

 Utah Department of Health & Human Services Licensing & Background Checks		Abortion Clinic Inspection Checklist			This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 5/20/2026)</i>	
		R432-600 Abortion Clinic Rule				
Facility Name:		Facility ID:		Phone Number:		Notes / Sticky Notes
Address:				Email Address:		
Provider:						
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)		
☐	Request Organizational Chart			☐		
☐	Request documentation that they are members in good standing with the National Abortion Federation or the Abortion Care Network which is required for license.			☐		
☐	Request documentation that they are members in good standing with the National Abortion Federation or the Abortion Care Network which is required for license.			☐		
☐	Request Contracts for services not provided by the clinic			☐		
☐	Request Transfer Agreement			☐		
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						

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 # R432-600	Rule Description		Reviewed	Under Review	NA	Compliance Required By Date:	Corrected During Inspection	Technical Assistance	Notes
	R = Reviewed UR = Potential noncompliance was identified NA = Not Assessed during this inspection								
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.	☐	☐	☐		☐	☐	
R432-1-4. Identification Badges			R	UR	NA	Date	CDI	TA	Notes
4(1)(a)-(b) 4(2)(a)-(b)		(1) A licensee shall ensure that the following individuals wear an identification badge: (a) any employee who provides direct care to a patient; and (b) any volunteer. (2) The identification badge shall include the following information: (a) the person's first or last name; and (b) the person's title or position, in terms generally understood by the public.	☐	☐	☐		☐	☐	
R432-600-4. Licensure.			R	UR	NA	Date	CDI	TA	Notes
R432-600-4(1)		(1) A license is required to operate an abortion clinic. The licensee and facility shall maintain documentation that they are members in good standing with the National Abortion Federation or the Abortion Care Network which is required for licensure.	☐	☐	☐		☐	☐	

R432-600-4(2)(a)-(b)	(2) An abortion clinic may be licensed as a Type I facility if the facility: (a) performs abortions, as defined in Section 76-7-301, during the first trimester of pregnancy; and (b) does not perform abortions, as defined in section 76-7-301, after the first trimester of pregnancy.	☐	☐	☐		☐	☐	
R432-600-4(3)(a)-(b)	(3) An abortion clinic may be licensed as a Type II facility if the facility: (a) performs abortions, as defined in Section 76-7-301, after the first trimester of pregnancy; or (b) performs abortions, as defined in section 76-7-301, during the first trimester of pregnancy and after the first trimester of pregnancy.	☐	☐	☐		☐	☐	
R432-600-4(4)	(4) Abortion clinics must comply with requirements of Title 76, Chapter 7, Part 3 Abortion.	☐	☐	☐		☐	☐	
Section 6. Organization		R	UR	NA	Date	CDI	TA	Notes
R432-600-6(1)	(1) Each clinic shall be operated by a licensee. If the licensee is other than a single individual, there shall be an organized functioning governing body to assure accountability.	☐	☐	☐		☐	☐	
R432-600-6(2)	(2) The licensee shall be responsible for the organization, management, operation, and control of the facility.	☐	☐	☐		☐	☐	
R432-600-6(3)(a)-(h)	(3) Responsibilities shall include at least the following: (a) Comply with all applicable federal, state and local laws, rules and requirements; (b) Adopt and institute by-laws, protocols, policies and procedures relative to the operation of the clinic; (c) Appoint, in writing, a qualified administrator 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 be responsible for clinical services; (e) Establish a quality assurance committee in conjunction with the medical staff; (f) Secure contracts for services not provided directly by the clinic; (g) Receive and respond to the semi-annual inspection report by the Department; (h) Compile statistics on the distribution of the informed consent material as required in Section 76-7-313.	☐	☐	☐		☐	☐	
Section 7. Clinic Protocols, Policies, and Procedures		R	UR	NA	Date	CDI	TA	Notes

