{deleted text} shows text that was in SCR004 but was deleted in SCR004S01.

inserted text shows text that was not in SCR004 but was inserted into SCR004S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Representative Scott H. Chew proposes the following substitute bill:

CONCURRENT RESOLUTION ON DEATHS FROM OPIOID-INDUCED POSTOPERATIVE RESPIRATORY DEPRESSION

2018 GENERAL SESSION STATE OF UTAH

Chief Sponsor: Kevin T. Van Tassell

House Sponsor: Scott H. Chew

LONG TITLE

General Description:

This concurrent resolution of the Legislature and the Governor recognizes the devastating effects of the sudden death of Utah residents from opioid-induced postoperative respiratory depression, urges further study of this issue, and encourages physicians to prescribe in-home monitoring devices where appropriate for patients who are discharged with opioids after surgery.

Highlighted Provisions:

This resolution:

recognizes the effects of sudden death from opioid-induced postoperative

respiratory depression;

- urges the Department of Health, hospitals, practitioners, and academics to further study this issue; and
- encourages physicians to prescribe in-home monitoring devices where appropriate for patients who are discharged with opioids after surgery.

Special Clauses:

None

Be it resolved by the Legislature of the state of Utah, the Governor concurring therein:

WHEREAS, opioids have been prescribed without understanding their full impact on the human body, leading to a public health crisis on a scale that has never before been seen in this country;

WHEREAS, President Donald J. Trump has declared the nation's opioid crisis to be a public health emergency;

WHEREAS, the people of the state of Utah continue to be devastated by addiction and deaths resulting from the use of opioids;

WHEREAS, opioids have been known to affect the part of the brain that regulates breathing, resulting in respiratory depression and death, particularly in patients who are recovering from a surgical operation;

WHEREAS, in November 2014, the World Health Organization issued a warning about the risk of respiratory depression and death from opioid use;

WHEREAS, following the unexpected death of their son, Parker Stewart, from respiratory depression after taking the prescribed dose of an opioid after a routine surgery, members of his family have advocated tirelessly to raise awareness of the risks of death from opioid-induced postoperative respiratory depression;

WHEREAS, {many} other families have had to face the sudden death of a loved one from respiratory depression after taking {one or two doses of an opioid} opioids post-surgery;

WHEREAS, deaths from opioid-induced postoperative respiratory depression {are often} may sometimes be misdiagnosed {as pneumonia } and {are} could therefore be under-reported;

WHEREAS, the use of {a low-cost,}an in-home monitoring device to alert a caregiver

of low oxygen saturation {would have prevented many} might alert a caregiver to intervene sooner and possibly prevent some of these needless deaths;

WHEREAS, in August 2012, the Joint Commission, an independent, not-for-profit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States, published a Sentinel Event Alert to health care professionals urging specific steps to prevent serious complications and deaths from opioid use, including monitoring patient oxygenization due to the higher risk of respiratory depression;

WHEREAS, advances in technology have made in-home monitoring devices that satisfy the recommendations of the Joint Commission accessible and affordable for hospitals, physicians, and patients;

WHEREAS, capnography and acoustic monitoring are increasingly becoming the standard of care <u>in the hospital</u> to detect changes in breathing, and the United States Food and Drug Administration has recently approved devices using these technologies for in-home use <u>by a qualified health care provider</u>; and

WHEREAS, respiratory care providers and other health care professionals, particularly from Intermountain Health Care and Uintah Basin Healthcare, have taken proactive measures to protect against the risk of death from opioid-induced respiratory depression:

NOW, THEREFORE, BE IT RESOLVED that the Legislature of the state of Utah, the Governor concurring therein, urges the Department of Health to convene a multi-stakeholder, cross-sector group dedicated to gathering data and best practices to avoid deaths from opioid-induced postoperative respiratory depression.

BE IT FURTHER RESOLVED that health care professionals be advised about the dangers of opioid-induced respiratory depression and the need for in-home monitoring of patients who are prescribed an opioid after surgery.

BE IT FURTHER RESOLVED that hospitals and academics are urged to collect more data about the risks of taking an opioid after surgery and the deaths resulting from opioid-induced postoperative respiratory depression, especially regarding the effects of the opioid on a patient's breathing.

BE IT FURTHER RESOLVED that the state of Utah shall make every effort to avoid the continuing needless deaths that result from the use of opioids throughout the state.

BE IT FURTHER RESOLVED that a copy of this resolution be sent to the Department

of Health and to the {Utah Medical Association} health care organizations for distribution to {the association's members.

Legislative Review Note

Office of Legislative Research and General Counsel} members who perform procedures that incorporate the use of opioids and have the potential for post-operative respiratory depression.