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:	**R432-550**
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

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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:

R432-550. Birthing Centers

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

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

HB 51 amends provisions to adoptions in Utah, including requiring any health facility providing birthing services to develop, implement, and comply with a policy to address adoption services that happen 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 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 in this rule to align with these new requirements 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 perinatal bereavement policy requirement for any health facility regulated by OL in this rule.

C. Summary of the new rule or change:

To support the implementation of multiple legislative action from the General Session, this amendment adds the requirement to allow a patient under certain circumstances to use non-medical transportation to another health care facility is added to Section

R432-550-15 to comply with HB 417. Also, the amendment adds requirements for a regulated health facility that provides birthing services to develop, implement, and comply with policies for adoption services and perinatal bereavement to Section R432-550-14 to comply with HB 51 and HB 559.

The filing clarifies language related to requirements throughout the rule. 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 417 (2026 General Session), and (2026 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 HB 51, HB 417, and HB 559 from the 2026 General Session that relates 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 these legislative actions in April 2026.

The department added the new requirements from HB 51, HB 417, and HB 559 for this type of regulated health facility 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 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 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 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 HB51, HB 417, and HB 559 from 2026 General Session, 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 this legislative action.

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 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 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 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 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 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 persons other than small businesses, non-small businesses, state, or local government 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 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 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 providing staff training. 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 and standard operating procedure updates has been identified and considered under the state budget in the fiscal notes for HB 51, HB 417, and HB 559. The department has notified providers about the additional requirement related to this legislative action 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-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[~~, Family~~] and Human Services, Health [~~and Preparedness,~~]Care Facility Licensing.
R432-550. Birthing Centers.
R432-550-1. [~~Legal~~]Authority[~~.~~
~~This rule is adopted pursuant to Title 26, Chapter 21.~~

~~R432-550-2.~~] and Purpose.
[~~-~~] (1) Section 26B-2-202 authorizes this rule.
(2) This rule provides health and safety standards for the organization, physical plant, maintenance, and operation of birthing centers.
([~~1~~]3)(b) Birthing centers shall consist of one to five birth rooms.
(b) Licensure is not required for birthing centers with only one birth room.
([~~2~~]4) Birthing [~~centers~~]center facilities provide quality care and services in a pleasing and safe environment to a [~~select~~]low[-]-risk population of healthy maternal patients who are expected to have an uncomplicated labor and delivery, and who choose a safe and cost-effective alternative to the traditional hospital childbirth experience.
([~~3~~]5) Birthing center clinical staff assess the maternal patient's risk for obstetric complications through careful review of the patient's records for prenatal screening of potential problems.
[~~(4) Birthing centers recognize the individual needs of, and provide service to, low risk maternal patients expected to have an uncomplicated labor and delivery.~~
]
R432-550-[~~3. Time for Compliance.~~
~~Facilities governed by these rules shall be in full compliance with these rules at the time of licensure.~~

~~R432-550-4~~]2. Definitions.
[~~(1) Common definitions Section~~]Terms used in this rule are defined in Rule R380-600 and Rule R432-1[~~-3.~~] and Section 26B-2-201, Section 26B-2-244, Section 26B-2-249. Additionally:
[~~(2) Special Definitions:~~
~~(a)~~ (1) "Alongside midwifery unit" means a birthing unit that [~~may be~~]is licensed as a birthing center and is connected to a hospital

facility, either through a bridge, ramp, or adjacent to the labor and delivery unit within the hospital with care provided with the midwifery model of care, where maternal patients are received and care provided during labor, delivery, and immediately after delivery.

([~~b~~]2)(a) "Birth room" means a room and environment designed, equipped, and arranged to provide for the care of a maternal patient and newborn and to accommodate a maternal patient's support person during the process of vaginal birth and recovery.[~~"~~]

(b) Birth room[~~"~~] does not include rooms intended for pre-admittance or post-discharge accommodations of maternal patients and their newborns.

([~~c~~]3) "Birthing center" means a facility[~~, receiving~~] with one to five birth rooms, that receives maternal patients and provid[~~ing~~]es care during labor, delivery, and immediately after delivery[~~;~~], including an alongside midwifery unit.

(d) [~~Certification in~~]Cardiopulmonary Resuscitation (CPR) certifications [~~refers~~]means to a certification issued after completion of a course that is consistent with the most current version of the American Heart Association Guidelines for Health Care Provider CPR.[

~~(e) "Patient" means a woman or newborn receiving~~]health care [~~and services provided by a birthing center during labor, childbirth and recovery.~~

] ([~~f~~]5) "Clinical staff" means a licensed maternity care practitioner appointed by the governing authority to practice within the birthing center and governed by rules and policies approved by the governing body.

