

House Bill 695

By: Representatives Randall of the 142nd, Dempsey of the 13th, Harbin of the 122nd, Hatchett of the 150th, Rogers of the 29th, and others

A BILL TO BE ENTITLED
AN ACT

1 To amend Title 31 of the Official Code of Georgia Annotated, relating to health, so as to
2 provide for office based surgery procedures; to provide for definitions; to provide for
3 exemptions; to provide for application of procedures; to provide for accreditation or
4 certification requirements; to provide for competency standards; to provide for sedation
5 assessment and management; to provide for separation of surgical and monitoring functions;
6 to provide for emergency care and transfer protocols; to provide for medical record
7 requirements; to provide for standards of practice; to provide for adverse events and
8 advertising requirements; to provide for related matters; to repeal conflicting laws; and for
9 other purposes.

10 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

11 **SECTION 1.**

12 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by adding
13 a new chapter to read as follows:

14 "CHAPTER 50

15 31-50-1.

16 As used in this chapter, the term:

17 (1) 'Deep sedation or analgesia' or 'deep sedation' means a drug induced depression of
18 consciousness during which patients cannot be easily aroused but can respond
19 purposefully following repeated or painful stimulation. The ability to independently
20 maintain ventilatory function may be impaired. Patients may require assistance in
21 maintaining a patent airway, and spontaneous ventilation may be inadequate.
22 Cardiovascular function is usually maintained.

23 (2) 'General anesthesia' means a state of unconsciousness intentionally produced by
24 anesthetic agents, with absence of pain sensation over the entire body, in which the

25 patient's protective airway reflexes may be impaired and the patient may be unable to
26 maintain a patent natural airway. Sedation that unintentionally progresses to the point at
27 which the patient's protective airway reflexes are impaired and the patient is unable to
28 maintain a patent natural airway is considered general anesthesia.

29 (3) 'Local infiltration' means the process of infusing a local anesthetic agent into the skin
30 and other tissues to allow painless wound irrigation, exploration and repair, and other
31 procedures. It does not include procedures in which local anesthesia is injected into areas
32 of the body other than skin or muscle where significant cardiovascular or respiratory
33 complications may result.

34 (4) 'Major conduction anesthesia' means the administration of a drug or combination of
35 drugs to interrupt nerve impulses without loss of consciousness, such as epidural, caudal,
36 or spinal anesthesia, lumbar or brachial plexus blocks, and intravenous regional
37 anesthesia. Major conduction anesthesia does not include isolated blockade of small
38 peripheral nerves, such as digital nerves.

39 (5) 'Minimal sedation' means a drug-induced state during which patients respond
40 normally to verbal commands. Although cognitive function and coordination may be
41 impaired, ventilatory and cardiovascular functions are unaffected. Minimal sedation is
42 limited to oral or intramuscular medications, or both.

43 (6) 'Moderate sedation or analgesia' or 'moderate sedation' means a drug induced
44 depression of consciousness during which patients respond purposefully to verbal
45 commands with or without tactile stimulation. No interventions are required to maintain
46 a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is
47 usually maintained.

48 (7) 'Office based surgery' means any surgery or invasive medical procedure requiring
49 analgesia or sedation that is performed in a location other than a hospital or hospital
50 associated surgical center or an ambulatory surgical facility licensed as an institution
51 pursuant to Article 1 of Chapter 7 of this title.

52 (8) 'Physician' means an individual licensed under Chapter 34 of Title 43.

53 (9) 'Tumescent anesthesia' means the technique for delivery of local anesthesia to
54 achieve extensive regional anesthesia of skin and subcutaneous tissue. The subcutaneous
55 infiltration of a large volume of very dilute lidocaine and epinephrine causes the targeted
56 tissue to become swollen and firm, or tumescent, and permits procedures to be performed
57 on patients often without the need for deep sedation or general anesthesia. For the
58 purposes of this chapter, the maximum safe dose of tumescent lidocaine should not
59 exceed the published standard of 55 mg/kg.