R432-600-7(1)(a)-(m)	(1) The licensee shall develop and implement written policies and procedures with the medical director and the administrator in accordance with State law including: (a) Patient eligibility criteria; (b) Physician competency criteria; (c) Informed consent; (d) For Type II Clinics, policy must indicate a limit on the number of weeks within the second trimester of pregnancy during which abortions can be safely performed in the clinic; (e) For Type II Clinics, an emergency treatment transfer plan which shall include: (i) patient acknowledgment of the transfer plan; (ii) notification to the receiving hospital when a patient requires emergency transfer; (iii) explanation of how information will be provided to receiving hospital for proper care and treatment of the individual transferred; (iv) plan for security and accountability of the personal effects of the individual transferred; and (v) mode of transportation for the transfer. (f) If an abortion is performed when an unborn child is sufficiently developed to have any reasonable possibility of survival outside its mother's womb, the medical procedure used must be that which, in the best medical judgment of the physician, will give the unborn child the best chance of survival. (Refer to Section 76-7-307.) (g) Pre and post counseling; (h) Clinic operational functions; (i) Patient care and patient rights policies; (j) A quality assurance committee; (k) Ongoing relevant training program for all clinic personnel; (l) Emergency and disaster plans; (m) Fire evacuation plans.	☐	☐	☐		☐	☐	
Section 8. Administrator		R	UR	NA	Date	CDI	TA	Notes
R432-600-8(1)	(1) Each facility shall designate, in writing, an administrator who shall have sufficient freedom from other responsibilities to be on the premises of the clinic a sufficient number of hours in the business day to permit attention to the management and administration of the facility.	☐	☐	☐		☐	☐	

R432-600-8(2)	(2) The administrator shall designate a person to act as administrator in his or her absence. This person shall have sufficient power, authority, and freedom to act in the best interests of patient safety and well-being. It is not the intent to permit a de facto administrator to supplant or replace the designated facility administrator.	☐	☐	☐		☐	☐	
R432-600-8(3)	(3) The administrator shall be 21 years of age or older.	☐	☐	☐		☐	☐	
R432-600-8(4)	(4) The administrator shall be experienced in administration and supervision of personnel, and shall be knowledgeable about the medical aspects of abortions to interpret and be conversant in medical protocols.	☐	☐	☐		☐	☐	
R432-600-8(5)	(5) The administrator's responsibilities shall be included in a written job description.	☐	☐	☐		☐	☐	
R432-600-8(6)(a)-(h)	(6) Responsibilities shall include at least the following: (a) Develop and implement facility policies and procedures; (b) Maintain an adequate number of qualified and competent staff to meet the needs of clinic patients; (c) Develop clear and complete job descriptions for each position; (d) Implement recommendations made by the quality assurance committee; (e) Notify the Department of Health, Bureau of Health Facility Licensing within 7 days in the event of the death of a patient; (f) Notify appropriate authorities when a reportable communicable disease is diagnosed; (g) Administrator will ensure that a fetal death certificate is filed as required in Section 26-2-14, for each fetal death of 20 weeks gestation or more calculated from the date the last normal menstrual period began to date of delivery; (h) Review all incident and accident reports and document what action was taken.	☐	☐	☐		☐	☐	
Section 9. Medical Director		R	UR	NA	Date	CDI	TA	Notes
R432-600-9(1)	(1) The licensee of the abortion clinic shall retain, by formal agreement, a physician to serve as medical director.	☐	☐	☐		☐	☐	