([~~g) "Support person" means the individual or individuals selected or chosen by a patient to provide emotional support and to assist her during the process of labor and childbirth.~~

~~(h) "Vaginal birth" means the three stages of labor.~~

~~(i~~]6) "Licensed maternity care practitioner" means a person licensed under Title 58, Occupations and Professions, to provide maternity care services including[~~ physicians licensed under Title 58, Chapters 67 and 68, Certified Nurse Midwives~~]:

(a) a physician;

(b) a certified nurse-midwife licensed under Title 58, Chapter 44a, [~~Naturopathic Physicians~~]Nurse Midwife Practice Act;

(c) a licensed direct-entry midwife licensed under Title 58, Chapter 77, Direct-Entry Midwife Act;

(d) a naturopathic physician licensed under Title 58, Chapter 71, [~~Licensed Direct-Entry Midwives licensed under Title 58, chapter 77, and~~]Naturopathic Physician Practice Act; and

(e) others licensed to provide maternity, midwifery, or obstetric care under Title 58, Chapter 67, Utah Medical Practice Act, and Chapter 68, Utah Osteopathic Medical Practice Act.

(7) "Patient" means a woman or newborn receiving care and services provided by a birthing center during labor, childbirth, and recovery.

(8) "Support person" means the individual, or individuals, selected or chosen by a patient to provide emotional support and to assist during the process of labor and childbirth.

(9) "Vaginal birth" means the three stages of labor.

R432-550-[~~5~~]3. [~~General Construction Rules.~~]Scope.

(1) Each licensee shall comply with:

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

(i) Rule R432-4;

(ii) Rule R432-14; and

(ii) this rule.[~~See R432-14 Birthing Center Construction Rules.~~]

R432-550-[~~6~~]4. Governing Body.

(1) The [~~licensee~~]facility shall appoint in writing an individual or group to constitute the facility's governing body. [-]The governing body shall:

(a) [~~comply with federal, state~~]act on findings and [~~local laws, rules and regulations;~~

~~(b) adopt written policies and procedures which describe the functions and services~~]recommendations of [~~the birthing center and protect patient rights~~]facility-created committees as required by this rule;

([~~c~~]b) adopt a policy prohibiting discrimination because of race, color, sex, religion, ancestry, or national origin in accordance with Title 13, Chapter 7, [~~Sections 1 through 4.~~]Civil Rights;

[~~(d) develop an organizational structure establishing lines of authority~~] (c) adopt written policies and [~~responsibility;~~

~~(e) when~~]procedures that describe the [~~governing body is more than one individual, conduct meetings in accordance with facility policy, but at least annually,~~]functions and [~~maintain written minutes~~]services of the [~~meetings~~]birthing center and protect patient rights;

([~~f~~]d) appoint by name and in writing a qualified administrator;

([~~g~~]e) appoint by name and in writing a qualified director of the clinical staff;

([~~h~~]f) appoint members of the clinical staff and delineate their clinical privileges;

[~~(i) review and approve at least annually a quality assurance program for birthing center operation and patient care provided.~~

~~(j) establish a system for financial management and accountability;~~

~~(k) provide for resources and equipment to provide a safe working environment for personnel;~~

~~(l) act on findings and recommendations of facility-created committees relevant to compliance with these birthing center rules;~~

~~(m)~~] (g) comply with federal, state, and local laws, rules, and regulations;

(h) develop an organizational structure establishing lines of authority and responsibility;

(i) ensure that[~~facility~~] patient admission eligibility criteria are strictly applied by clinical staff and are evaluated through quality assurance review in accordance with Section R432-550-11[~~.~~];

(j) establish a system for financial management and accountability;

(k) provide resources and equipment to provide a safe working environment for personnel;

(l) review and approve at least annually a quality assurance program for birthing center operation and patient care provided; and

(m) when the governing body is more than one individual, conduct meetings per facility policy, but at least annually, and maintain written minutes of the meetings.

(2) [~~Written~~]The governing body shall ensure written policies and procedures[~~ shall~~]:

(a) clearly, accurately, and comprehensively define the methods [~~by which~~]the facility will [~~be operated~~]utilize to protect the health and safety of patients;

[~~(b) provide for meeting the patient's needs;~~

] (b) define specific criteria that makes a maternal patient ineligible for birth services or continued care at the birthing center;

(c) [~~provide for continuous compliance with federal, state and local laws, rules and regulations.~~

~~(d) Written policies and procedures shall include:~~

~~(i) defining~~]define the term "low[~~-~~]-risk maternal patient[~~" which~~]," that shall include eligibility criteria for birth services offered in the birthing center;

[~~(ii) defining specific criteria, which shall in normally anticipated circumstances render a maternal patient ineligible for birth services or continued care at the birthing center;~~

] (d) document how to prescribe and install a prophylactic solution approved by the department in the eyes of the newborn in accordance with Section R386-702-14;

(e) ensure that prenatal laboratory screening includes:

(i) antibody screen;

(ii) blood type and Rh factor and provision for appropriate use of Rh immunoglobulin;

(iii) [~~identifying~~]hematocrit or hemoglobin;

(iv) rubella; and[~~-outlining~~]

(v) syphilis;

