2026 Legislation Impacting DLBC Health Facility Rules	DLBC Rules to be Updated + Other Rule Updates	Proposed Rule Update Language
HB 21 **Senior Care Facility Amendments** *This bill establishes new protocols for the sale, closure, or change of use of assisted living facilities to ensure the protection and orderly transition of residents.*	**R432-270 Assisted Living Facilities Rule** **Rule updates include:** ● Legislative Updates ● Rule Style and Formatting Updates ● Staff and Provider Feedback: ○ Adding back rule language for facility administrator to investigate any suspected abuse, neglect, or exploitation of a resident ○ Adding clarity about	R432-270-7. Administrator Duties. (1) The administrator shall: (k) complete and document a written investigation when there is reason to believe a resident has been subject to abuse, neglect, or exploitation; R432-270-11. Transfer or Discharge Requirements. (5) The licensee shall: (b) send a copy of the notice described in this section to Utah's long-term care ombudsman, in the manner determined by the long-term care ombudsman, on the same day that the licensee delivers the notice to the resident and resident's responsible person; (8)(a) The licensee is required to develop and submit a proposed written transition plan, in accordance with Subsection 26B-2-237(1)(h), to OL for review and approval 120 days prior to the closure, qualifying sale, or change of use of a facility. [~~(8)~~](b) [~~If the facility closes,~~ t]The licensee shall provide written notification that includes a copy of the transition plan described in Subsection (8)(a) 45 days before [~~of~~]the closure, qualifying sale, or change of use of a facility to: (i) Utah's long-term care ombudsman; (ii) each resident of the facility; and (iii) each resident's responsible person. (8)(c) After the submission of the transition plan described in Subsection (8)(a), the licensee may not accept any new resident or resident application. (9) After the licensee provides any resident or responsible person of a resident with the notification described in Subsection (8)(b), the licensee shall complete and document the following activities to support residents for the the closure, qualifying sale, or change of use of facility:

2026 Legislation Impacting DLBC Health Facility Rules	DLBC Rules to be Updated + Other Rule Updates	Proposed Rule Update Language
	submission of any transfer or discharge notice to Utah Long-Term Care Ombudsman	(a) hold meetings with a virtual and in-person option to provide an overview of the relocation process (b) support each resident in securing a new placement to fit the needs of the resident; (c) collaborate with other assisted living facilities within 60 miles of the facility to attend meetings with residents; (d) based on the date of transfer or discharge of a resident, prorate any prepaid facility fee the resident has paid; and (e) submit any resident record to the new facility of the resident and include the contact information for family members of the resident and the resident's responsible person. (10)(a) For an acquisition sale of a facility, the licensee shall provide written notification five business days before the acquisition sale to: (i) each resident; and (ii) each resident's responsible person. (b) The new ownership of the facility: (i) may not increase any resident fee until 60 days from the acquisition sale being finalized; and (ii) shall send a written notice to each resident 30 days prior to any resident fee increase. (11) If a licensee does not comply with any requirement in Section 26B-2-237, a county attorney or the attorney general may petition a court with jurisdiction, in accordance with Subsection 26B-2-237(6). Other Updates: definitions from Section 26B-2-237

2026 Legislation Impacting DLBC Health Facility Rules	DLBC Rules to be Updated + Other Rule Updates	Proposed Rule Update Language
HB 51 **Adoption Amendments** *This bill addresses adoption services in health care facilities and requires any health facility offering birthing services to develop a policy for adoption services, train staff on the policy, and provide notification to DLBC regarding any complaint for a licensed adoption agency, as well as an optional notification*	**Rules to be Updates:** • R432-100 General Hospital Standards • R432-106 Specialty Hospital - Critical Access • R432-108 Rural Emergency Hospital • R432-550 Birthing Centers (before any final rule update, statutorily required to hold a public meeting) **Rule updates include:** • Legislative Updates • Rule Style and Formatting Updates • Updating Statute and Rule References	GENERAL LANGUAGE - WILL BE ADJUSTED FOR EACH RULE (1)(a) Any licensee that provides birthing services shall develop, implement, and comply with a policy that addresses adoption services that occur at the facility. (b) The facility shall provide any staff that work in birthing services onboarding and annual training on the policy described in Subsection (1)(a). (2)(a) The licensee shall notify OL within five business days after the facility files any complaint against a licensed child-placing adoption agency. (b) The licensee or staff of the licensee may notify OL regarding any potential unethical practice in relation to adoption services that occur at the facility. Other Updates: definitions from Section 26B-2-244

