

Division of Licensing and Background Checks (DLBC) Health Facility Committee

September 9, 2026

This meeting has not started yet.



**Department of Health
& Human Services**

This meeting is being held virtually and in-person and is hosted by the Utah Department of Health and Human Services.

Public notice of this meeting was provided on the [Utah Public Notice website](#).

This meeting is being recorded. A recording of this meeting will be posted to the Utah Public Notice website no later than three business days following the date of this meeting.

Health Facility Committee

Welcome and Other Updates



Department of Health
& Human Services

Approval of July 2026 Committee Meeting Minutes



Department of Health
& Human Services

Health Facility Rule Updates

September 9, 2026

Health Facility Committee

Utah Division of Licensing
and Background Checks
(DLBC)



**Department of Health
& Human Services**

Reminder: Statute and Rules 101

01

Definition & Authority

Administrative Rules are regulations authorized by statute that govern government programs, carrying the same effect as law. The Utah Legislature grants rulemaking authority to make, change, or repeal rules.

02

DLBC Focus

Health & Safety Standards are the focus for all regulated child care, health, and human services facilities.

These standards act as the vital foundation of quality and protect vulnerable populations. DLBC also wants all rules to be clear and easy to understand.

03

Statutory Umbrella and Rule Raincoat

Written Law (Statute) acts as an umbrella over the regulatory authority framework of DLBC. It grants broad authority to enforce all requirements for the facilities regulated by DLBC. Rules implement or interpret statute and act as a raincoat.



New Rule or Rule Update – The “Why”

01

Legislative Action

A bill or statute change that requires updating administrative rules.

02

Leadership Action

Required action or direction from DLBC leadership or legal counsel.

03

Internal Review

Internal discussions and findings arising from a Five-Year Rule Review. Also, want to focus on clear and easy to understand rules with consistent formatting.

04

Other Feedback

Feedback from providers, staff, partner organizations, or members of the public.



How does DLBC work with committees, providers, and partners to support rule updates?

01

Committee Collaboration

DLBC works with required committees to review and approve proposed new rules or rule updates:

- Adoption Consortium
- Child Care Provider Committee
- Congregate Care Committee
- Health Facility Committee

02

Partner Engagement

Additionally, DLBC actively engages provider collaboration groups and other key partners throughout the process for any significant rule change or new rule.

03

Provider Alerts

DLBC sends out notifications to providers at key milestones:

- When proposed rules are published in the Utah State Bulletin for public comment.
- When rule changes are officially made effective.

Rule Style and Formatting

The Rulewriting Manual for Utah is the guiding document for rule style and formatting:

<https://rules.utah.gov/help/agency-resources/rulewriting-manual/>

R432. Health and Human Services, Health Care Facility Licensing.

R432-101. Specialty Hospital - Psychiatric.

R432-101-1. ~~[Legal]~~ Authority and Purpose.

(1) This rule is authorized by Section 26B-2-202.

(2) The rule provides the standards of patient care that apply to psychiatric hospital inpatient, outpatient, and satellite services.

~~[R432-101-2. Purpose.~~

~~———— The purpose of this rule is to promote the public health and welfare through establishment and enforcement of licensure standards for the operation of a psychiatric hospital. This rule outlines standards of patient care that apply to psychiatric hospital inpatient, outpatient, and satellite services. This rule applies to a licensee that chooses to be licensed as a psychiatric specialty hospital and whose single major service is psychiatric service. If a psychiatric specialty hospital licensee chooses to have a dual service, including psychiatric and substance abuse or chemical dependency, then both of the specialty hospital rules apply.~~

~~R432-101-3. Time for Compliance.~~

~~———— Each psychiatric specialty hospital obtaining initial licensure shall comply with this rule.]~~

New rule content is underlined
and content to be deleted is
bracketed + includes a
strikethrough:

*A licensee ~~[may]~~shall submit to
Office of Licensing their business
license.*

Rule Update Proposals for Committee Review and Approval:

R432-153 Pediatric Respite Care Facility

R432-700 Home Health Agency

R432-725 Personal Care Agency

R432-750 Hospice Rule

Rule Update Proposals: R432-153 Pediatric Respite Care Facility

- Adds language for implementation of [HB 417](#)
Patient Interfacility Transportation Requirements: *This bill requires any regulated health facility to allow patients to use "non-medical transportation"—such as a personal vehicle, a family member's car, or public transit—instead of an ambulance when transferring to another facility. Patients must be medically and mentally stable, will not require medical care during the trip, and are not under a court-ordered involuntary commitment.*
- Statute and rule references are updated
- Review of records retention requirements
- Rule language is clarified and includes clarifying language such as “develop, implement, and comply”
- Use of the term “client” is updated for consistent use throughout the rule
- Updates rule style and formatting to align with Rulewriting Manual for Utah and DHHS Rule Style Guide, including:
 - The first three rule sections are updated to be consistent with other rules in the division and DHHS - (1) Authority and Purpose, (2) Definitions, and (3) Scope
 - Multiple sections are updated for rule numbering
 - Formatting is updated throughout the rule for reader clarity

Rule Update Proposals: R432-700 Home Health Agency

- Adds language for implementation of [HB 417](#)
Patient Interfacility Transportation Requirements: *This bill requires any regulated health facility to allow patients to use "non-medical transportation"—such as a personal vehicle, a family member's car, or public transit—instead of an ambulance when transferring to another facility. Patients must be medically and mentally stable, will not require medical care during the trip, and are not under a court-ordered involuntary commitment.*
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 - Multiple sections are updated to remove excessive capitalization
 - Multiple sections are updated for rule numbering
 - Formatting is updated throughout the rule for reader clarity

Rule Update Proposals: R432-725 Personal Care Agency

- Adds language for implementation of [HB 417](#)
Patient Interfacility Transportation Requirements: *This bill requires any regulated health facility to allow patients to use "non-medical transportation"—such as a personal vehicle, a family member's car, or public transit—instead of an ambulance when transferring to another facility. Patients must be medically and mentally stable, will not require medical care during the trip, and are not under a court-ordered involuntary commitment.*
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 - Multiple sections are updated to remove excessive capitalization
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Rule Update Proposals: R432-750 Hospice Rule

- Adds language for implementation of [HB 417](#)
Patient Interfacility Transportation Requirements: *This bill requires any regulated health facility to allow patients to use "non-medical transportation"—such as a personal vehicle, a family member's car, or public transit—instead of an ambulance when transferring to another facility. Patients must be medically and mentally stable, will not require medical care during the trip, and are not under a court-ordered involuntary commitment.*
- Statute and rule references are updated
- Review of records retention requirements
- Rule language is clarified and includes clarifying language such as “develop, implement, and comply”
- Use of the term “patient” is updated for consistent use throughout the rule
- Updates rule style and formatting to align with Rulewriting Manual for Utah and DHHS Rule Style Guide, including:
 - The first three rule sections are updated to be consistent with other rules in the division and DHHS: (1) Authority and Purpose, (2) Definitions, and (3) Scope
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Review of Rule Update Documents



**Department of Health
& Human Services**

New Business and Future Agenda Topics Discussion



Department of Health
& Human Services

Public Comment



**Department of Health
& Human Services**

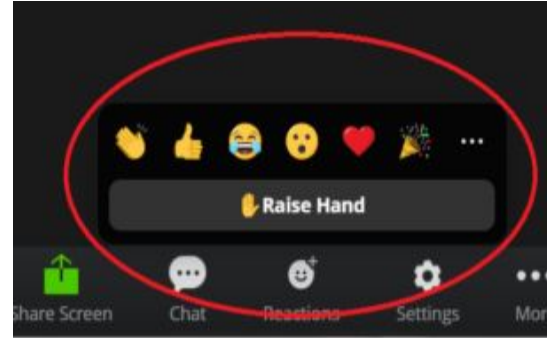
Public Comment Instructions

- Public comments is limited to 2 minutes per person.
 - If you want more time, you may request it from the chair.
- Please state your **name** and your **affiliation**.
- Comments must pertain to matters over which this body has jurisdiction.

Public Comment Instructions

How to make a comment over Zoom:

- When the chair opens public comment, use the raise hand icon on Zoom to indicate that you would like to make a comment. When you are called on, you will be taken off mute.
- Take 2 minutes to make your comment.



← Raise Hand
Icon

Public Comment Instructions

How to make a comment in person:

- Sign the Public Comment Sign-in Sheet with your name and indicate what agenda item you want to make a comment on.
- The chair will indicate when it is time for public comment and invite you to the table.
- Take 2 minutes to make your comment.

For additional information, to make a suggestion for agenda items, or to contact staff, send an email to
DLBCboards@utah.gov



**Department of Health
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Thanks!



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