(f) identify and outline methods for transferring patients who, during[~~-the course of~~] labor or recovery, are determined to be ineligible for birthing center services or continued care at the birthing center, including[~~;~~]:

([~~A)~~]i) security and accountability of the personal effects of the individual being transferred; and

(ii) the information required for proper care and treatment of the individual[~~(s)~~] being transferred, including patient records;[~~-and~~]

[~~(B) security and accountability of the personal effects of the individual being transferred.~~

~~(iv) planning~~] (g) include a plan for consultation, [~~back-up~~]backup services, transfer and transport of a newborn and maternal patient to a hospital where necessary care is available;

[~~(v) documenting the maternal patient has been informed of the eligibility requirements of an out-of-hospital birthing center labor and birth;~~

~~(vi) providing~~] (h) provide instructions in postpartum and newborn care to the patient and any other family or support person designated by the patient;

[~~(vii) registering birth, fetal death or death certificates in accordance with Title 26, Chapter 2, Sections 5, 13, 14, 23 and rules promulgated pursuant thereto in R436.~~

~~(viii) prescribing and instilling a prophylactic solution approved by the Department of Health in the eyes of the newborn in accordance with R386-702-8, Special Measures for the Control of Ophthalmia Neonatorum;~~

~~(ix) performing phenylketonuria (PKU) and other disease tests in accordance with Department of Health Laboratory rules developed pursuant to Section 6;~~

~~(x) verifying prenatal laboratory screening to include:~~

~~(A) blood type and Rh Factor and provision for appropriate use of Rh immunoglobulin;~~

~~(B) hematocrit or hemoglobin;~~

~~(C) antibody screen;~~

~~(D) rubella; and~~

~~(E) syphilis;~~

~~(xi) providing~~] (i) provide instruction for infection control [~~to~~]that shall include:

[~~(A) housekeeping;~~

~~(B)~~] (i) cleaning, sterilization, sanitization, and storage of supplies and equipment;[~~-and~~]

[~~(C~~] (ii) housekeeping; and

(iii) prevention of transmission of infection in personnel, patients, and visitors[~~,~~];

(j) provide for continuous compliance with federal, state, and local laws, rules, and regulations;

(k) provide for meeting the patient's needs;

(l) require documentation that the maternal patient was informed of the eligibility requirements of an out-of-hospital birthing center labor and birth;

(m) require registering birth, fetal death, or death certificates in accordance with Sections 26B-2-126, 26B-8-104, 26B-8-114, 26B-8-115, and rules under Rule R436; and

(n) requirement to perform phenylketonuria (PKU) and other disease tests in accordance with Rule R438-15.

R432-550-[~~7~~]5. Administrator.

(1) [~~Direction.~~

~~(a)~~]The administrator shall [~~be responsible for~~]oversee the overall management and operation of the birthing center.

([~~b~~]2) The administrator shall designate in writing [~~a~~]an employee who is competent [~~employee~~]to act as administrator in the temporary absence of the administrator.

([~~c~~]3) The administrator's designee shall have the authority and responsibility to:

([~~i~~]a) act in the best interests of patient safety and well-being; and

([~~ii~~]b) operate the facility in a manner [~~which~~]that ensures compliance with [~~these birthing center rules~~]this rule.

[~~(2) Qualifications.~~

~~]~~ (4) The administrator and administrator's designee shall [~~be knowledgeable:~~

~~(a) by~~]demonstrate understanding based on education, training, or experience[~~ in administration and supervision of personnel~~], regarding how to

administer and supervise qualified personnel as required by facility policy[~~:~~] in:

[~~(b) in birthing center protocols;~~

~~(c) in~~] (a) applicable federal, state, and local laws, rules, and regulations[~~.~~]; and

([~~3~~]b) birthing center protocols.

(5) The facility shall ensure the administrator's responsibilities [~~shall be~~]are included in a written job description [~~available for Department review. The administrator shall~~]that includes the administrator's responsibility to:

(a) complete, submit, and file records and reports required by the [~~D~~]department;

(b) develop and implement facility policies and procedures;

[~~(c) review facility policies and procedures at least annually and report to the governing body on the review;~~

] (c) develop, for each employee position, a job description that delineates functional responsibilities and authority;

(d) employ or contract with competent personnel whose qualifications are commensurate with job responsibilities and authority and who have the appropriate Utah license or certificate of completion;

(e) [~~develop, for all employee positions, job descriptions that delineate functional responsibilities and authority; and~~

~~(f)~~]review and act on incident or accident reports[~~.~~] in accordance with Rule R380-600; and

(f) review facility policies and procedures at least annually and report to the governing body on the review.

R432-550-[~~8~~]6. Clinical Director.

(1) The clinical director [~~shall be~~]is responsible for [~~implementing, coordinating~~]the implementation, coordination, and [~~assuring~~]assurance of the quality of patient care services.