R432-600-9(2)(a)-(e)	(2) The medical director shall meet the following qualifications: (a) Be currently licensed to practice medicine in Utah; (b) Have sufficient training and expertise in abortion procedures to enable supervision of the scope of service offered by the clinic; (c) Be a diplomat of the American Board of Obstetrics and Gynecology or the American Board of Surgery; or submit evidence to the Department that other training and experience will qualify her or him for admission to an examination by either board; or (d) Be certified by the American College of Osteopathic Obstetricians and Gynecologists or the American Board of Osteopathic Surgeons; or submit evidence to the Department that his training and experience qualifies him or her for admission to an examination by the College or Board; (e) Be a member in good standing with the National Abortion Federation or the Abortion Care Network.	☐	☐	☐		☐	☐	
R432-600-9(3)	(3) The medical director shall have overall responsibility for the administration of medication and treatment delivered in the facility. Applicable laws relating to abortions, professional licensure acts and clinic protocols shall govern both medical staff and employee performance.	☐	☐	☐		☐	☐	
R432-600-9(4)(a)-(f)	(4) The medical director shall be responsible for at least the following: (a) To develop and review facility protocols; (b) To establish competency criteria for staff physicians and personnel, including training in abortion procedures and abortion counseling; (c) To supervise the performance of the medical staff; (d) To serve as a member of the clinic's quality assurance committee; (e) To act as consultant to the director of nursing; (f) Ensure that a physician's report is filed as required in Section 76-7-313, for each abortion performed.	☐	☐	☐		☐	☐	
Section 10. Health Surveillance		R	UR	NA	Date	CDI	TA	Notes
R432-600-10(1)	(1) 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 clients commensurate with the service offered.	☐	☐	☐		☐	☐	
R432-600-10(2)	(2) An employee placement health evaluation to include at least a health inventory shall be completed when an employee is hired.	☐	☐	☐		☐	☐	

R432-600-10(3)(a)-(b)	(3) The health inventory shall obtain at least the employee's history of the following: (a) conditions that predispose the employee to acquiring or transmitting infectious diseases; (b) condition which may prevent the employee from performing certain assigned duties satisfactorily;	☐	☐	☐		☐	☐	
R432-600-10(4)	(4) Employee health screening and immunization components of personnel health programs shall be developed in accordance with R386-702. Communicable Disease Rules;	☐	☐	☐		☐	☐	
R432-600-10(5)(a)-(b)	(5) 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 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.	☐	☐	☐		☐	☐	
R432-600-10(6)	(6) All infections and communicable diseases reportable by law shall be reported by the facility to the local health department in accordance with R386-702-2.	☐	☐	☐		☐	☐	
Section 11. Personnel		R	UR	NA	Date	CDI	TA	Notes
R432-600-11(1)(a)-(c)	(1) The Administrator shall employ a sufficient number of professional and support staff who are competent to perform their respective duties, services and functions. (a) All staff shall be licensed, certified or registered as required by the Utah Department of Commerce. (b) Copies shall be maintained for Department review that all licenses, registration and certificates are current. (c) Failure to ensure that all personnel are licensed, certified or registered may result in sanctions to the facility license.	☐	☐	☐		☐	☐	
R432-600-11(2)	(2) There shall be planned, documented, in-service training program held regularly for all facility personnel.	☐	☐	☐		☐	☐	
R432-600-11(3)	(3) The training program shall address all clinic protocols and policies.	☐	☐	☐		☐	☐	

R432-600-11(4)	(4) All clinic personnel shall have access to the facility's policies and procedures manuals and other information necessary to effectively perform assigned duties and carry out responsibilities.	☐	☐	☐		☐	☐	
Section 12. Contracts		R	UR	NA	Date	CDI	TA	Notes
R432-600-12(1)	(1) The licensee shall make arrangements for professional and other required services not provided directly by the facility. If the facility contracts for services, there shall be a signed, dated agreement that details all services provided.	☐	☐	☐		☐	☐	
R432-600-12(2)(a)-(c)	(2) The contract shall include: (a) The effective and expiration dates; (b) A description of goods or services to be provided; (c) Copy of the professional license, if applicable.	☐	☐	☐		☐	☐	
Section 13. Quality Assurance		R	UR	NA	Date	CDI	TA	Notes
R432-600-13(1)	(1) The administrator, in conjunction with the medical staff, 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.	☐	☐	☐		☐	☐	
R432-600-13(2)	(2) The committee shall include a representative from the clinic administration, a physician, and a nurse.	☐	☐	☐		☐	☐	
R432-600-13(3)	(3) The committee shall meet at least quarterly and keep minutes of the proceedings. The minutes shall be available for review by the Department.	☐	☐	☐		☐	☐	
R432-600-13(4)	(4) The committee shall initiate action to resolve identified quality assurance problems by filing a written report of findings and recommendations with the licensee.	☐	☐	☐		☐	☐	
Section 14. Emergency and Disaster		R	UR	NA	Date	CDI	TA	Notes
R432-600-14(1)	(1) Each facility has the responsibility to 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 interruption of public utilities, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic, and injury.	☐	☐	☐		☐	☐	

