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ANESTHESIA AND SEDATION AMENDMENTS
2022 GENERAL SESSION
STATE OF UTAH
Chief Sponsor: Suzanne Harrison
Senate Sponsor: Michael S. Kennedy
LONG TITLE
General Description:
This bill amends and enacts provisions related to anesthesia and sedation.
Highlighted Provisions:
This bill:
defines terms;
 consolidates and modifies requirements that an anesthesia or sedation provider must
perform before, during, and after a patient undergoes anesthesia or sedation in
outpatient settings;
 gives authority to the Division of Occupational and Professional Licensing
(division) to establish safety standards for sedation and anesthesia; and
 prohibits an employer from taking adverse action against an individual who notifies
the division of a violation related to anesthesia and sedation.
Money Appropriated in this Bill:
None
Other Special Clauses:
None
Utah Code Sections Affected:
ENACTS:
58-1-510 , Utah Code Annotated 1953

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30	58-1-510. Anesthesia and sedation requirements Unprofessional conduct
31	Whistleblower protection.
32	(1) As used in this section:
33	(a) "Anesthesia or sedation provider" means an individual who is licensed:
34	(i) under Chapter 5a, Podiatric Physician Licensing Act;
35	(ii) under Subsection 58-31b-301(2)(e);
36	(iii) under Chapter 67, Utah Medical Practice Act;
37	(iv) under Chapter 68, Utah Osteopathic Medical Practice Act; or
38	(v) as a dentist under Chapter 69, Dentist and Dental Hygienist Practice Act, and who
39	has obtained the appropriate permit established by the division under Subsection 58-69-301(4).
40	(b) "Deep sedation" means a drug-induced depression of consciousness where an
41	individual:
42	(i) cannot be easily aroused;
43	(ii) responds purposefully following repeated or painful stimulation;
14	(iii) may not be able to independently maintain ventilatory function;
45	(iv) may require assistance in maintaining a patent airway; and
46	(v) usually maintains cardiovascular function.
1 7	(c) "General anesthesia" means a drug-induced loss of consciousness where an
48	individual:
19	(i) cannot be aroused, even by painful stimulation;
50	(ii) is often unable to maintain ventilatory function;
51	(iii) often requires assistance in maintaining a patent airway and positive pressure
52	ventilation may be required because of depressed spontaneous ventilation or drug-induced
53	depression of neuromuscular function; and
54	(iv) may not be able to maintain cardiovascular function.
55	(d) "General anesthetic" means a drug identified as a general anesthetic by the federal
56	Food and Drug Administration.
57	(e) "Minimal sedation" means a drug-induced state where an individual:

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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.
51	(f) "Moderate sedation" means a drug-induced depression of consciousness where an
52	individual:
53	(i) responds purposefully to verbal commands, either alone or accompanied by light
54	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
59	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
30	circulation;
31	(b) after complying with Subsection (2)(a), obtaining the patient's written and verbal
32	consent regarding the procedure;
33	(c) having the training described in Subsection (4);
34	(d) directly supervising the patient;
35	(e) if the patient is a minor, having a current pediatric advanced life support

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86	certification;
87	(f) if the patient is an adult, having a current advanced cardiovascular life support
88	certification;
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) the 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

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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
128	<u>58-69-201.</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.