

26 sedation or anesthesia;

27 ▶ provides whistle blower protections to a health care provider who reports an
28 adverse event; and

29 ▶ requires a health care provider who administers sedation or anesthesia intravenously
30 to have access to a crash cart during the anesthesia procedure.

31 **Money Appropriated in this Bill:**

32 None

33 **Other Special Clauses:**

34 None

35 **Utah Code Sections Affected:**

36 AMENDS:

37 **63I-1-226**, as last amended by Laws of Utah 2016, Chapters 89, 170, 279, and 327

38 **63I-1-258**, as last amended by Laws of Utah 2016, Chapters 89 and 294

39 ENACTS:

40 **26-1-40**, Utah Code Annotated 1953

41 **58-5a-502**, Utah Code Annotated 1953

42 **58-31b-502.5**, Utah Code Annotated 1953

43 **58-67-502.5**, Utah Code Annotated 1953

44 **58-68-502.5**, Utah Code Annotated 1953

45 **58-69-502.5**, Utah Code Annotated 1953



47 *Be it enacted by the Legislature of the state of Utah:*

48 Section 1. Section **26-1-40** is enacted to read:

49 **26-1-40. Reports of anesthesia adverse events- whistle blower protections.**

50 (1) (a) Beginning January 1, 2018, the department shall create a database of deaths and
51 adverse events from the administration of sedation or anesthesia in outpatient settings that are
52 not emergency departments in the state.

53 (b) The database required by Subsection (1)(a) shall include reports submitted by
54 health care providers under Sections ~~58-5a-102, 58-31b-501, 58-67-501, 58-68-501, and~~
55 ~~58-69-501~~ 58-5a-502, 58-31b-502.5, 58-67-502.5, 58-68-502.5, and 58-69-502.5 ~~58-69-501~~.

56 (2) The department shall adopt administrative rules under Title 63G, Chapter 3, Utah

57 Administrative Rulemaking Act, regarding:

58 (a) the format of the reports; and

59 (b) what constitutes a reportable adverse event, which shall include at least the
60 administration of intravenous sedation or anesthesia when there is:

61 (i) an escalation of care required for the patient; or

62 (ii) a rescue of a patient from a deeper level of sedation than was intended.

63 (3) (a) Information the department receives under this section that identifies a
64 particular individual is subject to Title 63G, Chapter 2, Government Records Access and
65 Management Act, and the federal Health Insurance Portability and Accountability Act of 1996.

66 (b) Beginning July 1, 2018, and on or before July 1 of each year thereafter, the
67 department shall:

68 (i) publicly report:

69 (A) the number of deaths and adverse events reported under Subsection (1);

70 (B) the type of health care providers, by license category and specialty, who submitted
71 reports under Subsection (1) and who administered the sedation or anesthesia that resulted in
72 an adverse event; and

73 (C) the type of facility in which the death or adverse event took place; and

74 (ii) submit a report to the Health and Human Services Interim Committee with the
75 information required by this Subsection (3).

76 (4) An employer of a health care provider who submits a report under this section may
77 not take an adverse employment action against the reporting health care provider if the
78 employment action is based on the provider submitting a report under this section.

79 (5) (a) This section sunsets in accordance with Section 63I-1-226.

80 (b) The sunset review of this section shall include an analysis of:

81 (i) the number and types of adverse events reported under this section;

82 (ii) the types of health care providers and locations involved in the adverse events;

83 (iii) the adequacy of sedation and anesthesia requirements in Sections ~~H~~→ [58-5a-102,
84 58-31b-501, 58-67-501, 58-68-501, and 58-69-501] 58-5a-502, 58-31b-502.5, 58-67-502.5,

84a 58-68-502.5, and 58-69-502.5 ←H related to the adverse events reported under
85 this section; and

86 (iv) the adequacy of the reporting requirements under this section and the need for
87 additional protections for health care providers who report events under this section.