R432-600-14(2)	(2) The administrator shall be in charge of facility operations during any significant emergency. If not on the premises, the administrator shall make every reasonable effort to get to the facility to relieve subordinates and take charge during the emergency.	☐	☐	☐		☐	☐	
R432-600-14(3)(a)-(b)	(3) The licensee and the administrator shall be responsible for the development of a plan, coordinated with state and local emergency or disaster authorities, to respond to emergencies and disasters. (a) This plan shall be in writing and shall be distributed or made available to all facility staff to assure prompt and efficient implementation. (b) The plan shall be reviewed and updated at least annually by the administrator and the licensee.	☐	☐	☐		☐	☐	
R432-600-14(4)	(4) The names and telephone numbers of clinic staff, emergency medical personnel, and emergency service systems shall be posted.	☐	☐	☐		☐	☐	
R432-600-14(5)(a)-(g)	(5) The facility's emergency plan shall address the following: (a) Evacuation of occupants to a safe place within the facility or to another location; (b) Delivery of emergency care and services to facility occupants when staff is reduced by an emergency; (c) The person or persons with decision-making authority for fiscal, medical, and personnel management; (d) An inventory of available personnel, equipment, and supplies and instructions on how to acquire additional assistance; (e) Assignment of personnel to specific tasks during an emergency; (f) Names and telephone numbers of on-call physicians and staff shall be available; (g) Documentation of emergency events.	☐	☐	☐		☐	☐	

R432-600-14(6)(a)-(c)	(6) The licensee and administrator shall develop a written fire emergency and evacuation plan in consultation with qualified fire safety personnel. (a) The evacuation plan shall identify evacuation routes, location of fire alarm boxes, fire extinguishers, and emergency telephone numbers of the local fire department and shall be posted throughout the facility. (b) The written fire emergency plan shall include fire-containment procedures and how to use the facility alarm systems and signals. (c) Fire drills and documentation shall be in accordance with R710-4, State of Utah Fire Protection Board. The actual evacuation of patients during a drill is optional.	☐	☐	☐		☐	☐	
Section 15. Patients' Rights		R	UR	NA	Date	CDI	TA	Notes
R432-600-15(1)	(1) The clinic shall provide informed consent material (see Section 76-7-305.5) to any patient or potential patient.	☐	☐	☐		☐	☐	
R432-600-15(2)	(2) Written policies regarding the rights of patients shall be made available to the patient, public, and the Department upon request.	☐	☐	☐		☐	☐	
R432-600-15(3)(a)-(f)	(3) Each patient admitted to the facility shall have the following rights: (a) To be fully informed, prior to or at the time of admission and during stay, of these rights and of all facility rules that pertain to the patient; (b) To be fully informed, prior to or at the time of admission and during stay, of services available in the facility and of any charges for which the patient may be liable; (c) To refuse to participate in experimental research; (d) To refuse treatment and to be informed of the medical consequences of such refusal; (e) 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; (f) To be treated with consideration, respect, and full recognition of personal dignity and individuality, including privacy in treatment and in care for personal needs.	☐	☐	☐		☐	☐	
Section 16. General Patient Care Policies		R	UR	NA	Date	CDI	TA	Notes