(2) The clinical director shall:

(a) [~~be currently licensed~~]hold a license to practice medicine or midwifery in Utah;

[~~(b) have training and expertise in obstetric and newborn services offered to ensure adequate supervision of patient care services; and~~

~~(c)~~ (b) for an alongside midwifery unit, the clinical director shall [~~be~~]act as a physician as defined in Section 58-67-102 or a certified nurse midwife under Title 58, Chapter 44a, Nurse Midwife Practice Act[~~.~~]; and

(c) have training and expertise in the obstetric and newborn services offered to ensure adequate supervision of patient care services.

(3) The facility shall ensure the clinical director's responsibilities [~~shall be~~]are included in a written job description [~~available for Department review. The~~]that includes the clinical [~~director shall~~]director's responsibility to:

(a) [~~review and update facility protocols;~~

~~(b) review and evaluate clinical staff privileges and revise them as necessary;~~

~~(c) recommend, to the governing body, names of qualified licensed health care practitioners to perform approved procedures and the corresponding clinical staff privileges to be granted;~~

~~(d)~~]coordinate, direct, and evaluate clinical operations of the facility;

[~~(e) evaluate and recommend to the administrator the type and amount of equipment needed in the facility;~~

~~(f) ensure that qualified staff are on the premises while patients are admitted to the facility;~~

~~(g)~~ (b) ensure clinical staff documentation is recorded immediately and reflects a description of care given;

([~~h~~]c) ensure that planned birthing center services are within the scope of privileges granted to the clinical staff;[~~ and~~]

[~~(i)~~ (d) ensure that qualified staff are on the premises while patients are admitted to the facility;

(e) evaluate and recommend to the administrator the type and amount of equipment needed in the facility;

(f) recommend to the administrator appropriate remedial action and disciplinary action, when necessary, to correct violations of clinical protocols[~~.~~];

(g) recommend, to the governing body, names of qualified licensed health care practitioners to perform approved procedures and the corresponding clinical staff privileges to be granted;

(h) review and evaluate clinical staff privileges and revise them as necessary; and

(i) review and update facility protocols.

R432-550-[~~9~~]7. Personnel.

(1) The administrator shall employ [~~a sufficient number of~~]enough qualified professional and support staff [~~who are~~]competent to perform their respective duties, services, and functions.

(2) The facility shall maintain written personnel policies and procedures [~~which shall be~~]that are available to personnel and [~~shall~~]address the following:

(a) conditions of employment;

(b) content of person[~~ne~~]al records;

([~~b~~]c) job descriptions, qualifications, and validation of licensure or certificates of completion as appropriate for the position held; and

[~~(c) conditions of employment; and~~

] (d) management of employees.

(3) The facility shall maintain personnel records for employees and shall [~~retain~~]keep personnel records for terminated employees for a minimum of [~~one~~]four years following termination of employment.

(4) The facility shall establish a personnel health program through written personnel health policies and procedures[~~ which shall~~], that protect the health and safety of personnel and patients commensurate with the services offered.

(5) [~~An~~]When hired, an employee shall complete an employee placement health evaluation that shall include [~~at~~]a completed health inventory[~~ which shall be completed when an employee is hired.~~]. The health inventory shall [~~obtain~~]include the employee's history of the following:

(a) any conditions that may prevent the employee from performing assigned duties; and

(b) any conditions that would predispose the employee to acquiring or transmitting infectious diseases[~~; and~~].

[~~(b) conditions which may prevent the employee from performing certain assigned duties satisfactorily.~~

] (6) [~~Employee~~]The facility shall develop employee health screening and immunization components of personnel health programs [~~shall be developed~~]in accordance with Rule R386-702[~~, Code of Communicable Disease Rules~~].

(7[~~) Employee skin testing by~~])(a) [~~the Mantoux method or other FDA approved in-vitro serologic test, and follow-up for tuberculosis shall be done in accordance with R388-804, Special Measures for the Control of Tuberculosis~~].

([~~a~~]b) [~~The licensee shall ensure that all employees are skin-tested for tuberculosis within two weeks of:~~

~~]~~

~~initial hiring;~~

~~(ii) suspected exposure to a person with active tuberculosis; and~~

~~(iii) development of symptoms of tuberculosis.~~] The facility shall ensure employee skin testing by the Mantoux method or other Federal Drug Administration approved in-vitro serologic test, and follow up for tuberculosis is done in accordance with Rule R388-804.

(b) The facility shall ensure that each employee is skin-tested for tuberculosis within two weeks of:

(i) development of symptoms of tuberculosis;

(ii) initial hiring; and

(iii) suspected exposure to a person with active tuberculosis.

(c) The facility shall ensure skin testing is exempted for each employee with a known positive reaction to skin tests.

[~~(b) Skin testing shall be exempted for all employees~~] (d) The facility may exempt skin tests for each employee with known positive reactions to skin tests.

(8) The birthing center personnel [~~must~~]shall receive a documented orientation to the facility [~~and~~]for the job [~~for which~~]that they are hired to perform.

