

59 (b) In addition to any other circumstances established by rule as constituting a
 60 reportable adverse event, a reportable adverse event shall include a situation where:

61 (i) an individual is under moderate sedation, deep sedation, or general anesthesia, as
 62 those terms are defined in Section 58-1-510; and

63 (ii) there is:

64 [(i)] (A) an escalation of care required for the patient ~~H→~~, **including contacting an**
 64a **emergency medical service provider as defined in Section 26-8a-102, transferring the patient to**
 64b **an emergency room or hospital, or administering to the patient a vasopressor or an**
 64c **inotrope ~~←H~~** ; or

65 [(ii)] (B) a rescue of a patient from a deeper level of sedation than was intended ~~H→~~, **which**
 65a **resulted in an unplanned invasive airway procedure ~~←H~~** .

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

69 (b) ~~[Beginning July 1, 2018, and on]~~ On or before July 1 of each year ~~[thereafter]~~, the
 70 department shall:

71 (i) publicly report:

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

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

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

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

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

82 ~~[(5) (a) This section sunsets in accordance with Section 63I-1-226.]~~

83 ~~[(b) The sunset review of this section shall include an analysis of:]~~

84 ~~[(i) the number and types of adverse events reported under this section;]~~

85 ~~[(ii) the types of health care providers and locations involved in the adverse events;]~~

86 ~~[(iii) the adequacy of sedation and anesthesia requirements in Sections 58-5a-502,~~

87 ~~58-31b-502.5, 58-67-502.5, 58-68-502.5, and 58-69-502.5 related to the adverse events~~

88 ~~reported under this section; and]~~

89 ~~[(iv) the adequacy of the reporting requirements under this section and the need for~~

90 additional protections for health care providers who report events under this section.]

91 (5) If the department identifies that an emergency medical ~~H~~→ **service** ←~~H~~ provider as
91a defined in

92 Section 26-8a-102 responds to an event that meets the criteria for a reportable adverse event,
93 the department shall require the individual who administered the sedation or anesthesia that led
94 to the adverse event to report on the adverse event.

95 Section 2. Section **58-1-510** is enacted to read:

96 **58-1-510. Anesthesia and sedation requirements -- Unprofessional conduct.**

97 (1) As used in this section:

98 (a) "Anesthesia or sedation provider" means an individual who is licensed:

99 (i) under Chapter 5a, Podiatric Physician Licensing Act;

100 (ii) under Subsection 58-31b-301(2)(e);

101 (iii) under Chapter 67, Utah Medical Practice Act;

102 (iv) under Chapter 68, Utah Osteopathic Medical Practice Act; or

103 (v) as a dentist under Chapter 69, Dentist and Dental Hygienist Practice Act, and who
104 has obtained the appropriate permit established by the division under Subsection 58-69-301(4).

105 (b) "Deep sedation" means a drug-induced depression of consciousness where an
106 individual:

107 (i) cannot be easily aroused;

108 (ii) responds purposefully following repeated or painful stimulation;

109 (iii) may not be able to independently maintain ventilatory function;

110 (iv) may require assistance in maintaining a patent airway; and

111 (v) usually maintains cardiovascular function.

112 (c) "General anesthesia" means a drug-induced loss of consciousness where an
113 individual:

114 (i) cannot be aroused, even by painful stimulation;

115 (ii) is often unable to maintain ventilatory function;

116 (iii) often requires assistance in maintaining a patent airway and positive pressure
117 ventilation may be required because of depressed spontaneous ventilation or drug-induced
118 depression of neuromuscular function; and

119 (iv) may not be able to maintain cardiovascular function.

