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1	ANESTHESIA AMENDMENTS
2	2023 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Michael S. Kennedy
5	House Sponsor: Steve Eliason
6	
7	LONG TITLE
8	General Description:
9	This bill modifies requirements related to anesthesia and sedation provisions.
10	Highlighted Provisions:
11	This bill:
12	 allows an anesthesia provider who is providing ketamine for a non-anesthetic
13	purpose to have an individual with airway training on site rather than in the
14	procedure room.
15	Money Appropriated in this Bill:
16	None
17	Other Special Clauses:
18	None
19	Utah Code Sections Affected:
20	AMENDS:
21	58-1-510, as enacted by Laws of Utah 2022, Chapter 379
22	
23	Be it enacted by the Legislature of the state of Utah:
24	Section 1. Section 58-1-510 is amended to read:
25	58-1-510. Anesthesia and sedation requirements Unprofessional conduct
26	Whistleblower protection.
27	(1) As used in this section:
28	(a) "Anesthesia or sedation provider" means an individual who is licensed:
29	(i) under Chapter 5a, Podiatric Physician Licensing Act;

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30	(ii) under Subsection 58-31b-301(2)(e);
31	(iii) under Chapter 67, Utah Medical Practice Act;
32	(iv) under Chapter 68, Utah Osteopathic Medical Practice Act; or
33	(v) as a dentist under Chapter 69, Dentist and Dental Hygienist Practice Act, and who
34	has obtained the appropriate permit established by the division under Subsection 58-69-301(4)
35	(b) "Deep sedation" means a drug-induced depression of consciousness where an
36	individual:
37	(i) cannot be easily aroused;
38	(ii) responds purposefully following repeated or painful stimulation;
39	(iii) may not be able to independently maintain ventilatory function;
40	(iv) may require assistance in maintaining a patent airway; and
41	(v) usually maintains cardiovascular function.
42	(c) "General anesthesia" means a drug-induced loss of consciousness where an
43	individual:
44	(i) cannot be aroused, even by painful stimulation;
45	(ii) is often unable to maintain ventilatory function;
46	(iii) often requires assistance in maintaining a patent airway and positive pressure
47	ventilation may be required because of depressed spontaneous ventilation or drug-induced
48	depression of neuromuscular function; and
49	(iv) may not be able to maintain cardiovascular function.
50	(d) "General anesthetic" means a drug identified as a general anesthetic by the federal
51	Food and Drug Administration.
52	(e) "Minimal sedation" means a drug-induced state where an individual:
53	(i) responds normally to verbal commands;
54	(ii) may have reduced cognitive function and physical coordination; and
55	(iii) maintains airway reflexes, ventilatory function, and cardiovascular function.
56	(f) "Moderate sedation" means a drug-induced depression of consciousness where an
57	individual:

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58 (i) responds purposefully to verbal commands, either alone or accompanied by light 59 tactile stimulation; 60 (ii) maintains a patent airway; 61 (iii) maintains spontaneous ventilation; and 62 (iv) usually maintains cardiovascular function. 63 (2) An anesthesia or sedation provider may not cause a patient to undergo moderate 64 sedation, deep sedation, or general anesthesia, in an outpatient setting that is not an emergency department without: 65 66 (a) first providing the following information in writing and verbally: 67 (i) the level of anesthesia or sedation being administered; (ii) the identity, type of license, and training of the provider who is performing the 68 69 procedure for which the anesthesia or sedation will be administered; 70 (iii) the identity, type of license, and a description of the training described in 71 Subsection (4) of the anesthesia or sedation provider who will be administering the anesthesia 72 or sedation; and 73 (iv) a description of the monitoring that will occur during the sedation or anesthesia, including descriptions related to the monitoring of the patient's oxygenation, ventilation, and 74 75 circulation; 76 (b) after complying with Subsection (2)(a), obtaining the patient's written and verbal 77 consent regarding the procedure; 78 (c) having the training described in Subsection (4); 79 (d) directly supervising the patient: 80 (e) if the patient is a minor, having a current pediatric advanced life support 81 certification; 82 (f) if the patient is an adult, having a current advanced cardiovascular life support certification; 83 84 (g) (i) having at least one individual in the procedure room who has advanced airway 85 training and the knowledge and skills to recognize and treat airway complications and rescue a S.B. 197 Enrolled Copy

86	patient who entered a deeper than intended level of sedation; or
87	(ii) if the anesthesia or sedation provider is administering ketamine for a non-anesthetic
88	purpose, having at least one individual on site and available who has advanced airway training
89	and the knowledge and skills to recognize and treat airway complications and rescue a patient
90	who entered a deeper than intended level of sedation;
91	(h) having access during the procedure to an advanced cardiac life support crash cart in
92	the office with equipment that:
93	(i) is regularly maintained according to guidelines established by the American Heart
94	Association; and
95	(ii) includes:
96	(A) a defibrillator;
97	(B) administrable oxygen;
98	(C) age appropriate airway equipment;
99	(D) positive pressure ventilation equipment; and
100	(E) unexpired emergency and reversal medications including naloxone for opioid
101	sedation and flumazenil for benzodiazepine sedation;
102	(i) using monitors that meet basic standards set by the American Society of
103	Anesthesiologists and continually monitoring ventilatory function with capnography unless
104	precluded or invalidated by the nature of the patient, procedure, or equipment; and
105	(j) entering appropriate information into the patient's chart or medical record, which
106	shall include:
107	(i) the patient's name;
108	(ii) the route and site the anesthesia or sedation was administered;
109	(iii) the time of anesthesia or sedation administration and the dosage;
110	(iv) the patient's periodic vital signs during the procedure; and
111	(v) the name of the individual who monitored the patient's oxygenation and ventilation.
112	(3) (a) An anesthesia or sedation provider who violates Subsection (2) or any rule
113	created by the division to implement this section commits unprofessional conduct.

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114 (b) An individual commits unprofessional conduct if the individual administers 115 anesthesia or sedation for which the individual is not appropriately trained. 116 (4) (a) In accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, 117 the division shall make rules to create training and safety standards regarding the inducing of 118 general anesthesia, deep sedation, and moderate sedation: 119 (i) for each license described in Subsection (1)(a); 120 (ii) that are based on standards created by nationally recognized organizations, such as 121 the American Society of Anesthesiologists, the American Dental Association, or the American 122 Association of Oral and Maxillofacial Surgeons; and 123 (iii) that include safety standards for general anesthetic use that are consistent with federal Food and Drug Administration guidance. 124 125 (b) For making rules described in Subsection (4)(a), the division shall consult with the 126 applicable licensing boards and a board described in Sections 58-67-201, 58-68-201, and 127 58-69-201. (5) The requirements of Subsection (2) do not apply to the practice of inducing 128 129 minimal sedation. 130 (6) An employer may not take an adverse employment action against an employee if: 131 (a) the employee notifies the division of: 132 (i) a violation of this section; or 133 (ii) a violation of any rule created by the division to implement this section; and (b) the employment action is based on the individual notifying the division of the 134

135

violation.