(9) The facility shall ensure birthing center personnel[~~must~~] receive documented ongoing in-service training to include:

(a) an annual review of facility policies and procedures; and

(b) infection control, personal hygiene, and each employee's responsibility in the personnel health program.

(10) The facility shall ensure birthing center [~~Personnel shall~~]personnel have access to the facility's policy and procedure manuals when on duty.

(11[~~) Personnel~~])(a) The facility shall maintain current [~~licensing, ~~]licensure, registration, or certification [~~or registration~~]appropriate for the work performed and as required by the Utah Department of Commerce.

([~~a) Personnel~~]b) The facility shall ensure personnel provide evidence of current licensure, registration, or certification to the [~~D~~]department upon request.

([~~b~~]c) Failure of a facility to ensure personnel are licensed, certified, or registered may result in sanctions to the facility license, per Rule R380-600.

R432-550-[~~10~~]8. Contracts.

(1) The [~~licensee~~]facility shall provide a written contract for any birthing center services that are not provided directly by the facility. The [~~licensee~~]facility shall ensure that the contracted entity:

(a) complies with applicable laws, rules, and regulations;

(b) performs according to facility policies and procedures; and

[~~(b) conforms to standards required by laws, rules and regulations; and~~

] (c) provides timely services that meet professional standards[~~and are timely~~].

(2) [~~Contracts~~]The facility shall [~~be ~~]ensure contracts are available for [~~Department~~]OL review.

(3) An alongside midwifery unit shall have a transfer agreement in place with the adjoining hospital to transfer a patient to the adjacent hospital's labor and delivery unit if a higher level of care is needed, and for services that are provided by the adjacent hospital's staff in collaboration with the alongside midwifery unit staff.

(4) An alongside midwifery unit may contract with staff from the adjoining hospital to assist with newborn care or resuscitation of a patient in an emergency.

R432-550-[~~11~~]9. Quality Assurance.

(1) The administrator shall establish a quality assurance committee and program.[~~This committee shall review regularly clinic operations, protocols, policies and procedures, incident reports, infection control, patient care policies and safety.~~]

(2) The quality assurance committee shall:

(a) ensure the quality assurance program includes surveillance, prevention, and control of infection;

(b) initiate action to resolve identified quality assurance problems by filing a written report of findings and recommendations with the [~~licensee~~]facility[~~.~~];

([~~3) The quality assurance committee shall~~]c) meet as prescribed in [~~facility~~]birthing center policy or at least quarterly and [~~shall keep~~]maintain written minutes that are available for [~~department~~]OL review[~~.~~

~~(4) The quality assurance program shall include surveillance, prevention~~]; and[~~control of infection.~~]

(d) review regularly clinic operations, protocols, policies and procedures, incident reports, infection control, patient care policies, and safety.

R432-550-[~~12~~]10. Emergency and Disaster.

(1) The facility shall assure [~~the~~]a patients' safety and well-being [~~of patients ~~]in [~~the event of ~~]an emergency or disaster. [-]An emergency or disaster may include[~~but is not limited to~~]:

(a) a bomb threat;

(b) a earthquake;

(c) an epidemic;

(d) an explosion;

(d) a fire;

(e) a flood;
(f) a injury;
(g) an interruption of public utilities[~~, explosion, fire, earthquake, bomb threat, flood,~~]; and
(h) a windstorm[~~, epidemic and injury~~].

(2) The administrator shall educate, train, and drill staff to respond appropriately in an emergency[~~ in accordance with NFPA 101, Life Safety Code~~].

(3) The administrator shall [~~be responsible for the development of~~]develop an emergency and disaster plan, [~~coordinated~~]in coordination with state and local emergency or disaster authorities, to respond to emergencies and disasters as appropriate. [-]The [~~plan~~]administrator shall ensure that the plan:

[~~(a) be in writing and personnel shall have ready access when on duty;~~
](a) addresses the evacuation of occupants to a safe place within the facility or to another location;

(b) [~~be~~]is reviewed and updated at least annually by the administrator and the [~~licensee~~]facility; and

[~~(c) address evacuation of occupants to a safe place within the facility or to another location.~~
](c) is in writing, and personnel have ready access when on duty.

(4) The [~~facility must maintain safe ambient air temperatures within the facility.~~
~~(a) Emergency heating must have the approval of the local fire department.~~
~~(b) The facility~~]facility shall [~~have, and be capable of implementing~~]ensure:

(a) the birthing center can implement contingency plans regarding excessively high or low ambient air temperatures within the facility that may affect the health and safety of the patient[~~s.~~];

(b) the local fire department approves emergency heating; and

(c) safe ambient air temperatures are maintained within the facility.

R432-550-[~~13. Patients'~~]11. Patient Rights.

(1) [~~Written patients' ~~]The facility shall ensure that patient rights [~~shall be~~]are established in writing and made available to the patient as determined by facility policy[~~ which~~].