R432-600-16(1)	(1) Each patient shall be treated as an individual with dignity and respect.	☐	☐	☐		☐	☐	
R432-600-16(2)(a)-(b)	(2) Each clinic shall develop and implement patient care policies to be reviewed annually by the administrator or designee. (a) Patient care policies shall be developed and revised through patient-care conferences with all professionals involved in patient care. (b) Admission and discharge policies shall be included in general patient care policies.	☐	☐	☐		☐	☐	
R432-600-16(3)	(3) The facility shall have a policy to notify next of kin in the event of serious injury to, or death of, the patient.	☐	☐	☐		☐	☐	
R432-600-16(4)	(4) Each patient shall be under the care of a physician who is a member of the clinic staff.	☐	☐	☐		☐	☐	
Section 17. Nursing Services		R	UR	NA	Date	CDI	TA	Notes
R432-600-17(1)	(1) Each facility shall provide nursing services commensurate with the needs of the patients served.	☐	☐	☐		☐	☐	
R432-600-17(2)	(2) All non-medical patient services shall be under the general direction of the director of nursing, except as specifically exempted by facility policy.	☐	☐	☐		☐	☐	
R432-600-17(3)(a)-(b)	(3) Each Type II clinic shall employ and designate in writing a director of nursing who will be responsible for the organization and functioning of the nursing staff and related service. (a) The director of nursing shall be a registered nurse who has academic or post graduate training acceptable to the medical director. (b) The director of nursing in consultation with the medical director shall plan and direct the delivery of nursing care by nursing staff.	☐	☐	☐		☐	☐	
R432-600-17(4)	(4) Nursing service personnel shall assist the physician, plan and deliver nursing care, treatments, and procedures commensurate with the patient's needs and clinic protocols.	☐	☐	☐		☐	☐	
R432-600-17(5)	(5) The facility shall provide adequate equipment in good working order to meet the needs of patients.	☐	☐	☐		☐	☐	
R432-600-17(6)	(6) Disposable and single-use items shall be properly disposed after use.	☐	☐	☐		☐	☐	

Section 18. Pharmacy Service			R	UR	NA	Date	CDI	TA	Notes
R432-600-18(1)		(1) There shall be written policies and procedures, approved by the medical director and administrator, to govern the acquisition, storage, and disposal of medications.	☐	☐	☐		☐	☐	
R432-600-18(2)		(2) There shall be provision for the supply of necessary drugs and biologicals on a prompt and timely basis.	☐	☐	☐		☐	☐	
R432-600-18(3)		(3) The clinic shall obtain reference material containing monographs on all drugs used in the facility. The drug monographs shall include generic and brand names, available strengths, dosage forms, indications and side effects, and other pharmacological data.	☐	☐	☐		☐	☐	
R432-600-18(4)		(4) All medications, solutions, and prescription items shall be kept in a secure controlled storage area and separate from non-medicine items.	☐	☐	☐		☐	☐	
R432-600-18(5)(a)-(c)		(5) An accessible emergency drug supply shall be maintained in the facility. (a) Specific drugs and dosages to be included in the emergency drug supply shall be approved by the medical director. (b) Contents of the emergency drug supply shall be listed on the outside of the container. (c) The use and regular inventory of the contents shall be documented by nursing staff.	☐	☐	☐		☐	☐	
R432-600-18(6)		(6) Medications stored at room temperature shall be maintained within 59 degrees - 80 degrees F (15 degrees to 30 degrees C). Refrigerated medications shall be maintained within 36 degrees - 46 degrees F (2 degrees to 8 degrees C).	☐	☐	☐		☐	☐	
R432-600-18(7)		(7) Medications and other items that require refrigeration shall be stored securely and segregated from food items.	☐	☐	☐		☐	☐	
Section 19. Laboratory and Radiology Services			R	UR	NA	Date	CDI	TA	Notes
R432-600-19(1)		(1) The facility shall make provisions, as appropriate, for Laboratory and Radiology services.	☐	☐	☐		☐	☐	
R432-600-19(2)		(2) There shall be a valid order, documented in the patients medical record, from a physician or a person licensed to prescribe such services.	☐	☐	☐		☐	☐	

