Department of Health & Human Services	Birthing Centers Inspection Checklist R432-550. Birthing Centers	This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. *(Revised 05/20/2025)*

Facility Name:		**Facility ID:**		**Phone Number:**		**Notes / Sticky Notes**
Address:				**Email Address:**		
Provider:						

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:

- 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 by visiting the website dlbc.utah.gov

Legislative updates for 2026 are found at the end of the checklist. Updates will be enforceable starting May 20, 2026.	

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 # R432-550		**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**	
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.	☐	☐	☐		☐	☐	
R432-550-6. Governing Body.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

	R432-550-6(1)(a)-(m)		(1) The licensee shall appoint in writing an individual or group to constitute the facility's governing body. The governing body shall: (a) comply with federal, state and local laws, rules and regulations; (b) adopt written policies and procedures which describe the functions and services of the birthing center and protect patient rights; (c) adopt a policy prohibiting discrimination because of race, color, sex, religion, ancestry, or national origin in accordance with Title 13, Chapter 7, Sections 1 through 4. (d) develop an organizational structure establishing lines of authority and responsibility; (e) when the governing body is more than one individual, conduct meetings in accordance with facility policy, but at least annually, and maintain written minutes of the meetings; (f) appoint by name and in writing a qualified administrator; (g) appoint by name and in writing a qualified director of the clinical staff; (h) appoint members of the clinical staff and delineate their clinical privileges; (i) review and approve at least annually a quality assurance program for birthing center operation and patient care provided. (j) establish a system for financial management and accountability; (k) provide for resources and equipment to provide a safe working environment for personnel; (l) act on findings and recommendations of facility-created committees relevant to compliance with these birthing center rules; (m) ensure that facility patient admission eligibility criteria are strictly applied by clinical staff and are evaluated through quality assurance review in accordance with R432-550-11.	☐	☐	☐		☐	☐		

	R432-550-6(2)(a)-(d)		(2) Written policies and procedures shall: (a) clearly, accurately and comprehensively define the methods by which the facility will be operated to protect the health and safety of patients; (b) provide for meeting the patient's needs; (c) provide for continuous compliance with federal, state and local laws, rules and regulations. (d) Written policies and procedures shall include: (i) defining the term "low risk maternal patient" which shall include eligibility criteria for birth services offered in the birthing center; (ii) defining specific criteria, which shall in normally anticipated circumstances render a maternal patient ineligible for birth services or continued care at the birthing center; (iii) identifying and outlining methods for transferring patients who, during the course of labor or recovery, are determined to be ineligible for birthing center services or continued care at the birthing center, including; (A) information required for proper care and treatment of the individual(s) transferred, including patient records; and (B) security and accountability of the personal effects of the individual being transferred. (iv) planning for consultation, back-up services, transfer and transport of a newborn and maternal patient to a hospital where necessary care is available; (v) documenting the maternal patient has been informed of the eligibility requirements of an out-of-hospital birthing center labor and birth; (vi) providing instructions in postpartum and newborn care to the patient and any other family or support person designated by the patient; (vii) registering birth, fetal death or death certificates in accordance with Title 26, Chapter 2, Sections 5, 13, 14, 23 and rules promulgated pursuant thereto in R436. (viii) prescribing and instilling a prophylactic solution approved by the Department of Health in the eyes of the newborn in accordance with R386-702-8, Special Measures for the Control of Ophthalmia Neonatorum; (ix) performing phenylketonuria (PKU) and other disease tests in accordance with Department of Health Laboratory rules developed pursuant to Section 6; (x) verifying prenatal laboratory screening to include: (A) blood type and Rh Factor and provision for appropriate use of Rh immunoglobulin; (B) hematocrit or hemoglobin; (C) antibody screen; (D) rubella; and (E) syphilis; (xi) providing for infection control to include: (A) housekeeping; (B) cleaning, sterilization, sanitization	☐	☐	☐		☐	☐	
R432-550-7. Administrator.				**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