(2) The facility shall [~~include~~]ensure the patient rights document includes the following patient rights:

[~~(a) to be fully informed, prior to or at the time of admission, and during stay, of these rights and of facility rules that pertain to the patient;~~
~~(b) to be fully informed, prior to admission, of the treatment to be received, potential complications and expected outcomes;~~
~~(c) to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal;~~
~~(d) to be informed, prior to or at the time of admission and during stay, of services available in the facility and of any expected charges for which the patient may be liable;~~
~~(e) to be afforded the opportunity to participate in decisions involving personal health care, except when contraindicated;~~
~~(f) to refuse to participate in experimental research;~~
~~(g)~~](a) to be ensured confidential treatment of personal and medical records and to approve or refuse release to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third[-]-party payment contract;

([~~h~~]b) to be [~~treated with consideration, respect~~]fully informed, before admission, of the treatment to be received, potential complications, and [~~full recognition of~~]expected outcomes;

(c) to be fully informed, before, or when presenting for admission, and during the patient's stay, of these rights and of facility rules that pertain to the patient;

(d) to be informed, before or when presenting for admission and during the stay, of services available in the facility and of any expected charges that the patient may be responsible for;

(e) to be offered the opportunity to participate in decisions involving personal [~~dignity and individuality, including privacy in treatment and in ~~]health care[~~ for personal needs.~~], except when contraindicated;

(f) to refuse to participate in experimental research; and

(g) to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.

R432-550-[~~14~~]12. Clinical Staff and Personnel.

(1) The facility shall comply with this section regarding clinical staff and personnel.

[~~(1)~~](2) Information identifying [~~current ~~]clinical staff and on-call and emergency telephone numbers [~~shall be~~]is readily available to [~~birthing center ~~]personnel.

[~~(2)~~](3) Clinical staff and licensed personnel [~~of the birthing center shall be~~]are trained in emergency and resuscitation measures[~~ for~~], or both infants and adults[~~, including but not limited to, cardiopulmonary resuscitation~~] and have a CPR certification.

[~~(3)~~](4) A licensed maternity care practitioner [~~shall be~~]is present at each birth and [~~remain~~]remains there until the maternal patient and newborn are stable postpartum.

[~~(4)~~](5) A second member of the birthing center staff who is licensed or certified to give [~~cardiopulmonary resuscitation shall be~~]CPR is present at each birth.

[~~(5)~~](6) Clinical staff, licensed personnel, and support staff [~~shall be~~]are provided to meet [~~patients'~~]a patient's needs, [~~to ~~]ensure [~~patients'~~]a patient's safety, and [~~to ~~]ensure that [~~patients~~]a patient in active labor [~~are~~]is attended to.

[~~(6)~~](7) A midwife [~~practicing~~]who practices in an alongside midwifery unit [~~shall be~~]is also a certified nurse midwife under Title 58, Chapter 44a, Nurse Midwife Practice Act.

R432-550-[~~15~~]13. Clinical Staff.

(1) The attending member of the clinical staff shall ensure the supervision [~~of,~~]and quality of[~~,~~] care delivered to the patient admitted to the facility.

(2) [~~Each~~]The facility shall ensure that each patient [~~shall be~~]is under the care of a member of the clinical staff.

(3) Clinical staff members shall comply with applicable professional practice laws and written birthing center protocols approved by the clinical director.

(4) The attending member of the clinical staff shall verify in writing that the patient [~~conforms to facility~~]meets birthing center eligibility criteria.

(5) The attending member of the clinical staff shall decide when the transfer of a patient to a hospital is necessary and document in writing the conditions warranting the decision.

R432-550-14. Birthing Services.

(1)(a) The licensee 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.

R432-550-15. 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.

R432-550-16. Equipment and Supplies.

(1) The administrator shall provide necessary equipment in good working order to meet the patient's needs.

(2) The [~~type and amount of equipment~~]administrator shall [~~be indicated in facility policy and approved by the clinical director.~~]ensure:

([~~3) An~~]a) an emergency cart or tray is readily available and equipped to allow the completion of emergency procedures defined by facility policy[~~shall be readily available.~~];

[~~(a) The facility shall safely store~~](b) the emergency cart or tray is safely stored in a designated area that is accessible to authorized personnel[~~.~~];

[~~(b) The facility shall maintain~~](c) the type and amount of equipment indicated in facility policy and approved by the clinical director; and

(d) there is a written log of [~~all~~]any upkeep of the emergency cart or tray.

([4]3) The [~~inventory of~~]facility shall ensure there are enough supplies [~~shall be sufficient~~]in the inventory to care for the number of patients registered for care.

