

## **HB 142 Administration of Anesthesia Amendments**

### **Background**

In the 2017 Legislative Session, HB 142 Administration of Anesthesia Amendment was passed which requires healthcare providers licensed under the Utah Code, Division of Professional Licensing (DOPL) Title 58 (Sections 58-5a-502 (Podiatrists), 58-31b-502.5 (Nurses & Nurse Practitioners), 58-67-502.5 (Physicians and Surgeons), 58-68-502.5 (Osteopaths) and 68-69-502.5 (Dentists and Dental Hygienists) to report IV sedation related adverse events that occur in the outpatient setting (non-Hospital and non- Ambulatory Surgical Centers) to the Utah Department of Health. If a provider does not report these events, the DOPL law changes has determined that “non-reporting” to be considered unprofessional conduct with subsequent consequences.

### **Summary of Activities**

Over the 2017 summer, an interdisciplinary team of healthcare professionals (Podiatrists, Nurses, Certified Registered Nurses of Anesthetics, Anesthesiologists, Physicians and Surgeons, Dentists, Osteopaths and others) met to determine the rule set needed to operationalize HB 142. A set of administrative rules were filed and published for public comment with one change and have become effective April 14, 2018.

- Set up rules have been developed
- Database developed to receive reports using REDCAP technology
- Notifying of close to 15,000 actively licensed healthcare providers via email and 12,000 in hard copy letter
- Update of Patient Safety web site to include the law (HB141), the rules (R434-150) and instructions on how to report.
- Set an effective date for reporting as July 1, 2018

### **Next Steps**

Several phone calls have been received asking for clarification of the reporting requirements. Most of these questions are related to clarifying reporting requirements from those who work in hospitals and ambulatory surgical centers versus outpatient settings. Hospital and Ambulatory Surgical Centers are covered under the Patient Safety Rule R 380-200. This new law and rules apply to outpatient settings only. A second notification to all providers will be done spring 2019 as a reminder to report events. As these are rare events, it is proposed that the sunset and funding be extended for a 3-5 year period to collect sufficient data to determine trends. Data collected will be shared in the aggregate format to the user groups for feedback and analysis.