

**ANESTHESIA AMENDMENTS**

2023 GENERAL SESSION

STATE OF UTAH

**Chief Sponsor: Michael S. Kennedy**

House Sponsor: Steve Eliason

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**LONG TITLE**

**General Description:**

This bill modifies requirements related to anesthesia and sedation provisions.

**Highlighted Provisions:**

This bill:

▶ allows an anesthesia provider who is providing ketamine for a non-anesthetic purpose to have an individual with airway training on site rather than in the procedure room.

**Money Appropriated in this Bill:**

None

**Other Special Clauses:**

None

**Utah Code Sections Affected:**

AMENDS:

**58-1-510**, as enacted by Laws of Utah 2022, Chapter 379

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*Be it enacted by the Legislature of the state of Utah:*

Section 1. Section **58-1-510** is amended to read:

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

**Whistleblower protection.**

(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;
- 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:
- 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

65 department without:

66 (a) first providing the following information in writing and verbally:

67 (i) the level of anesthesia or sedation being administered;

68 (ii) the identity, type of license, and training of the provider who is performing the

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,

74 including descriptions related to the monitoring of the patient's oxygenation, ventilation, and

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

83 certification;

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

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.

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  
124 federal Food and Drug Administration guidance.

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](#).

128 (5) The requirements of Subsection (2) do not apply to the practice of inducing  
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

134 (b) the employment action is based on the individual notifying the division of the  
135 violation.