R432-550-7(1)(a)-(c)		(1) Direction. (a) The administrator shall be responsible for the overall management and operation of the birthing center. (b) The administrator shall designate in writing a competent employee to act as administrator in the temporary absence of the administrator. (c) The administrator's designee shall have authority and responsibility to: (i) act in the best interests of patient safety and well-being; (ii) operate the facility in a manner which ensures compliance with these birthing center rules.	☐	☐	☐		☐	☐	
R432-550-7(2)(a)-(c)		(2) Qualifications. The administrator and administrator's designee shall be knowledgeable: (a) by education, training or experience in administration and supervision of personnel and qualified as required by facility policy; (b) in birthing center protocols; (c) in applicable federal, state and local laws, rules and regulations.	☐	☐	☐		☐	☐	
R432-550-7(3)(a)-(f)		(3) The administrator's responsibilities shall be included in a written job description available for Department review. The administrator shall: (a) complete, submit and file records and reports required by the Department; (b) develop and implement facility policies and procedures; (c) review facility policies and procedures at least annually and report to the governing body on the review; (d) employ or contract with competent personnel whose qualifications are commensurate with job responsibilities and authority and who have the appropriate Utah license or certificate of completion; (e) develop, for all employee positions, job descriptions that delineate functional responsibilities and authority; and (f) review and act on incident or accident reports.	☐	☐	☐		☐	☐	
R432-550-8. Clinical Director.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-8(1)		(1) The clinical director shall be responsible for implementing, coordinating and assuring the quality of patient care services.	☐	☐	☐		☐	☐	

	R432-550-8(2)(a)-(c)		(2) The clinical director shall: (a) be currently licensed to practice medicine or midwifery in Utah; (b) have training and expertise in obstetric and newborn services offered to ensure adequate supervision of patient care services; and (c) for an alongside midwifery unit, the clinical director shall be a physician as defined in Section 58-67-102 or a certified nurse midwife under Title 58, Chapter 44a, Nurse Midwife Practice Act.	☐	☐	☐		☐	☐	
	R432-550-8(3)(a)-(i)		(3) The clinical director's responsibilities shall be included in a written job description available for Department review. The clinical director shall: (a) review and update facility protocols; (b) review and evaluate clinical staff privileges and revise them as necessary; (c) recommend, to the governing body, names of qualified licensed health care practitioners to perform approved procedures and the corresponding clinical staff privileges to be granted; (d) coordinate, direct and evaluate clinical operations of the facility; (e) evaluate and recommend to the administrator the type and amount of equipment needed in the facility; (f) ensure that qualified staff are on the premises while patients are admitted to the facility; (g) ensure clinical staff documentation is recorded immediately and reflects a description of care given; (h) ensure that planned birthing center services are within the scope of privileges granted to the clinical staff; and (i) recommend to the administrator appropriate remedial action and disciplinary action, when necessary, to correct violations of clinical protocols.	☐	☐	☐		☐	☐	
	R432-550-9. Personnel.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	R432-550-9(1)		(1) The administrator shall employ a sufficient number of qualified professional and support staff who are competent to perform their respective duties, services and functions.	☐	☐	☐		☐	☐	
	R432-550-9(2)(a)-(d)		(2) The facility shall maintain written personnel policies and procedures which shall be available to personnel and shall address the following: (a) content of personnel records; (b) job descriptions, qualifications and validation of licensure or certificates of completion as appropriate for the position held; (c) conditions of employment; and (d) management of employees.	☐	☐	☐		☐	☐	

