐	☐	This is the rule that will be cited for noncompliance with any of the legislative updates. "The provider is out of compliance with this rule by not complying with [statute citation]"
HB 417 Patient Interfacility Transportation Requirements			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
26B-2-244. Non-medical transport -- Receiving health care facility requirements.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

	26B-2-244(1)(a-g)		(1) As used in this section: (a) "Adequate time" means: (i) for an originating facility located in a county of the fourth, fifth, or sixth class as classified under Section 17-60-104, four hours of being discharged by the originating facility; or (ii) for an originating facility not described in Subsection (1)(a)(i), two hours of being discharged by the originating facility. (b) "Ambulance transportation" means transportation provided by a person licensed under Title 53, Chapter 2d, Emergency Medical Services Act. (c) "Health care provider" means: (i) a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; (ii) a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act; or (iii) an advanced practice registered nurse licensed under Subsection 58-31b-301(2)(e). (d) "Interfacility transfer" means the transferring of a patient between an originating facility and a receiving facility. (e)(i) "Non-medical transportation" means transportation that does not: (A) provide medical services during transport; or (B) employ or provide trained medical personnel for transporting an individual. (ii) "Non-medical transportation" includes transportation provided by a family member or public transit. (f) "Originating facility" means a health care facility where a patient is currently admitted or being treated. (g) "Receiving facility" means a health care facility that will receive a patient from an originating facility.	☐	☐	☐		☐	☐		
	26B-2-244(2)(a-c)		(2) A health care facility shall allow a patient to use non-medical transportation for an interfacility transfer if: (a) the patient is not subject to: (i) temporary commitment described in Section 26B-5-331; or (ii) involuntary commitment described in Section 26B-5-332; (b) the patient's health care provider at the originating facility determines that: (i) the patient is not in a condition described in Section 53-2d-405; and (ii) the patient's current medical and mental condition does not require ambulance transportation to the receiving facility; and (c) the transfer would not violate the federal Emergency Medical Treatment and Labor Act described in 42 U.S.C. Sec. 1395dd.	☐	☐	☐		☐	☐		
	26B-2-244(3)		(3) A patient may request that a health care facility or health care provider determine whether the patient is eligible to use non-medical transportation under Subsection (2).	☐	☐	☐		☐	☐		

26B-2-244(4)(a-d)		(4) For a patient eligible to use non-medical transportation for an interfacility transfer, the health care facility shall provide a written notice to the patient that states: (a) the patient's medical and mental condition does not meet medical necessity for ambulance transportation; (b) insurance may elect not to cover the charges for ambulance transportation; (c) the patient may be responsible for the cost of ambulance transportation; and (d) the current transportation rate and mileage rate established under Section 53-2d-503.	☐	☐	☐		☐	☐	
26B-2-244(5)(a-b)		(5) If a patient uses non-medical transportation as described in this section and arrives at the receiving facility within adequate time, the receiving facility may not: (a) charge the patient or the patient's insurance or other health benefit plan for admission or readmission services unless medical staff have reason to believe the patient's medical condition has changed from when the originating facility discharged the patient to the time of the patient's arrival at the receiving facility; or (b) assign the available bed that the patient was offered upon discharge from the originating facility to an individual that is not the patient.	☐	☐	☐		☐	☐	
26B-2-244(6)		(6) An originating facility or health care provider is immune from civil action for acts or omissions made when allowing a patient to use non-medical transportation if the patient's medical or mental condition at the time the originating facility discharges the patient did not require ambulance transportation to the receiving facility.	☐	☐	☐		☐	☐	
26B-2-244(7)		(7) Nothing in this section restricts a patient's ability to refuse health care services, including any form of transportation.	☐	☐	☐		☐	☐	
S.B. 174 Exercise of Religious Beliefs and Conscience Amendments			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
H.B. 472 Division of Licensing and Background Checks Amendments			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
		H.B. 472 makes technical and conforming changes, renumbers 26B-2-103, 26B-2-104, and clarifies the definition of an individual that is associated with a licensee.	☐	☐	☐		☐	☐	
		Additionally, H.B. 472 requires critical incident reporting across Human Services, Health Facilities and Child Care programs, even though some specifics differ.	☐	☐	☐		☐	☐	
H.B. 259 Parental Access to Children's Medical Records Amendments			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
26B-2-244. Medical record access for children.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

			(1) As used in this section: (a) "Child" means an individual under the age of 18 years old. (b) "Electronic medical record system" means an electronic system for maintaining medical records in a clinical setting. (c) "EMRS vendor" means the vendor of an electronic medical record management system. (d) "Health care system" means an entity that owns two or more health care facilities. (e) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended. (f) "Parent" means an individual who has a parent-child relationship, as defined in Section 81-5-102, with the child.	☐	☐	☐		☐	☐		
			(2) A parent has the right to obtain and access the medical records that pertain to the parent's child unless: (a) the parent's parental rights have been terminated; (b) the child is emancipated or legally married; (c) required by a court order; or (d) the medical record relates to sexual assault counseling in accordance with Section 77-38-204.	☐	☐	☐		☐	☐		
			(3)(a) Subject to Subsection (3)(b), a health care facility may not restrict a parent's access to the electronic medical record of the parent's child. (b)A health care facility may: (i)restrict a parent's access to an electronic medical record of the parent's child for a reason described in Subsection (2); and (ii)only restrict access to the portion of the electronic medical record that would be restricted under Subsection (2).	☐	☐	☐		☐	☐		
			(4) An EMRS vendor providing an electronic medical record system for a health care facility shall ensure the electronic medical record system provided to the health care facility is capable of being modified by the health care facility to comply with Subsection (3).	☐	☐	☐		☐	☐		

			(5)(a) Subject to Subsection (5)(f), a health care facility in violation of Subsection (3) is subject to a $1,000 civil fine for each day the health care facility does not comply with Subsection (3) after December 31, 2027. (b) An EMRS vendor in violation of Subsection (4) is subject to a $1,000 civil fine for each day the EMRS vendor's electronic medical record system does not comply with Subsection (4) after December 31, 2027. (c) The attorney general may bring a civil action against a health care facility or EMRS vendor to enforce this section. (d) In enforcing this section, the attorney general may issue subpoenas in investigating a potential violation. (e) A court shall award attorney fees to the attorney general if the attorney general is successful in an enforcement action described in this section. (f) If two or more health care facilities are owned by a health care system and not in compliance with Subsection (3), the civil fine described in Subsection (5)(a) shall be assessed against the health care system for each day of noncompliance as if the health care facilities were a single health care facility.	☐	☐	☐		☐	☐		
			(6)(a) A health care facility shall: (i) provide a notice to any parent that is unable to access a part of an electronic medical record if: (A) the electronic medical record system is unable to provide the parent access; and (B) the parent is not otherwise precluded from access to the records under HIPAA or Subsection (2); and (ii) upon request, provide the parent medical records. (b) A health care facility shall provide records under Subsection (6)(a): (i) without charge; and (ii) within five business days of the day on which the health care facility receives the request. (c) A health care facility that fails to provide records in accordance with this Subsection (6) is subject to a $1,000 civil fine per record. (d) The notice described in Subsection (6)(a)(i) shall state the following "If your child's medical records are not visible, click here to request them. They must be provided within five business days or a $1,000 fine applies per Utah Code Section 26B-2-244."	☐	☐	☐		☐	☐		
			(7) A fine collected under this section shall be deposited into the fund described in Section 26B-1-335.	☐	☐	☐		☐	☐		
			(8) Subsections (3) through (7) do not apply to the Utah State Hospital.	☐	☐	☐		☐	☐		

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