R432-600-19(3)	(3) Services shall be performed by a qualified licensed provider.	☐	☐	☐		☐	☐	
R432-600-19(4)	(4) If the facility provides its own laboratory service, these services shall comply with R432-100-23 in the General Hospital Facility Rules.	☐	☐	☐		☐	☐	
R432-600-19(5)	(5) If the facility provides its own radiology services, these shall comply with R432-100-22.	☐	☐	☐		☐	☐	
R432-600-19(6)	(6) If laboratory and radiology services are not provided directly, provision shall be made for such services. Reports or results shall be reported promptly to the attending physician and documented in the patient's medical record.	☐	☐	☐		☐	☐	
Section 20. Anesthesia Services		R	UR	NA	Date	CDI	TA	Notes
R432-600-20	Anesthesia services provided in the clinic shall comply with the General Hospital Rules R432-100-15 and Utah Code 76-7-305.	☐	☐	☐		☐	☐	
Section 21. Medical Records		R	UR	NA	Date	CDI	TA	Notes
R432-600-21(1)	(1) Medical records shall be complete, accurately documented, and systematically organized to facilitate storage and retrieval. There shall be written policies and procedures to accomplish these purposes.	☐	☐	☐		☐	☐	
R432-600-21(2)	(2) A permanent individual medical record shall be maintained for each patient.	☐	☐	☐		☐	☐	
R432-600-21(3)	(3) All entries shall be permanent and capable of being photocopied. Entries must be authenticated including date, name or identified initials, and title of the person making the entry.	☐	☐	☐		☐	☐	
R432-600-21(4)	(4) Records shall be kept for all patients admitted or accepted for treatment and care. Records shall be kept current and shall conform to good medical and professional practice based on the service provided to each patient.	☐	☐	☐		☐	☐	
R432-600-21(5)	(5) All records of discharged patients shall be completed and filed as soon as possible or within 30 days of discharge.	☐	☐	☐		☐	☐	

R432-600-21(6)(a)-(g)	(6) Each patient's medical record shall include the following: (a) An admission record (face sheet) including the patient's name; age; date of admission; name, address, and telephone number of physician and responsible person; (b) Reports of physical examinations, laboratory tests and X-rays prescribed and completed, including ultrasound reports; (c) Signed and dated physician orders for drugs and treatments; (d) Signed and dated nurse's notes regarding the care of the patient. The notes shall include vital signs, medications, treatments and other pertinent information; (e) Discharge summary which contains a brief narrative of conditions and diagnoses of the patient and final disposition; (f) The pathologist's report of human tissue removed during an abortion; (g) All information indicated in Section 76-7-313.	☐	☐	☐		☐	☐	
R432-600-21(7)	(7) Medical records shall be retained for at least seven years after the last date of patient care. Records of minors shall be retained until the minor reaches age 18 or the age of majority plus an additional two years. In no case shall the record be retained less than seven years.	☐	☐	☐		☐	☐	
R432-600-21(8)	(8) All patient records shall be retained within the clinic upon change of ownership.	☐	☐	☐		☐	☐	
R432-600-21(9)	(9) Provision shall be made for filing, safe storage, security, and easy accessibility of medical records.	☐	☐	☐		☐	☐	
R432-600-21(10)(a)-(b)	(10) Medical record information shall be confidential. There shall be written procedures for the use and removal of medical records and the release of patient information. (a) Information may be disclosed only to authorized persons in accordance with federal and state laws, and clinic policy. (b) Requests for information which may identify the patient (including photographs) shall require the written consent of the patient.	☐	☐	☐		☐	☐	
Section 22. Housekeeping Services		R	UR	NA	Date	CDI	TA	Notes
R432-600-22(1)	(1) There shall be adequate housekeeping services to maintain a clean, sanitary, and healthful environment in the facility.	☐	☐	☐		☐	☐	

R432-600-22(2)	(2) Written housekeeping policies and procedures shall be developed and implemented by each facility, and reviewed and updated as necessary.	☐	☐	☐		☐	☐	
R432-600-22(3)	(3) The facility shall employ housekeeping staff to maintain both the exterior and interior of the facility in a safe, clean, orderly manner.	☐	☐	☐		☐	☐	
R432-600-22(4)	(4) Housekeeping equipment shall be for institutional use and properly maintained.	☐	☐	☐		☐	☐	
R432-600-22(5)	(5) Cleaning solutions for floors shall be prepared in proper strengths according to the manufacturer's instructions and be checked to insure that the proper germicidal concentrations are maintained.	☐	☐	☐		☐	☐	
R432-600-22(6)	(6) There shall be sufficient number of noncombustible trash containers. Lids shall be provided where appropriate.	☐	☐	☐		☐	☐	
R432-600-22(7)	(7) Storage areas containing cleaning agents, bleaches, insecticides, or poisonous, dangerous, or flammable materials, shall be stored in a locked area to prevent unauthorized access. Toilet rooms shall not be used as storage places.	☐	☐	☐		☐	☐	
Section 23. Laundry Services		R	UR	NA	Date	CDI	TA	Notes
R432-600-23(1)	(1) Each facility shall have provisions for storage and processing of clean and soiled linen as required for patient care.	☐	☐	☐		☐	☐	
R432-600-23(2)	(2) Processing may be done within the facility, in a separate building or in a commercial or shared laundry.	☐	☐	☐		☐	☐	
R432-600-23(3)	(3) Each facility shall develop and implement policies and procedures relevant to operation of the laundry.	☐	☐	☐		☐	☐	