[~~(5) Properly~~](4) The facility shall ensure that properly maintained equipment and supplies for the maternal patient and the newborn [~~shall~~]include [~~at least~~]the following:

(a) [~~furnishings suitable for labor, birth and recovery;~~

~~(b) oxygen with flow meters and masks or equivalent;~~
~~(c) bulb suction;~~
~~(d) resuscitation equipment to include resuscitation bags, laryngeal mask airways and oral airways;~~
~~(e) firm surfaces suitable for use in resuscitating patients;~~
~~(f) emergency medications and related supplies and equipment;~~
~~(g) fetal monitoring equipment, minimally to include a fetoscope or doppler;~~
~~(h) equipment to monitor and maintain the optimum body temperature of the newborn;~~
~~(i) ~~]a clock indicating hours, minutes, and seconds;
[~~(j) sterile suturing equipment and supplies;~~
~~(k) adjustable examination light;~~
~~(l) infant scale;~~
~~(m)~~] (b) a delivery log for recording birth data;
(c) a telephone or equivalent two-way communication device capable of reaching other facilities or emergency agencies;[~~ and~~]
[~~(n) ~~] (d) adjustable examination light;
(e) bulb suction;
(f) emergency medications and related supplies and equipment;
(g) equipment to monitor and maintain the optimum body temperature of the newborn;
(h) fetal monitoring equipment to include a [~~delivery log~~]fetoscope or doppler;
(i) firm surfaces suitable for [~~recording~~]use in resuscitating a patient;
(j) furnishings suitable for labor, birth[~~ data.~~], and recovery;
(k) infant scale;
(l) oxygen with flow meters and masks or equivalent;
(m) resuscitation equipment to include resuscitation bags, laryngeal mask airways, and oral airways; and
(n) sterile suturing equipment and supplies.

R432-550-17. Medications.

[~~(1) ~~]Licensed personnel shall prescribe, order, and administer medication in accordance with applicable professional practice acts, pharmacy, and controlled substances laws.

R432-550-18. Anesthesia Services.

(1) The [~~birthing center~~]facility shall provide facilities and equipment for the provision of anesthesia services commensurate with the obstetric procedures planned for the facility.

(2) The clinical director shall ensure the safety of anesthesia services administered [~~to patients~~]toa patient by clinical staff through written policies and protocols approved by the clinical staff for[~~ anesthetic agents, delivery of anesthesia and potential hazards of anesthesia.~~]:
(a) anesthetic agents;
(b) delivery of anesthesia; and
(c) potential hazards of anesthesia.

(3) A clinical staff member shall monitor [~~patients~~]a patient who receive anesthesia or analgesics.

R432-550-19. Laboratory Services.

(1) The [~~birthing center~~]facility shall provide direct or contract laboratory and associated services according to [~~facility~~]policy and to meet the needs of [~~patients~~]a patient.

(2) [~~Laboratory~~]The facility shall ensure laboratory reports or results [~~shall be~~]are reported promptly to the attending clinical staff member and documented in the patient's medical record.

(3) [~~Laboratory~~]The facility shall ensure laboratory services [~~shall be~~]are provided according to [~~CLIA~~]the requirements of 42 U.S.C. 253a, Clinical Laboratory Improvement Amendment.

R432-550-20. Medical Records.

(1) [~~Medical records~~]The facility shall [~~be~~]ensure medical records are complete, accurately documented, and systematically organized to facilitate retrieval and compilation of information.

(2) [~~An employee designated by the ~~]The administrator shall designate an employee to be responsible and accountable for the processing of medical records.

(3) The [~~medical record and its contents shall be safeguarded from loss, defacement, tampering, fires and floods.~~
~~(4) Medical records shall be protected against access by unauthorized individuals. Birthing centers~~]facility shall:
(a) keep medical records for at least five years after the last date of patient care;
(b) keep records of minors, including records of newborn infants, for three years after the minor reaches legal age under Utah law, but not less than five years;
(c) maintain confidentiality of medical record information[~~ confidential; and~~];
([~~b~~]d) obtain consent from the patient before releasing client information identifying the client, including photographs, unless release is [~~otherwise ~~]allowed or required by law[~~.~~];
[~~(5) Medical records shall be retained for at least five years after the last date of patient care. Records of minors, including records of newborn infants, shall be retained for three years after the minor reaches legal age under Utah law, but in no case less than five years.~~
~~(6)~~] (e) protect medical records against access by unauthorized individuals; and
(f) safeguard medical records and their content from loss, defacement, tampering, fires, and floods.

(4) The [~~birthing center~~]facility shall maintain an individual medical record for each patient[~~ which shall include but is not limited to~~], that includes written documentation of the following:

(a) admission record with demographic information and patient identification data;

(b) discharge summary for mother and newborn to include a note of condition, instructions given, and referral as appropriate;

(c) documentation that the patient is informed of the statement of patient rights;

(d) fetal monitoring record;

(e) history and physical examination [~~which shall be~~]that is up-to-date upon the patient's admission;

([~~c) written~~]f) labor and [~~signed informed consent;~~

~~(d) orders by a clinical staff member;~~

~~(e)~~]delivery record, including type of [~~assessments, plan of care and services provided;~~

~~(f)~~]delivery, record of [~~medications and treatments administered~~]anesthesia, and operative procedures;

(g) laboratory and radiology reports;

