State of Utah
Administrative Rule Analysis
Revised May 2026

NOTICE OF SUBSTANTIVE CHANGE	
TYPE OF FILING: Amendment	**Filing ID: OFFICE USE ONLY**
Rule or section number:	**R432-108**
Date of previous publication (only for CPRs):	Click or tap to enter a date.

1. Agency Information

Title catchline:	Health and Human Services, Health Facility Licensing
Building:	Multi-Agency State Office Building
Street address:	195 N.1950 W.
City, state:	Salt Lake City, UT
Mailing address:	PO Box 141007
City, state and zip:	Salt Lake City, UT 84114-1007

2. Contact Persons

Name:	Phone:	Email:
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Please address questions regarding information on this notice to the persons listed above.

3. General Information

A. Rule or section catchline:

R432-108. Rural Emergency Hospital

B. Purpose of the new rule or reason for the change:

The purpose of this amendment is to ensure compliance of the Office of Licensing (OL), under the Department of Health and Human Services (department), with multiple legislative actions from the 2026 General Session that impact this rule, including HB 51, HB 380, HB 417, and HB 559. The filing also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department.

HB 51 amends provisions to adoptions in Utah and requires any health facility providing birthing services to develop, implement, and comply with a policy to address adoption services occurring at the facility. This bill makes it necessary to add an adoption services policy requirement in this rule to align with the new requirement for any health facility regulated by OL that provides birthing services.

HB 380 requires any general acute hospital or specialty hospital, to track and report any workplace violence incident, including the development and implementation of a workplace violence policy and tracking system. This bill makes it necessary to add a workplace violence tracking system and policy requirement in this rule to align with these new requirements for any hospital regulated by OL.

HB 417 defines terms related to non-medical transportation and requires any health facility to allow a patient to use non-medical transportation under specific circumstances. This bill also enacts the review and approval process of health facility to consider a patient request for non-medical transportation through a written notice, the admissions and billing process for the health facility that receives the patient, and specific liability protections for the health care facility and health care providers from the originating health facility. This bill makes it necessary to add a requirement for non-medical transportation for a interfacility transfer in this rule for any health care facility regulated by OL.

HB 559 requires the Division of Licensing and Background Checks (DLBC), in collaboration with the Office of Maternal and Child Health, both under the department, to develop rules, including any procedure and staff training, related to perinatal loss for any health facility providing birthing services. The bill also requires the department to partner with the Division of Professional Licensing to develop training for medical health professionals to support patients experiencing perinatal loss. This bill makes it necessary to add a requirement in this rule for any health care facility that provides birthing services to develop, implement and comply with a procedure to address perinatal loss and provide staff training on the procedure.

C. Summary of the new rule or change:

To support the implementation of legislation from the 2026 General Session, this amendment updates and adds content in this rule to reflect the required legislative actions impacting OL.
To implement HB 51, the requirements to develop, implement, and comply with a policy for adoption services and provide staff onboarding and annual training on the policy are added to Section R432-108-9. Additionally, the requirement for any health facility that provides birthing services to provide notification to OL regarding any complaint the health care facility files against a licensed child-placing adoption agency are included in this section.

To implement HB 380, the requirement for the development and implementation of a workplace violence incident tracking system is added to Section R432-108-10. Requirements for the regulated hospital to development, implement, and comply with a policy to govern the tracking system and provide onboarding and annual training for staff are also added to this section. Additionally, requirements for any regulated hospital to review and analyze data from the tracking system on a quarterly basis and share with hospital leadership of the facility and annual reporting requirement to OL are included in this section.

To implement HB 417, requirements for any regulated health care facility to allow a patient under certain circumstances to use non-medical transportation to another health care facility are added to Section R432-108-11.

The implement HB 559, the requirements for any health care facility that provides birthing services to develop, implement, and comply with a policy for perinatal bereavement and provide staff onboarding and annual training on the policy are added to R432-108-9.

The filing clarifies language related to requirements throughout the rule. Several sections are reorganized to align with other rules under the division. This filing updates the title catchline, combines the Authority and Purpose sections into one section, and adds a "Scope" section to include any applicable federal, state, or local law, rule, or ordinance the provider is required to comply with and removes those references throughout the rule.

The rule amendment also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department.

4. Legislative Action Information

A. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
B. If yes, any bill number and session:	HB 51 (2026 General Session), HB 380 (General Session), HB 417 (General Session), and HB 559 (General Session)

5. Fiscal Information

Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

To support the implementation of multiple legislative actions from the 2026 General Session, including HB 51, HB 380, HB 417, and HB 559 that relate to this rule amendment, there is no anticipated fiscal impact as OL already regulates this type of health facility and the department notified providers about the new requirements related to implementation of HB 51, HB 380, HB 417, HB 559 in April 2026.