R432-600-23(4)(a)-(e)	(4) Clean linen shall be stored, handled, and transported in a manner to prevent contamination. (a) Clean linen shall be stored in clean ventilated closets, rooms, or alcoves used only for that purpose. (b) Clean linen shall be covered if stored in alcoves and transported through the facility. (c) Clean linen from a commercial laundry shall be delivered to a designated clean area in a manner that prevents contamination. (d) Linens shall be maintained in good condition. (e) A supply of clean washcloths and towels shall be provided and available to staff to meet the care needs of patients.	☐	☐	☐		☐	☐	
R432-600-23(5)(a)-(b)	(5) Soiled linen shall be handled, stored and processed in a manner that will prevent the spread of infections. (a) Soiled linen shall be sorted in a separate room by methods affording protection from contamination, according to facility policy and applicable rules. (b) Soiled linen shall be stored and transported in a closed container which prevents airborne contamination of corridors, areas occupied by patients, and precludes cross contamination of clean linens.	☐	☐	☐		☐	☐	
R432-600-23(6)	(6) Laundry chutes shall be maintained in a clean sanitary state.	☐	☐	☐		☐	☐	
Section 24. Maintenance Services		R	UR	NA	Date	CDI	TA	Notes
R432-600-24(1)	(1) There shall be adequate maintenance service to ensure that the facility, equipment, and grounds are maintained in a clean and sanitary condition and in good repair at all times, in accordance with manufacturer specifications for the safety and well-being of patients, staff, and visitors.	☐	☐	☐		☐	☐	
R432-600-24(2)	(2) The administrator shall employ or contract with a person qualified by experience and training to be in charge of facility maintenance.	☐	☐	☐		☐	☐	
R432-600-24(3)	(3) The facility shall develop and implement a written maintenance program, including preventive maintenance, to ensure continued operation and sanitary practices throughout the facility.	☐	☐	☐		☐	☐	
R432-600-24(4)	(4) All buildings, fixtures, equipment and spaces shall be maintained in operable conditions.	☐	☐	☐		☐	☐	
R432-600-24(5)	(5) A pest control program shall be conducted to ensure the facility is free from vermin and rodents.	☐	☐	☐		☐	☐	

R432-600-24(6)	(6) Equipment used in the clinic shall be approved by Underwriter's Laboratory and meet all applicable Utah Occupational Safety and Health Act requirements in effect at the time of purchase.	☐	☐	☐		☐	☐	
R432-600-24(7)	(7) Electrical systems including appliances, cords, equipment, call lights, and switches shall be maintained to guarantee safe functioning and compliance with the National Electrical Code.	☐	☐	☐		☐	☐	
R432-600-24(8)	(8) There shall be regular inspections, to clean or replace all filters installed in heating, air conditioning, and ventilation systems, to maintain the systems in operating condition.	☐	☐	☐		☐	☐	
Section 25. Emergency Electric Service		R	UR	NA	Date	CDI	TA	Notes
R432-600-25(1)	(1) The clinic shall make provision for emergency electrical power to provide lighting and power to critical areas essential for patient safety in the event of an interruption of normal electrical power service.	☐	☐	☐		☐	☐	
R432-600-25(2)	(2) The method utilized for emergency electrical power is subject to Departmental review and approval.	☐	☐	☐		☐	☐	
R432-600-25(3)	(3) There shall be provision for emergency exit lighting according to NFPA 101.	☐	☐	☐		☐	☐	
R432-600-25(4)	(4) Flashlights shall be available for emergency use by staff.	☐	☐	☐		☐	☐	
R432-600-25(5)(a)-(b)	(5) All emergency electrical power systems shall be maintained in operating condition and tested as follows: (a) Emergency generators shall be tested in accordance with NFPA 99. (b) Transfer switches and battery operated equipment shall be functionally tested every 30 days and load tested at least annually, for 90 minutes.	☐	☐	☐		☐	☐	
R432-600-25(6)	(6) A written record of inspection, performance, test period, and repair of the emergency electrical system shall be maintained on the premises for review.	☐	☐	☐		☐	☐	
Section 26. Storage and Disposal of Solid Wastes		R	UR	NA	Date	CDI	TA	Notes

