

# H.B. 0384

## ANESTHESIA AND SEDATION AMENDMENTS

Representative **Suzanne Harrison** proposes the following amendments:

1. *Page 3, Lines 64 through 65:*

- 64            [(+) (A) an escalation of care required for the patient , including contacting an emergency medical service provider as defined in Section 26-8a-102, transferring the patient to an emergency room or hospital, or administering to the patient a vasopressor or an inotrope ; or
- 65            [(+)] (B) a rescue of a patient from a deeper level of sedation than was intended , which resulted in an unplanned invasive airway procedure .

2. *Page 4, Lines 91 through 92:*

- 91            (5) If the department identifies that an emergency medical service provider as defined in
- 92            Section 26-8a-102 responds to an event that meets the criteria for a reportable adverse event.

3. *Page 7, Lines 183 through 191:*

- 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 ~~{and}~~ , the American Dental Association , or the
- 188            American Association of Oral and Maxillofacial Surgeons ; and
- 189            (iii) that include safety standards for general anesthetic use that are consistent with
- 190            federal Food and Drug Administration guidance.
- 191            (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 ~~{or}~~ , 58-68-201 , and
- 191            58-69-201 .