The department added the new requirements for hospitals related to the implementation of HB 51, HB 380, HB 417, and HB 559 to each applicable department inspection checklist, which will not result in any measurable cost or savings to the state budget.

Any costs associated with the implementation of HB 51 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0051S04.fn.pdf.

Any costs associated with the implementation of HB 380 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0380.fn.pdf.

Any costs associated with the implementation of HB 417 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0417.fn.pdf.

Any costs associated with the implementation of HB 559 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0559S01.fn.pdf.

The department does not anticipate any fiscal impact on the state budget as a result of the style and formatting changes and clarifying language changes included in this rule amendment.

B. Local governments:

To support the implementation of multiple legislative actions from the 2026 General Session, including HB 51, HB 380, HB 417, and HB 559 that relate to this rule amendment, there is no anticipated impact on local governments' revenues or expenditures because these providers are regulated by OL and not local governments. There will be no change in local business licensing or any other item with which local government is involved. There are no fiscal impacts to local governments resulting from the changes in this rule content relating to these legislative actions.

The department also does not anticipate any fiscal impact on local governments as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

The implementation of HB 51 related to the rule amendment may result in a small compliance cost for small businesses operating a regulated health facility that provides birthing services. The implementation of HB 51 includes additional requirements for these providers to develop, implement, and comply with an adoption services policy and provide staff training on the policy upon hire and on annual basis. The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of the additional requirements. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 51 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for small businesses operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The implementation of HB 559 related to the rule amendment may result in a small compliance cost for small businesses operating a regulated health facility that provides birthing services. The implementation of HB 559 includes additional requirements for these providers to develop, implement, and comply with a bereavement policy to support any patient experience perinatal loss and to provide any staff that work in the perinatal are training on the policy upon hire and on annual basis . The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 559. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 559 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The department also does not anticipate any fiscal impact on small-businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

The implementation of HB 51 related to the rule amendment may result in a small compliance cost for non-small businesses operating a regulated facility that provides birthing services. The implementation of HB 51 includes additional requirements for these providers to develop, implement, and comply with an adoption services policy and provide staff training on the policy upon hire and on annual basis. The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 51. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 51 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for non-small businesses operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 380. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for non-small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The implementation of HB 559 related to the rule amendment may result in a small compliance cost for non-small businesses operating a regulated health facility that provides birthing services. The implementation of HB 559 includes additional requirements for these providers to develop, implement, and comply with a bereavement policy to support any patient experience perinatal loss and to provide any staff that work in the perinatal are training on the policy upon hire and on annual basis . The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 559. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 559 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The department also does not anticipate any fiscal impact on non-small businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

The implementation of HB 51 related to the rule amendment may result in a small compliance cost for persons other than small businesses, non-small businesses, state, or local government entities operating a regulated facility that provides birthing services. The implementation of HB 51 includes additional requirements for these providers to develop, implement, and comply with an adoption services policy and provide staff training on the policy upon hire and on annual basis. The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 51. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 51 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for persons other than small businesses, non-small businesses, state, or local government entities operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 380. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for persons other than small businesses, non-small businesses, state, or local government entities operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The implementation of HB 559 related to the rule amendment may result in a small compliance cost for other persons operating a regulated health facility that provides birthing services. The implementation of HB 559 includes additional requirements for these providers to develop, implement, and comply with a bereavement policy to support any patient experience perinatal loss and to provide any staff that work in the perinatal are training on the policy upon hire and on annual basis . The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 559. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 559 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The department also does not anticipate any fiscal impact on other persons as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

F. Compliance costs for affected persons:

For implementation of HB 51, HB 380, HB 417, and HB 559, affected persons would be small and non-small businesses and persons other than small businesses, non-small businesses, state, or local government entities operating health facilities regulated by OL, under the department.

Providers who are affected persons must comply with the additional requirements outlined in HB 51. There may be a small compliance cost for regulated health facilities that provide birthing services to develop a policy and staff training for adoption services. The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each provider to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Providers who are affected persons must comply with the additional requirements outlined in HB 380. There may be a small compliance cost for health facilities operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each hospital to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Providers who are affected persons must comply with the additional requirement for non-medical transportation outlined in HB 417. There may be a small compliance cost for regulated health facilities to implement the additional requirement, which includes allowing any patient who meets specific requirements in accordance with Section 26B-2-249 to use non-medical transport. The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each health facility to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Providers who are affected persons must comply with the additional requirements outlined in HB 559. There may be a small compliance cost for regulated health facilities that provide birthing services to implement the additional requirements of HB 559, which include developing a perinatal bereavement policy and provide staff training on the policy. The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each health facility to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Additionally, OL, as the regulatory body for health and safety standards for regulated health care facilities, is affected by the amendment. Any cost for rule amendments has been identified and considered under the state budget in the fiscal notes for HB 51, HB 380, HB 417, and HB 559 (2026 General Session). The department has notified providers about the additional requirements related to HB 51, HB 380, HB 417, and HB 559 and the department does not anticipate any compliance cost for OL.