R432-600-26	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.	☐	☐	☐		☐	☐	
Section 27. Oxygen (IF oxygen is utilized)		R	UR	NA	Date	CDI	TA	Notes
R432-600-27(1)	(1) Provision shall be made for safe handling and storage of oxygen according to the NFPA 101, Life Safety Code and referenced NFPA standards.	☐	☐	☐		☐	☐	
R432-600-27(2)	(2) Piped oxygen systems shall be tested and installed in accordance with NFPA 99.	☐	☐	☐		☐	☐	
R432-600-27(3)(a)-(c)	(3) A written report shall be filed with the Utah Department of Health as follows: (a) Upon completion of initial installation; (b) Whenever changes are made to a system; and (c) Whenever the integrity of the system has been breached.	☐	☐	☐		☐	☐	
Section 28. Lighting		R	UR	NA	Date	CDI	TA	Notes
R432-600-28(1)	(1) At least 30 foot-candles of light shall illuminate reading, patient care (bed level) and working areas in patient treatment areas and not less than 20 foot-candles of light shall be provided in the rest of the room.	☐	☐	☐		☐	☐	
R432-600-28(2)	(2) All accessible storeroom, stairway, ramp, exit and entrance areas shall be illuminated by at least 20 foot-candles of light at floor level.	☐	☐	☐		☐	☐	
R432-600-28(3)	(3) All corridors shall be illuminated with a minimum of 20 foot-candles of light at floor level.	☐	☐	☐		☐	☐	
R432-600-28(4)(a)-(f)	(4) Other areas shall be 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 rooms 50 foot-candles (e) Laundry areas 20 foot-candles (f) Bath and shower rooms 20 foot-candles	☐	☐	☐		☐	☐	
Section 29. Water Supply		R	UR	NA	Date	CDI	TA	Notes

R432-600-29(1)	(1) Plumbing and drainage facilities shall be maintained in compliance with Utah Plumbing Code.	☐	☐	☐		☐	☐	
R432-600-29(2)	(2) Backflow prevention devices shall be maintained in operating condition and tested when required by the Utah Plumbing Code and Utah Public Drinking Water Regulations.	☐	☐	☐		☐	☐	
R432-600-29(3)	(3) Hot water temperature controls shall automatically regulate temperatures of hot water delivered to plumbing fixtures used by patients. The facility shall maintain hot water delivered to patient care areas at temperature between 105 degrees and 120 degrees F.	☐	☐	☐		☐	☐	
R432-600-29(4)	(4) There shall be grab bars at each toilet, bathtub, and shower used by patients.	☐	☐	☐		☐	☐	
R432-600-29(5)	(5) Toilet, hand washing facilities, shall be maintained in operating condition and in the number and types specified in construction requirements.	☐	☐	☐		☐	☐	
Section 30. Smoking Policy		R	UR	NA	Date	CDI	TA	Notes
R432-600-30	The smoking policy shall comply with the "Utah Clean Air Act", Title 26, Chapter 38, and Section 20.7.4 of the Life Safety Code.	☐	☐	☐		☐	☐	
Section 31. Penalties		R	UR	NA	Date	CDI	TA	Notes
R432-600-31	Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-7 and be punished for violation of a class A misdemeanor as provided in 26-21-16.	☐	☐	☐		☐	☐	
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.	☐	☐	☐		☐	☐	
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.	☐	☐	☐		☐	☐	