(h) [~~discharge summary for mother~~]monitoring of progress in labor with assessment of maternal and newborn reaction to [~~include~~]the process of labor;

(i) orders by a [~~note of condition, instructions given and referral as appropriate~~]clinical staff member;

([~~i~~]j) prenatal care record containing at least prenatal blood serology, Rh factor determination, past obstetrical history, and physical examination and documentation of fetal status;

[~~(j) monitoring of progress in labor with assessment of maternal and newborn reaction to the process of labor;~~

] (k) [~~fetal monitoring~~]record of assessments, plan of care, and services provided;

(l) [~~labor and delivery~~]record[~~, including type~~] of [~~delivery, record of anesthesia and operative procedures if any~~]medications and treatments administered; and

(m) [~~documentation that the patient is~~]written and signed informed [~~of the statement of patient rights~~]consent.

([~~7~~]5) The facility shall ensure records of newborn infants[~~ shall~~] include the following:

(a) date and hour of birth, birth weight and length, period of gestation, gender, and condition of the infant on delivery, including Apgar scores and resuscitative measures;

(b) mother's name or unique identification;

(c) record of ophthalmic prophylaxis; and

(d) the identification number of the screening kit used to screen for metabolic diseases[~~,~~] and documentation that metabolic screening, genetic screening, PKU, or other metabolic disorders reports were completed or refused by the client.

([~~8~~]6) An alongside midwifery unit may integrate medical records with the medical record system of the adjoining hospital.

R432-550-21. Housekeeping Services.

(1) The facility shall provide [~~adequate~~]enough housekeeping services to maintain a clean and sanitary environment.

(2) The facility shall develop and implement written housekeeping policies and procedures.

R432-550-22. Laundry Services.

(1) The facility shall develop and implement written policies and procedures for the storage and processing of clean and soiled linen.

(2) [~~Clean~~]The facility shall ensure clean linen [~~shall be~~]is stored, handled, and transported to prevent contamination. [~~Linens~~]

(3) The facility shall [~~be maintained in good repair.~~

~~(3) Soiled~~]ensure soiled linen [~~shall be~~]is handled, transported, stored, and processed in a manner to prevent both leakage and the spread of infection.

(4) The facility shall ensure linens are clean and in good repair.

R432-550-23. Maintenance, Physical Environment, and Safety.

(1) The facility shall provide adequate maintenance service to ensure that facility equipment and grounds are maintained in a clean and sanitary condition and in good repair.

(2) The facility shall develop and implement a written maintenance program [~~which shall include~~]that includes a preventive maintenance schedule for major equipment and physical plant systems.

R432-550-24. General Maintenance.

(1) The facility shall maintain facility buildings, fixtures, equipment, and spaces in operable condition.

(2) The facility shall provide a safe, clean, and sanitary environment.

(3) The facility shall conduct a pest-control program that ensures the facility is free from vermin.

(4) Direct or contract pest-control programs shall comply with Title 4, Chapter 14, Utah Pesticide Control Act.

(5) [~~Documentation~~]The facility shall [~~be maintained~~]maintain general maintenance documentation for [~~Department~~]OL review.

R432-550-25. Waste Processing Service.

[~~Facilities~~] (1) The facility shall provide facilities and equipment [~~shall be provided~~]for [~~the~~]sanitary storage[~~ and treatment~~]

(2) The facility shall treat or dispos[~~al~~]e of [~~all categories~~]any category of waste, including hazardous and infectious waste[~~s~~], if applicable, using techniques acceptable to the Department of Environmental Quality[~~,~~] and the local health department[~~ having jurisdiction~~].

R432-550-26. Lighting.

The facility shall provide [~~adequate and~~]enough comfortable lighting to meet the needs of patients and personnel.

R432-550-27. Limitations of Services.

(1) [~~Birthing center~~]The facility shall ensure that the facility policy [~~shall establish~~]establishes a written risk assessment system to assess the individual risk for each maternal patient.

(2) A clinical staff member shall perform and document a risk assessment for each maternal patient to ensure the patient's needs:

(a) fall within the scope of practice and standards of care included in the clinical staff member's professional practice act and within facility policy; and

(b) meet the eligibility requirements for a low[-]-risk maternal patient.

(3) [~~Clients~~]A client [~~shall become~~]is ineligible for birthing center care upon development of:

(a) a clinical need for anesthesia or analgesia other than those used in a setting where anesthesia and analgesia are limited in accordance with the facility's written [~~protocols~~]policies; or

(b) any condition identified intrapartum or postpartum [~~which~~]that will be likely to adversely affect the health of the maternal patient or infant and will require management in a general hospital.

R432-550-28. Penalties.

Any person who violates [~~any provision of~~]this rule may be subject to the penalties [~~enumerated~~]in Rule R380-600 and Title 26B, Chapter [~~21, Section 11 and R432-3~~]2, Part 7, Penalties and [~~be punished for violation of a class A misdemeanor as provided in Title 26, Chapter 21, Section 16~~]Investigations.

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