The department also does not anticipate any compliance cost as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

6. Regulatory Impact Summary Table

Enter the cost or savings in the relevant cell. If there is no cost or savings, enter, "$0." If a cost or savings is inestimable, enter, "inestimable."

Fiscal Cost	**FY2027**	**FY2028**	**FY2029**	**FY2030**	**FY2031**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Non-Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Other Persons	inestimable	inestimable	inestimable	inestimable	inestimable
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2027**	**FY2028**	**FY2029**	**FY2030**	**FY2031**
State Budget	$0	$0	$0	$0	$0
Local Governments	0$	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

7. Regulatory Impact Analysis Approval

The Commissioner of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

8. Family Impact Information

A. The agency has considered this rule's impact on family health, stability, and formation:	☒

B. Summary of reasonable alternatives or modifications:
If there is a negative impact, summarize considered alternatives here. (Subsection 63G-3-301(6)(b))

9. Citation Information

Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-2-202	Section 26B-203	Section 26B-2-902

10. Incorporation by Reference Information

Incorporation by Reference (if this rule incorporates more than two items by reference, please include additional tables)**:**	
A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

11. Public Notice Information

The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	Click or tap to enter a date.

B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.)**:**		
Date:	**Time** (hh:mm AM/PM)**:**	**Place** (physical address or URL)**:**
Click or tap to enter a date.		

To the agency: If more than one hearing is planned to take place, continue to add rows.

12. Effective Date Information

This rule change MAY become effective on: (NOTE: This is the date the agency anticipates making the filing effective. It is NOT the effective date)	Click or tap to enter a date.

13. Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.			
Agency head or designee and title:	Tracy S. Gruber, Commissioner	**Date:**	Click or tap to enter a date.

R432. Health and Human Services, Health Care Facility Licensing.
R432-108. Rural Emergency Hospital.
R432-108-1. Authority and Purpose.

(1) [~~This rule is authorized by~~] Section 26B-2-202 authorizes this rule.

(2) This rule provides the health and safety standards for operation and maintenance of a Rural Emergency Hospital.

~~**[R432-108-2. Purpose.**~~

~~The purpose of this rule is to promote public health and welfare through establishment of a specialty hospital category for rural hospitals. The intent is to allow rural communities to preserve access to primary care and emergency health care services, provide health care services that meet community needs, and help assure the financial viability of program participants through improved reimbursement and operating requirements. This rule sets standards for the operation of a Rural Emergency Hospital.~~]

R432-108-[~~3~~]2. Definitions.

Terms used in this rule are defined in Rule R432-1 and Section 26B-2-201, Section 26B-2-244, and Section 26B-249. Additionally:

(1) "Rural Emergency Hospital (REH)" means an entity that operates to provide emergency department services, observation care, and other outpatient medical and health services where the annual per patient average length of stay does not exceed 24 hours.

(2) "Referral [~~H~~]hospital" means a hospital that has sufficient resources to receive emergency or non-emergency patient transfers and referrals from a REH.[

~~(3) "Request for Agency Action" is the form used for all licensing changes including a new license, change of ownership, change of administrator, name change, or change in occupancy.~~

]

R432-108-[4]3. [~~Licensure~~]Scope.

(1) [~~A license is required for a REH as identified in Rule 432-2.~~]Each licensee shall comply with:

(a) any applicable federal, state, or local law, rule, or ordinance, including:

(i) Rule R432-4; and

(ii) this rule.

(2) A licensee may not provide inpatient services, except those furnished in a unit that is a distinct part licensed as a skilled nursing facility to furnish post-REH or post-hospital extended care services.

(3) Participation as an REH is limited to licensees that:

(a) meet the definition in the Code of Federal Regulations, Title 42, Part 485.502; and

(b) became licensed as a General Acute Hospital or Critical Access Hospital before December 27, 2020.

R432-108-[~~5~~]4. Construction, Facilities, and Equipment Standards.

(1) Each licensee that received a license before December 27, 2020 that elects to convert to a REH may maintain the physical plant that is currently licensed, without having to meet the current construction or building code for a general acute care hospital.

(2) Within 18 months of conversion to the specialty REH, a licensee may submit a request for agency action to convert to a general hospital category without being required to meet construction requirements listed in Rule R432-4[~~, General Construction Standards~~].

R432-108-[~~6~~]5. [~~Hospital Rules~~]Organization and Staff.