	R432-550-9(3)		(3) The facility shall maintain personnel records for employees and shall retain personnel records for terminated employees for a minimum of one year following termination of employment.	☐	☐	☐		☐	☐	
	R432-550-9(4)		(4) The facility shall establish a personnel health program through written personnel health policies and procedures which shall protect the health and safety of personnel and patients commensurate with the services offered.	☐	☐	☐		☐	☐	
	R432-550-9(5)(a)-(b)		(5) An employee placement health evaluation shall include at a health inventory which shall be completed when an employee is hired. The health inventory shall obtain the employee's history of the following: (a) conditions that predispose the employee to acquiring or transmitting infectious diseases; and (b) conditions which may prevent the employee from performing certain assigned duties satisfactorily.	☐	☐	☐		☐	☐	
	R432-550-9(6)		(6) Employee health screening and immunization components of personnel health programs shall be developed in accordance with R386-702, Code of Communicable Disease Rules.	☐	☐	☐		☐	☐	
	R432-550-9(7)(a)-(b)		(7) Employee skin testing by the Mantoux method or other FDA approved in-vitro serologic test and follow-up for tuberculosis shall be done in accordance with R388-804, Special Measures for the Control of Tuberculosis. (a) The licensee shall ensure that all employees are skin-tested for tuberculosis within two weeks of: (i) initial hiring; (ii) suspected exposure to a person with active tuberculosis; and (iii) development of symptoms of tuberculosis. (b) Skin testing shall be exempted for all employees with known positive reaction to skin tests.	☐	☐	☐		☐	☐	
	R432-550-9(8)		(8) The birthing center personnel must receive documented orientation to the facility and the job for which they are hired.	☐	☐	☐		☐	☐	
	R432-550-9(9)(a)-(b)		(9) The birthing center personnel must receive documented ongoing in-service training to include: (a) an annual review of facility policies and procedures; and (b) infection control, personal hygiene and each employee's responsibility in the personnel health program.	☐	☐	☐		☐	☐	

R432-550-9(10)		(10) The birthing center Personnel shall have access to the facility's policy and procedure manuals when on duty.	☐	☐	☐		☐	☐	
R432-550-9(11)(a)-(b)		(11) Personnel shall maintain current licensing, certification or registration appropriate for the work performed and as required by the Utah Department of Commerce. (a) Personnel shall provide evidence of current licensure, registration or certification to the Department upon request. (b) Failure to ensure personnel are licensed, certified or registered may result in sanctions to the facility license.	☐	☐	☐		☐	☐	
R432-550-10. Contracts.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-10(1)(a)-(c)		(1) The licensee shall provide a written contract for any birthing center services that are not provided directly by the facility. The licensee shall ensure that the contracted entity: (a) performs according to facility policies and procedures; (b) conforms to standards required by laws, rules and regulations; and (c) provides services that meet professional standards and are timely.	☐	☐	☐		☐	☐	
R432-550-10(2)		(2) Contracts shall be available for Department review.	☐	☐	☐		☐	☐	
R432-550-10(3)		(3) An alongside midwifery unit shall have a transfer agreement in place with the adjoining hospital to transfer a patient to the adjacent hospital's labor and delivery unit if a higher level of care is needed, and for services that are provided by the adjacent hospital's staff in collaboration with the alongside midwifery unit staff.	☐	☐	☐		☐	☐	
R432-550-10(4)		(4) An alongside midwifery unit may contract with staff from the adjoining hospital to assist with newborn care or resuscitation of a patient in an emergency.	☐	☐	☐		☐	☐	
R432-550-11. Quality Assurance.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-11(1)		(1) The administrator shall establish a quality assurance committee and program. This committee shall review regularly clinic operations, protocols, policies and procedures, incident reports, infection control, patient care policies and safety.	☐	☐	☐		☐	☐	

R432-550-11(2)		(2) The quality assurance committee shall initiate action to resolve identified quality assurance problems by filing a written report of findings and recommendations with the licensee.	☐	☐	☐		☐	☐	
R432-550-11(3)		(3) The quality assurance committee shall meet as prescribed in facility policy or at least quarterly and shall keep written minutes available for department review.	☐	☐	☐		☐	☐	
R432-550-11(4)		(4) The quality assurance program shall include surveillance, prevention and control of infection.	☐	☐	☐		☐	☐	
R432-550-12. Emergency and Disaster.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-12(1)		(1) The facility shall assure the safety and well-being of patients in the event of an emergency or disaster. An emergency or disaster may include but is not limited to interruption of public utilities, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic and injury.	☐	☐	☐		☐	☐	
R432-550-12(2)		(2) The administrator shall educate, train and drill staff to respond appropriately in an emergency in accordance with NFPA 101, Life Safety Code.	☐	☐	☐		☐	☐	
R432-550-12(3)(a)-(c)		(3) The administrator shall be responsible for the development of an emergency and disaster plan, coordinated with state and local emergency or disaster authorities, to respond to emergencies and disasters as appropriate. The plan shall: (a) be in writing and personnel shall have ready access when on duty; (b) be reviewed and updated at least annually by the administrator and the licensee; and (c) address evacuation of occupants to a safe place within the facility or to another location.	☐	☐	☐		☐	☐	
R432-550-12(4)(a)-(b)		(4) The facility must maintain safe ambient air temperatures within the facility. (a) Emergency heating must have the approval of the local fire department. (b) The facility shall have, and be capable of implementing contingency plans regarding excessively high or low ambient air temperatures within the facility that may affect the health and safety of the patients.	☐	☐	☐		☐	☐	
R432-550-13. Patients' Rights.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