120 (d) "General anesthetic" means a drug identified as a general anesthetic by the federal

152 (f) if the patient is an adult, having a current advanced cardiovascular life support
 153 certification;

154 (g) having at least one individual in the procedure room who has advanced airway
 155 training and the knowledge and skills to recognize and treat airway complications and rescue a
 156 patient who entered a deeper than intended level of sedation;

157 (h) having access during the procedure to an advanced cardiac life support crash cart in
 158 the office with equipment that:

159 (i) is regularly maintained according to guidelines established by the American Heart
 160 Association; and

161 (ii) includes:

162 (A) a defibrillator;

163 (B) administrable oxygen;

164 (C) age appropriate airway equipment;

165 (D) positive pressure ventilation equipment; and

166 (E) unexpired emergency and reversal medications including naloxone for opioid
 167 sedation and flumazenil for benzodiazepine sedation;

168 (i) using monitors that meet basic standards set by the American Society of
 169 Anesthesiologists and continually monitoring ventilatory function with capnography unless
 170 precluded or invalidated by the nature of the patient, procedure, or equipment;

171 (j) entering appropriate information into the patient's chart or medical record, which
 172 shall include:

173 (i) the patient's name;

174 (ii) route and site the anesthesia or sedation was administered;

175 (iii) the time of anesthesia or sedation administration and the dosage;

176 (iv) the patient's periodic vital signs during the procedure; and

177 (v) the name of the individual who monitored the patient's oxygenation and ventilation;

178 and

179 (k) reporting any adverse event under Section 26-1-40.

180 (3) ~~H~~→ (a) An anesthesia or sedation provider who violates Subsection (2) or any rule
 180a created by the division to implement this section commits unprofessional conduct.

180b (b) ~~H~~← An individual commits unprofessional conduct if the individual administers
 181 anesthesia or sedation for which the individual is not appropriately trained.

182 (4) (a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,

183 the division shall make rules to create training and safety standards regarding the inducing of
 184 general anesthesia, deep sedation, and moderate sedation:

185 (i) for each license described in Subsection (1)(a);

186 (ii) that are based on standards created by nationally recognized organizations, such as
 187 the American Society of Anesthesiologists ~~H→~~ [and] , ~~←H~~ the American Dental Association
 187a ~~H→~~ , or the American Association of Oral and Maxillofacial Surgeons ~~←H~~ ; and

188 (iii) that include safety standards for general anesthetic use that are consistent with
 189 federal Food and Drug Administration guidance.

190 (b) For making rules described in Subsection (4)(a), the division shall consult with the
 191 applicable licensing boards and a board described in Section 58-67-201 ~~H→~~ [or] , ~~←H~~ 58-68-201
 191a ~~H→~~ , and 58-69-201 ~~←H~~ .

192 (5) The requirements of Subsection (2) do not apply to the practice of inducing
 193 minimal sedation.

194 Section 3. Section **63I-1-226** is amended to read:

195 **63I-1-226. Repeal dates, Title 26.**

196 (1) Subsection 26-1-7(1)(f), related to the Residential Child Care Licensing Advisory
 197 Committee, is repealed July 1, 2024.

198 (2) Subsection 26-1-7(1)(h), related to the Primary Care Grant Committee, is repealed
 199 July 1, 2025.

200 (3) Section 26-1-7.5, which creates the Utah Health Advisory Council, is repealed July
 201 1, 2025.

202 [~~(4)~~ Section 26-1-40 is repealed July 1, 2022.]

203 [~~(5)~~ (4) Section 26-1-41 is repealed July 1, 2026.

204 [~~(6)~~ (5) Section 26-7-10 is repealed July 1, 2025.

205 [~~(7)~~ (6) Subsection 26-7-11(5), regarding reports to the Legislature, is repealed July 1,
 206 2028.

207 [~~(8)~~ (7) Section 26-7-14 is repealed December 31, 2027.

208 [~~(9)~~ (8) Title 26, Chapter 9f, Utah Digital Health Service Commission Act, is repealed
 209 July 1, 2025.

210 [~~(10)~~ (9) Subsection 26-10-6(5), which creates the Newborn Hearing Screening
 211 Committee, is repealed July 1, 2026.

212 [~~(11)~~ (10) Section 26-10b-106, which creates the Primary Care Grant Committee, is
 213 repealed July 1, 2025.