[~~(1) The following sections of Rule R432-100, General Hospital Rules, additionally apply to t~~]The licensee shall ensure services and policies comply with:

(a) Section R432-100-5, Governing Body;

(b) Section R432-100-6, Administrator;

(c) Section R432-100-6, Medical and Professional Staff[~~; a network hospital or a department approved equivalent may perform credentialing of medical and professional staff~~];

(d) Section R432-100-8, Personnel Management Services;

(e) Section R432-100-11, Quality Improvement Plan[~~s; a network hospital or department approved equivalent may perform quality improvement~~];

(f) Section R432-100-12, Infection Control[~~and Prevention;~~]

(g) Section R432-100-13, Patient Rights; and

(h) Section R432-100-15, Nursing Care Services;[~~; a qualified registered nurse is not required to be on duty on a 24-hour basis; but shall be on duty when there are patients in the facility;~~

~~(i) Radiology Services; a licensee may provide off-site radiology services through a network hospital or through other arrangements approved by the department;~~

~~(j) Pharmacy Services;~~

~~(k) Medical Records;~~

~~(l) Housekeeping Services;~~

~~(m) Maintenance Services; and~~

~~(n) Emergency and Disaster Plans.~~

~~(2) If the licensee provides the following clinical or ancillary services then the following sections of Rule R432-100 shall apply to the licensee:~~

~~(a) Surgical Services;~~

~~(b) Anesthesia Services;~~

~~(c) Perinatal Services;~~

~~(d) Respiratory Services;~~

~~(e) Blood Services;~~

~~(f) Telemedicine Services;~~

~~(g) Central Supply; and~~

~~(h) Laundry Services~~].

R432-108-6. Clinical Services.

(1) The licensee shall comply with:

(a) Subsection R432-100-17(1)(a) through (e), Surgical Services; and

(b) Subsection R432-100-17(1)(g) through R432-100-1[6]7(4), Surgical Services.

(2) The licensee shall comply with Section R432-100-21, Pediatric Services, if provided.

R432-108-7. Complementary Services.

The licensee shall ensure services comply with the following sections of Rule R432-100:

(1) Section R432-100-18, Anesthesia Services;
(2) Section R432-100-22, Respiratory Care Services;
(3) Section R432-100-24, Radiology Services;
(4) Section R432-100-27, Pharmacy Services; and
(5) Section R432-100-28, Social Services.

R432-108-8. Ancillary Services.

The licensee shall ensure services comply with=:
(1) Section R432-100-34, Dietary Services;
(2) Section R432-100-35, Telehealth Services, if provided;
(3) Section R432-100-36, Medical Records;
(4) Section R432-100-37, Central Supply Services;
(5) Section R432-100-38, Laundry Service;
(6) Section R432-100-39, Housekeeping Services;
(7) Section R432-100-40, Maintenance Services; and
(8) Section R432-100-41, Emergency Operations Plan.

R432-108-9. Birthing Services.

(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.
(3)(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;
(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.

R432-108-10. Workplace Violence Reporting System.

(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;
(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.

R432-108-11. Patient Interfacility Transportation.

(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.

R432-108-12. Other Requirements.

(1) A qualified registered nurse is not required to be on duty on a 24-hour basis; but shall be on duty when there are patients in the facility.

([~~3~~]2) The licensee shall ensure that there is enough medical and nursing personnel qualified in emergency care to meet the written emergency procedures and needs anticipated by the facility.

([~~4~~]3) The licensee shall meet the requirements specified in the Code of Federal Regulations, Title 485, Part 618, Sections (a) through (e) with respect to:

(a) 24-hour availability of emergency services;

(b) equipment, supplies, and medication;

(c) blood and blood products;

(d) personnel; and

(e) coordination with emergency response systems.

([~~5~~]4) The licensee shall have an agreement in effect with at least one certified hospital that is a level I or level II trauma center as identified in Rule R426-9 for the referral and transfer of patients requiring emergency medical care beyond the capabilities of the REH.

([~~6~~]5)(a) The licensee shall provide basic laboratory services essential to the immediate diagnosis and treatment of the patient consistent with nationally recognized standards of care for emergency services. (b)The licensee shall ensure that:

([~~a~~]i) laboratory services are available, either directly or through a contractual agreement with a certified laboratory that meets requirements of the Code of Federal Regulations, Title 42, Part 493; and

([~~b~~]ii) emergency laboratory services are available 24 hours a day.

R432-108-[~~7~~]13. Rural Health Network.

(1) The participating REH licensee shall be a member of a rural health network, as evidenced by a signed, written agreement with at least one referral hospital that is a member of the network.

(2) The agreement shall address the following:

(a) patient referral and transfer;

(b) the development and use of communications system; and

(c) emergency and non-emergency transportation.

R432-108-[~~8~~]14. Penalty.

Any person who violates any part of this rule may be subject to the penalties [~~enumerated in Section 26B-2-208 and Rule R432-3 and be charged with a class A misdemeanor as provided in Section 26B-2-216~~]in Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations.

KEY: health care facilities

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