R432-550-13(1)(a)-(h)		(1) Written patients' rights shall be established and made available to the patient as determined by facility policy which shall include the following: (a) to be fully informed, prior to or at the time of admission, and during stay, of these rights and of facility rules that pertain to the patient; (b) to be fully informed, prior to admission, of the treatment to be received, potential complications and expected outcomes; (c) to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal; (d) to be informed, prior to or at the time of admission and during stay, of services available in the facility and of any expected charges for which the patient may be liable; (e) to be afforded the opportunity to participate in decisions involving personal health care, except when contraindicated; (f) to refuse to participate in experimental research; (g) to be ensured 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; (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.	☐	☐	☐		☐	☐	
R432-550-14. Clinical Staff and Personnel.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-14(1)		(1) Information identifying current clinical staff and on-call and emergency telephone numbers shall be readily available to birthing center personnel.	☐	☐	☐		☐	☐	
R432-550-14(2)		(2) Clinical staff and licensed personnel of the birthing center shall be trained in emergency and resuscitation measures for infants and adults, including but not limited to, cardiopulmonary resuscitation certification.	☐	☐	☐		☐	☐	
R432-550-14(3)		(3) A licensed maternity care practitioner shall be present at each birth and remain until the maternal patient and newborn are stable postpartum.	☐	☐	☐		☐	☐	
R432-550-14(4)		(4) A second member of the birthing center staff who is licensed or certified to give cardiopulmonary resuscitation shall be present at each birth.	☐	☐	☐		☐	☐	
R432-550-14(5)		(5) Clinical staff, licensed personnel and support staff shall be provided to meet patients' needs, to ensure patients' safety and to ensure that patients in active labor are attended.	☐	☐	☐		☐	☐	

R432-550-14(6)		(6) A midwife practicing in an alongside midwifery unit shall be a certified nurse midwife under Title 58, Chapter 44a, Nurse Midwife Practice Act.	☐	☐	☐		☐	☐	
R432-550-15. Clinical Staff.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-15(1)		(1) The attending member of the clinical staff shall ensure the supervision of, and quality of, care delivered to the patient admitted to the facility.	☐	☐	☐		☐	☐	
R432-550-15(2)		(2) Each patient shall be under the care of a member of the clinical staff.	☐	☐	☐		☐	☐	
R432-550-15(3)		(3) Clinical staff members shall comply with applicable professional practice laws and written birthing center protocols approved by the clinical director.	☐	☐	☐		☐	☐	
R432-550-15(4)		(4) The attending member of the clinical staff shall verify in writing that the patient conforms to facility eligibility criteria.	☐	☐	☐		☐	☐	
R432-550-15(5)		(5) The attending member of the clinical staff shall decide when transfer of a patient to a hospital is necessary and document in writing the conditions warranting the decision.	☐	☐	☐		☐	☐	
R432-550-16. Equipment and Supplies.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-16(1)		(1) The administrator shall provide necessary equipment in good working order to meet the patient's needs.	☐	☐	☐		☐	☐	
R432-550-16(2)		(2) The type and amount of equipment shall be indicated in facility policy and approved by the clinical director.	☐	☐	☐		☐	☐	
R432-550-16(3)(a)-(b)		(3) An emergency cart or tray equipped to allow completion of emergency procedures defined by facility policy shall be readily available. (a) The facility shall safely store the emergency cart or tray in a designated area that is accessible to authorized personnel. (b) The facility shall maintain a written log of all upkeep of the emergency cart or tray.	☐	☐	☐		☐	☐	
R432-550-16(4)		(4) The inventory of supplies shall be sufficient to care for the number of patients registered for care.	☐	☐	☐		☐	☐	

