1	ANESTHESIA AND SEDATION AMENDMENTS
2	2022 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Suzanne Harrison
5	Senate Sponsor: Michael S. Kennedy
6 7	LONG TITLE
8	General Description:
9	This bill amends and enacts provisions related to anesthesia and sedation.
10	Highlighted Provisions:
11	This bill:
12	► defines terms;
13	 consolidates and modifies requirements that an anesthesia or sedation provider must
14	perform before, during, and after a patient undergoes anesthesia or sedation in
15	outpatient settings;
16	 gives authority to the Division of Occupational and Professional Licensing
17	(division) to establish safety standards for sedation and anesthesia; and
18	 prohibits an employer from taking adverse action against an individual who notifies
19	the division of a violation related to anesthesia and sedation.
20	Money Appropriated in this Bill:
21	None
22	Other Special Clauses:
23	None
24	Utah Code Sections Affected:
25	ENACTS:





	58-1-510, Utah Code Annotated 1953
I	Be it enacted by the Legislature of the state of Utah:
	Section 1. Section 58-1-510 is enacted to read:
	58-1-510. Anesthesia and sedation requirements Unprofessional conduct
1	Whistleblower protection.
	(1) As used in this section:
	(a) "Anesthesia or sedation provider" means an individual who is licensed:
	(i) under Chapter 5a, Podiatric Physician Licensing Act;
	(ii) under Subsection 58-31b-301(2)(e);
	(iii) under Chapter 67, Utah Medical Practice Act;
	(iv) under Chapter 68, Utah Osteopathic Medical Practice Act; or
	(v) as a dentist under Chapter 69, Dentist and Dental Hygienist Practice Act, and who
<u>1</u>	has obtained the appropriate permit established by the division under Subsection 58-69-301(4).
	(b) "Deep sedation" means a drug-induced depression of consciousness where an
<u>i</u>	ndividual:
	(i) cannot be easily aroused;
	(ii) responds purposefully following repeated or painful stimulation;
	(iii) may not be able to independently maintain ventilatory function;
	(iv) may require assistance in maintaining a patent airway; and
	(v) usually maintains cardiovascular function.
	(c) "General anesthesia" means a drug-induced loss of consciousness where an
<u>i</u>	ndividual:
	(i) cannot be aroused, even by painful stimulation;
	(ii) is often unable to maintain ventilatory function;
	(iii) often requires assistance in maintaining a patent airway and positive pressure
<u>1</u>	ventilation may be required because of depressed spontaneous ventilation or drug-induced
<u>c</u>	lepression of neuromuscular function; and
	(iv) may not be able to maintain cardiovascular function.
	(d) "General anesthetic" means a drug identified as a general anesthetic by the federal
F	Food and Drug Administration.

57	(e) "Minimal sedation" means a drug-induced state where an individual:
58	(i) responds normally to verbal commands;
59	(ii) may have reduced cognitive function and physical coordination; and
60	(iii) maintains airway reflexes, ventilatory function, and cardiovascular function.
61	(f) "Moderate sedation" means a drug-induced depression of consciousness where an
62	individual:
63	(i) responds purposefully to verbal commands, either alone or accompanied by light
64	tactile stimulation;
65	(ii) maintains a patent airway;
66	(iii) maintains spontaneous ventilation; and
67	(iv) usually maintains cardiovascular function.
68	(2) An anesthesia or sedation provider may not cause a patient to undergo moderate
69	sedation, deep sedation, or general anesthesia, in an outpatient setting that is not an emergency
70	department without:
71	(a) first providing the following information in writing and verbally:
72	(i) the level of anesthesia or sedation being administered;
73	(ii) the identity, type of license, and training of the provider who is performing the
74	procedure for which the anesthesia or sedation will be administered;
75	(iii) the identity, type of license, and a description of the training described in
76	Subsection (4) of the anesthesia or sedation provider who will be administering the anesthesia
77	or sedation; and
78	(iv) a description of the monitoring that will occur during the sedation or anesthesia,
79	including descriptions related to the monitoring of the patient's oxygenation, ventilation, and
80	circulation;
81	(b) after complying with Subsection (2)(a), obtaining the patient's written and verbal
82	consent regarding the procedure;
83	(c) having the training described in Subsection (4);
84	(d) directly supervising the patient;
85	(e) if the patient is a minor, having a current pediatric advanced life support
86	certification;
87	(f) if the patient is an adult, having a current advanced cardiovascular life support

88	<u>certification;</u>
89	(g) having at least one individual in the procedure room who has advanced airway
90	training and the knowledge and skills to recognize and treat airway complications and rescue a
91	patient who entered a deeper than intended level of sedation;
92	(h) having access during the procedure to an advanced cardiac life support crash cart in
93	the office with equipment that:
94	(i) is regularly maintained according to guidelines established by the American Heart
95	Association; and
96	(ii) includes:
97	(A) a defibrillator;
98	(B) administrable oxygen;
99	(C) age appropriate airway equipment;
100	(D) positive pressure ventilation equipment; and
101	(E) unexpired emergency and reversal medications including naloxone for opioid
102	sedation and flumazenil for benzodiazepine sedation;
103	(i) using monitors that meet basic standards set by the American Society of
104	Anesthesiologists and continually monitoring ventilatory function with capnography unless
105	precluded or invalidated by the nature of the patient, procedure, or equipment; and
106	(j) entering appropriate information into the patient's chart or medical record, which
107	shall include:
108	(i) the patient's name;
109	(ii) route and site the anesthesia or sedation was administered;
110	(iii) the time of anesthesia or sedation administration and the dosage;
111	(iv) the patient's periodic vital signs during the procedure; and
112	(v) the name of the individual who monitored the patient's oxygenation and ventilation.
113	(3) (a) An anesthesia or sedation provider who violates Subsection (2) or any rule
114	created by the division to implement this section commits unprofessional conduct.
115	(b) An individual commits unprofessional conduct if the individual administers
116	anesthesia or sedation for which the individual is not appropriately trained.
117	(4) (a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act,
118	the division shall make rules to create training and safety standards regarding the inducing of

119	general anesthesia, deep sedation, and moderate sedation:
120	(i) for each license described in Subsection (1)(a);
121	(ii) that are based on standards created by nationally recognized organizations, such as
122	the American Society of Anesthesiologists, the American Dental Association, or the American
123	Association of Oral and Maxillofacial Surgeons; and
124	(iii) that include safety standards for general anesthetic use that are consistent with
125	federal Food and Drug Administration guidance.
126	(b) For making rules described in Subsection (4)(a), the division shall consult with the
127	applicable licensing boards and a board described in Sections 58-67-201, 58-68-201, and 58-
128	<u>69-201.</u>
129	(5) The requirements of Subsection (2) do not apply to the practice of inducing
130	minimal sedation.
131	(6) An employer may not take an adverse employment action against an employee if:
132	(a) the employee notifies the division of:
133	(i) a violation of this section; or
134	(ii) a violation of any rule created by the division to implement this section; and
135	(b) the employment action is based on the individual notifying the division of the
136	violation.