2026 Legislation Impacting DLBC Health Facility Rules	DLBC Rules to be Updated + Other Rule Updates	Proposed Rule Update Language
to DLBC regarding any unethical practice of a licensed adoption agency.		
HB 380 **Hospital Workplace Violence Reporting Requirements** *This bill mandates all hospitals establish a standard system for tracking and reporting incidents of workplace violence. Hospitals are required to submit an annual, confidential report to DHHS.*	**Rules to be Updates:** • R432-100 General Hospital Standards • R432-101 Specialty Hospital - Psychiatric • R432-102 Specialty Hospital - Substance Use Disorder • R432-103 Specialty Hospital - Rehabilitation. • R432-104 Specialty Hospital - Long Term Acute Care. • R432-105 Specialty Hospital - Orthopedic • R432-106 Specialty Hospital	GENERAL LANGUAGE - WILL BE ADJUSTED FOR EACH RULE Workplace Violence Reporting. (1)(a) The licensee shall develop a reporting system for any incident of workplace violence. (b) The reporting system shall: (i) keep documentation of any voluntarily reported incident of workplace violence by any staff for two years; (ii) document information in accordance with Subsection 26B-2-245(3)(a) for any workplace violence incident; and (iii) support the prevention of workplace violence, in accordance with Subsection 26B-2-245(3)(d); (2)(a) The licensee shall develop, implement, and comply with a policy for the reporting described in Subsection (1). (b) The policy shall include how the facility will prevent any discrimination or retaliation of a staff for reporting an incident or the staff's participation in an investigation of an incident. (3)(a) The licensee shall ensure staff receive upon hire and on an annual basis, information on the process to report any incident of workplace violence to: (i) a staff's supervisor; (ii) the facility;

2026 Legislation Impacting DLBC Health Facility Rules	DLBC Rules to be Updated + Other Rule Updates	Proposed Rule Update Language
	- Critical Access. • R432-107 Specialty Hospital - Cancer Treatment • R432-108 Rural Emergency Hospital **Rule updates include:** • Legislative Updates - required to have system in place by November 1, 2026 • Rule Style and Formatting Updates • Updating Statute and Rule References	(iii) any applicable security agency that contracts with the facility; and (iv) any applicable law enforcement agency. (b) The licensee shall provide any staff with the policy described in Subsection (2) and notify staff of any update to the policy. (4)(a) The licensee shall review and analyze the workplace violence data on a quarterly basis and develop a quarterly report. (b) The licensee shall submit the quarterly report to the chief medical officer and chief nursing officer of the facility. (5) The licensee shall annually report to OL the number of workplace violence incidents. Other Updates: definitions from Section 26B-2-245

2026 Legislation Impacting DLBC Health Facility Rules	DLBC Rules to be Updated + Other Rule Updates	Proposed Rule Update Language
HB 417 **Patient Interfacility Transportation Requirements** *This bill requires hospitals and clinics to allow patients to use "non-medical transportation"—such as a personal vehicle, a family member's car, or public transit—instead of an ambulance when transferring to another facility. Patients must be medically and*	**Rules to be Updates:** • R432-100 General Hospital Standards • R432-101 Specialty Hospital - Psychiatric • R432-102 Specialty Hospital - Substance Use Disorder • R432-103 Specialty Hospital - Rehabilitation • R432-104 Specialty Hospital - Long Term Acute Care • R432-105 Specialty Hospital - Orthopedic • R432-106 Specialty Hospital - Critical Access • R432-107 Specialty Hospital - Cancer Treatment • R432-108 Rural Emergency	GENERAL LANGUAGE - WILL BE ADJUSTED FOR EACH RULE (1) The licensee shall allow a patient to use non-medical transportation for an interfacility transfer if the requirements in Subsection 26B-2-249(2) are met. (2)(a) A patient may request the licensee to determine if the patient is eligible for a non-medical transport for an interfacility transfer. (b) For any request from a patient to use non-medical transportation for an interfacility transfer, the licensee shall provide a written notice to the patient addressing each item in Subsection 26B-2-249(4). (3)(a) If a patient arrives at the receiving facility within adequate time, the receiving facility may not charge the insurance or health benefit plan of the patient for any admission or readmission cost, except as provided in (3)(b). (b) The receiving center may charge the insurance or health benefit plan of the patient if upon arrival, the medical staff document a change in the medical condition or mental condition of the patient. (4) A receiving facility shall hold and reserve the specific bed offered to the patient upon discharge from the originating facility if the patient arrives within adequate time. (5) To ensure compliance with Subsection 26B-2-249(6), the originating facility shall document the following in the medical record of the patient prior to discharge: (a) formal clinical assessment of the medical or mental condition of the patient is stable and does not require ambulance or medically-supervised transportation; (b) the specific type of non-medical transportation that will be used to transport the patient; and (c) the expected arrival window communicated to the receiving facility.