R432-550-16(5)(a)-(n)		(5) Properly maintained equipment and supplies for the maternal patient and the newborn shall include at least the following: (a) furnishings suitable for labor, birth and recovery; (b) oxygen with flow meters and masks or equivalent; (c) bulb suction; (d) resuscitation equipment to include resuscitation bags, laryngeal mask airways and oral airways; (e) firm surfaces suitable for use in resuscitating patients; (f) emergency medications and related supplies and equipment; (g) fetal monitoring equipment, minimally to include a fetoscope or doppler; (h) equipment to monitor and maintain the optimum body temperature of the newborn; (i) a clock indicating hours, minutes and seconds; (j) sterile suturing equipment and supplies; (k) adjustable examination light; (l) infant scale; (m) a telephone or equivalent two-way communication device capable of reaching other facilities or emergency agencies; and (n) a delivery log for recording birth data.	☐	☐	☐		☐	☐	
R432-550-17. Medications.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-17(1)		(1) Licensed personnel shall prescribe, order and administer medication in accordance with applicable professional practice acts, pharmacy and controlled substances laws.	☐	☐	☐		☐	☐	
R432-550-18. Anesthesia Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-18(1)		(1) The birthing center shall provide facilities and equipment for the provision of anesthesia services commensurate with the obstetric procedures planned for the facility.	☐	☐	☐		☐	☐	
R432-550-18(2)		(2) The clinical director shall ensure the safety of anesthesia services administered to patients by clinical staff through written policies and protocols approved by the clinical staff for anesthetic agents, delivery of anesthesia and potential hazards of anesthesia.	☐	☐	☐		☐	☐	
R432-550-18(3)		(3) A clinical staff member shall monitor patients who receive anesthesia or analgesics.	☐	☐	☐		☐	☐	
R432-550-19. Laboratory Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

R432-550-19(1)		(1) The birthing center shall provide direct or contract laboratory and associated services according to facility policy and to meet the needs of patients.	☐	☐	☐		☐	☐	
R432-550-19(2)		(2) Laboratory reports or results shall be reported promptly to the attending clinical staff member and documented in the patient's medical record.	☐	☐	☐		☐	☐	
R432-550-19(3)		(3) Laboratory services shall be provided according to CLIA requirements.	☐	☐	☐		☐	☐	
R432-550-20. Medical Records.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-20(1)		(1) Medical records shall be complete, accurately documented and systematically organized to facilitate retrieval and compilation of information.	☐	☐	☐		☐	☐	
R432-550-20(2)		(2) An employee designated by the administrator shall be responsible and accountable for the processing of medical records.	☐	☐	☐		☐	☐	
R432-550-20(3)		(3) The medical record and its contents shall be safeguarded from loss, defacement, tampering, fires and floods.	☐	☐	☐		☐	☐	
R432-550-20(4)(a)-(b)		(4) Medical records shall be protected against access by unauthorized individuals. Birthing centers shall: (a) keep medical record information confidential; and (b) obtain consent from the patient before releasing client information identifying the client, including photographs, unless release is otherwise allowed or required by law.	☐	☐	☐		☐	☐	
R432-550-20(5)		(5) Medical records shall be retained for at least five years after the last date of patient care. Records of minors, including records of newborn infants, shall be retained for three years after the minor reaches legal age under Utah law, but in no case less than five years.	☐	☐	☐		☐	☐	

R432-550-20(6)(a)-(m)		(6) The birthing center shall maintain an individual medical record for each patient which shall include but is not limited to written documentation of the following: (a) admission record with demographic information and patient identification data; (b) history and physical examination which shall be up-to-date upon the patient's admission; (c) written and signed informed consent; (d) orders by a clinical staff member; (e) record of assessments, plan of care and services provided; (f) record of medications and treatments administered; (g) laboratory and radiology reports; (h) discharge summary for mother and newborn to include a note of condition, instructions given and referral as appropriate; (i) prenatal care record containing at least prenatal blood serology, Rh factor determination, past obstetrical history and physical examination and documentation of fetal status; (j) monitoring of progress in labor with assessment of maternal and newborn reaction to the process of labor; (k) fetal monitoring record; (l) labor and delivery record, including type of delivery, record of anesthesia and operative procedures if any; and (m) documentation that the patient is informed of the statement of patient rights.	☐	☐	☐		☐	☐	
R432-550-20(7)(a)-(d)		(7) The records of newborn infants shall include the following: (a) date and hour of birth, birth weight and length, period of gestation, gender and condition of infant on delivery including Apgar scores and resuscitative measures; (b) mother's name or unique identification; (c) record of ophthalmic prophylaxis; and (d) the identification number of the screening kit used to screen for metabolic diseases, documentation that metabolic screening, genetic screening, PKU or other metabolic disorders reports were completed or refused by the client.	☐	☐	☐		☐	☐	
R432-550-20(8)		(8) An alongside midwifery unit may integrate medical records with the medical record system of the adjoining hospital.	☐	☐	☐		☐	☐	
R432-550-21. Housekeeping Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-21(1)		(1) The facility shall provide adequate housekeeping services to maintain a clean and sanitary environment.	☐	☐	☐		☐	☐	
R432-550-21(2)		(2) The facility shall develop and implement written housekeeping policies and procedures.	☐	☐	☐		☐	☐	

R432-550-22. Laundry Services.			R	UR	NA	Date	CDI	TA	Notes
R432-550-22(1)		(1) The facility shall develop and implement written policies and procedures for storage and processing of clean and soiled linen.	☐	☐	☐		☐	☐	
R432-550-22(2)		(2) Clean linen shall be stored, handled and transported to prevent contamination. Linens shall be maintained in good repair.	☐	☐	☐		☐	☐	
R432-550-22(3)		(3) Soiled linen shall be handled, transported, stored and processed in a manner to prevent both leakage and the spread of infection.	☐	☐	☐		☐	☐	
R432-550-23. Maintenance, Physical Environment, and Safety.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-23(1)		(1) The facility shall provide adequate maintenance service to ensure that facility equipment and grounds are maintained in a clean and sanitary condition and in good repair.	☐	☐	☐		☐	☐	
R432-550-23(2)		(2) The facility shall develop and implement a written maintenance program which shall include a preventive maintenance schedule for major equipment and physical plant systems.	☐	☐	☐		☐	☐	
R432-550-24. General Maintenance.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-24(1)		(1) The facility shall maintain facility buildings, fixtures, equipment and spaces in operable condition.	☐	☐	☐		☐	☐	
R432-550-24(2)		(2) The facility shall provide a safe, clean and sanitary environment.	☐	☐	☐		☐	☐	
R432-550-24(3)		(3) The facility shall conduct a pest-control program that ensures the facility is free from vermin.	☐	☐	☐		☐	☐	
R432-550-24(4)		(4) Direct or contract pest-control programs shall comply with Title 4, Chapter 14.	☐	☐	☐		☐	☐	
R432-550-24(5)		(5) Documentation shall be maintained for Department review.	☐	☐	☐		☐	☐	
R432-550-25. Waste Processing Service.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
Facilities and equipment shall be provided for the sanitary storage and treatment or disposal of all categories of waste, including hazardous and infectious wastes if applicable, using techniques acceptable to the Department of Environmental Quality, and the local health department having jurisdiction.			☐	☐	☐		☐	☐	