2026 Legislation Impacting DLBC Health Facility Rules	DLBC Rules to be Updated + Other Rule Updates	Proposed Rule Update Language
mentally stable, will not require medical care during the trip, and are not under a court-ordered involuntary commitment.	Hospital • R432-150 Nursing Care Facility. • R432-152 Intermediate Care Facility for Individuals with Intellectual Disabilities • R432-200 Small Health Care Facility - Four to Sixteen Beds • R432-201 Intellectual Disabilities Facility: Supplement "A" to the Small Health Care Facility Rule • R432-270 Assisted Living Facilities • R432-300 Small Health Care Facility - Type N • R432-500 Freestanding	Other Updates: definitions from Section 26B-2-249

2026 Legislation Impacting DLBC Health Facility Rules	DLBC Rules to be Updated + Other Rule Updates	Proposed Rule Update Language
	Ambulatory Surgical Center • R432-550 Birthing Centers • R432-600 Abortion Clinic • R432-650 End Stage Renal Disease Facility **Rule updates include:** • Legislative Updates • Rule Style and Formatting Updates • Updating Statute and Rule References	
HB 559 **Pregnancy and Infant Loss Amendments** *Requires DLBC, in*	**Rules to be Updates:** • R432-100 General Hospital Standards • R432-106 Specialty Hospital - Critical Access • R432-108 Rural Emergency	GENERAL LANGUAGE - WILL BE ADJUSTED FOR EACH RULE (1)(a) The licensee shall develop, implement, and comply with a bereavement policy to support any patient and immediate family member who experiences a loss of a pregnancy or loss of an infant. (b) The licensee shall address each of the following in the bereavement policy: (i) a procedure to support a patient when the loss of a pregnancy or infant is anticipated before birth;

2026 Legislation Impacting DLBC Health Facility Rules	DLBC Rules to be Updated + Other Rule Updates	Proposed Rule Update Language
consultation with the Office of Maternal Health, to create standards for birthing facilities to make sure parents grieving the loss of a pregnancy or infant are treated with dignity and compassion.	Hospital • R432-550 Birthing Centers (before any final rule update, statutorily required to hold a public meeting) **Rule updates include:** • Legislative Updates • Rule Style and Formatting Updates • Updating Statute and Rule References	(ii) a procedure to ensure any patient is provided a space to spend time with the infant and has access to a perinatal cooling device or similar device; (iii) a procedure to provide the patient the opportunity to create memories, which may include: (A) professional or facility-assisted photos of the infant; (B) hand or foot molds or ink prints of the infant; (C) collection of any keepsake, including any blanket, identification wristband, or other written material; (iv) access to grief counseling; and (v) referral procedure to organizations that provide support or resources for parents experiencing a loss. (c) The licensee shall ensure any staff working in birthing services receive onboarding training and annual training on the bereavement policy. (d) The licensee may have staff complete the bereavement training in Rule R156-1-605.

Other Rule Updates	Purpose of Rule Update	Proposed Rue Update Language
R432-100 General Hospital Standards R432-500 Freestanding Ambulatory Surgical Center Rules	Based on feedback from a partner organization, the Utah Office of Professional Licensure Review, adding clarity about anesthesia services provided by an anesthesiologist assistant in a general hospital and ambulatory surgical center.	R432-100 General Hospital Standards R432-100-16. Anesthesia Services. (4) A member of the medical staff, including an anesthesiologist, other qualified physician, dentist, oral surgeon,[~~or~~] certified registered nurse anesthetist, or anesthesiologist assistant shall provide anesthesia care within the scope of that member's practice and license. R432-500 Freestanding Ambulatory Surgical Center Rule R432-500-3. Definitions (9) "Qualified Anesthetist" means an anesthesiologist, another qualified physician, oral surgeon,[~~or~~] certified registered nurse anesthetist, or an anesthesiologist assistant who: (a) is licensed to provide anesthesia services in accordance with Utah laws for occupational and professional licensing; (b) is a member of the staff of the ambulatory surgical center; (c) has been determined by the facility to be competent; (d) has been granted privileges to provide anesthesia services to patients in the facility; and (e) if the qualified anesthetist is a qualified physician or oral surgeon, has documented training that includes the equivalent of 40 days preceptorship with an anesthesiologist and can perform at least the following: (i) safely make the patient insensible to pain during the performance of surgical, and other pain producing clinical procedures; (ii) monitor and sustain life support functions during the administration of anesthesia, including induction and intubation procedures; and (iii) provide pre-anesthesia and post-anesthesia management of the patient.