R432-550-26. Lighting.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
The facility shall provide adequate and comfortable lighting to meet the needs of patients and personnel.			☐	☐	☐		☐	☐	
R432-550-27. Limitations of Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-550-27(1)		(1) Birthing center policy shall establish a written risk assessment system to assess the individual risk for each maternal patient.	☐	☐	☐		☐	☐	
R432-550-27(2)(a)-(b)		(2) A clinical staff member shall perform and document a risk assessment for each maternal patient to ensure the patient needs: (a) fall within the scope of practice and standards of care included in the clinical staff member's professional practice act and within facility policy; and (b) meet the eligibility requirements for a low risk maternal patient.	☐	☐	☐		☐	☐	
R432-550-27(3)(a)-(b)		(3) Clients shall become ineligible for birthing center care upon development of: (a) a clinical need for anesthesia or analgesia other than those used in a setting where anesthesia and analgesia are limited in accordance with the facility's written protocols; or (b) any condition identified intrapartum or postpartum which will be likely to adversely affect the health of the maternal patient or infant and will require management in a general hospital.	☐	☐	☐		☐	☐	
R432-550-28. 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 Title 26, Chapter 21, Section 11 and R432-3-7 and be punished for violation of a class A misdemeanor as provided in Title 26, Chapter 21, Section 16.			☐	☐	☐		☐	☐	
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.	☐	☐	☐		☐	☐	
	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.	☐	☐	☐		☐	☐	
	S.B. 174 Exercise of Religious Beliefs and Conscience Amendments			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	H.B. 559 Pregnancy and Infant Loss Amendments			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	26B-2-244. Bereavement practices in health care facilities that provide birthing services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

26B-2-244(1)		(1)The division, in collaboration with the Office of Maternal and Child Health, shall establish rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, regarding required practices when an individual experiences a pregnancy or infant loss at a health care facility that provides birthing services, to ensure that the individual experiencing the loss is treated with dignity and compassion.	☐	☐	☐		☐	☐	
26B-2-244(2)(a)-(f)		(2) Required practices described in Subsection (1) may include: (a) opportunities for a parent to have memory-making experiences, such as photos, hand and foot molds, keepsakes, or written materials, when it is practicable based on the age of the infant or other factors; (b) access to grief counseling; (c) procedures when a loss is anticipated before birth; (d) referrals to or collaboration with organizations that provide support or resources for parents experiencing a loss; (e) access to a perinatal cooling device; or (f) permitting a parent sufficient time and space with the parent's infant.	☐	☐	☐		☐	☐	
26B-2-244(3)		(3) The division shall require compliance with the policies and rules developed in accordance with this section as a condition of initial licensure or licensure renewal for a facility that provides birthing services.	☐	☐	☐		☐	☐	
58-1-605. Required bereavement training.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
58-1-605(1)(a)-(b)		(1)(a) The division, in collaboration with the Department of Health and Human Services, shall develop an optional training to educate health care providers on best practices for supporting patients and families experiencing pregnancy or infant loss. (b) The training shall be for providers, but may incorporate rules and procedures relating to pregnancy and infant loss for health care facilities described in Section 26B-2-244.	☐	☐	☐		☐	☐	
58-1-605(2)		(2) The division shall establish rules, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, that allow licensed health care professionals that work in emergency care, obstetrics and gynecology, and labor and delivery settings to take the bereavement training and have the training apply to the health care professional's continuing medical education credit requirements.	☐	☐	☐		☐	☐	
H.B. 51 Adoption Amendments			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
26B-2-244. Birthing services at health care facilities.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
		(1) As used in this section, "adoption services" means action related to an adoption, including counseling between a child-placing agency and a birth parent, signing paperwork related to an adoption, or the transfer of physical custody of a child adoptee from a birth parent to a child-placing agency or prospective adoptive parent.	☐	☐	☐		☐	☐	

		(2) A health care facility that provides birthing services shall develop policies regarding adoption services that occur at a health care facility.	☐	☐	☐		☐	☐	
		(3) A health care facility that provides birthing services shall notify the Office of Licensing if the health care facility files a complaint or otherwise takes action against a child-placing agency or a child-placing agency's representatives.	☐	☐	☐		☐	☐	
		(4) A health care facility or a health care facility's staff may notify the Office of Licensing if the facility or staff has concerns regarding unethical practices related to adoption services that occur at the health care facility.	☐	☐	☐		☐	☐	
	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.	☐	☐	☐		☐	☐	