60 31-50-2.61 This chapter shall not apply to physicians when:62 (1) Performing surgery and medical procedures that require only infiltration of local
63 anesthetic around peripheral nerves or nonmixed sensory nerves. Infiltration around
64 peripheral nerves or nonmixed sensory nerves does not include infiltration of local
65 anesthetic agents in an amount that exceeds the manufacturer's published
66 recommendations.67 (2) Performing surgery in a hospital or licensed hospital associated surgical center or
68 licensed ambulatory surgical facility.69 (3) Performing oral and maxillofacial surgery and the physician:70 (A) Is licensed both as a physician under Chapter 34 of Title 43 and as a dentist under
71 Chapter 11 of Title 43; or72 (B) Complies with dental quality assurance commission regulations; and73 (C) Holds a valid:74 (i) Moderate sedation permit;75 (ii) Moderate sedation with parenteral agents permit; or76 (iii) General anesthesia and deep sedation permit; and77 (D) Practices within the scope of his or her specialty.78 31-50-3.79 This chapter shall apply to physicians practicing independently or in a group setting who
80 perform office based surgery employing one or more of the following levels of sedation or
81 anesthesia:82 (1) Moderate sedation or analgesia;83 (2) Deep sedation or analgesia;84 (3) Major conduction anesthesia;85 (4) Tumescant anesthesia; or86 (5) General anesthesia.87 31-50-4.88 (a) Physicians who perform any procedures under this chapter shall ensure that the
89 procedure is performed in a facility that is appropriately equipped and maintained to ensure
90 patient safety. Achieving accreditation by an appropriate agency, including any one or
91 more of the following, is one method to demonstrate facility preparedness and staff
92 competency:93 (1) The Joint Commission;94 (2) The Accreditation Association for Ambulatory Health Care;

- 95 (3) The American Association for Accreditation of Ambulatory Surgery Facilities; or
96 (4) The Centers for Medicare and Medicaid Services.
- 97 (b) When an anesthesiologist or certified registered nurse anesthetist is not present, the
98 physician performing office based surgery and using moderate sedation or analgesia shall
99 be competent and qualified to oversee the administration of intravenous sedation or
100 analgesia through one of the following training pathways:
- 101 (1) Completion of a continuing medical education course in conscious sedation including
102 moderate sedation or analgesia;
- 103 (2) Relevant training in a residency training program;
- 104 (3) Having privileges for conscious sedation and moderate sedation or analgesia granted
105 by hospital medical staff; or
- 106 (4) Sedation assessment and management.
- 107 (c) Sedation is a continuum. Depending on the patient's response to drugs, the drugs
108 administered, and the dose and timing of drug administration, it is possible that a deeper
109 level of sedation will be produced than initially intended. Consequently, if an
110 anesthesiologist or certified registered nurse anesthetist is not present, a physician
111 intending to produce a given level of sedation shall be able to return a patient who enters
112 a deeper level of sedation than intended.
- 113 (d) If a patient enters into a deeper level of sedation than planned, the physician shall
114 return the patient to a lighter level of sedation as quickly as possible, while closely
115 monitoring the patient to ensure the airway is patent, the patient is breathing, and that
116 oxygenation, heart rate, and blood pressure are within acceptable values. A physician who
117 returns a patient to a lighter level of sedation in accordance with this subsection does not
118 violate the standard of care pursuant to this chapter.
- 119 (e) A physician performing a surgical procedure under this chapter shall administer the
120 intravenous sedation or monitor the patient.
- 121 (f) A licensed health care practitioner, designated by the physician to administer
122 intravenous medications and monitor the patient who is under moderate sedation, may
123 assist the operating physician with minor, interruptible tasks of short duration once the
124 patient's level of sedation and vital signs have been stabilized, provided that adequate
125 monitoring of the patient's condition is maintained. The licensed health care practitioner
126 who administers intravenous medications and monitors a patient under deep sedation or
127 analgesia shall not perform or assist in the surgical procedure.
- 128 (g) A physician performing office based surgery shall ensure the following in the event of
129 a complication or emergency:
- 130 (1) At least one licensed health care practitioner currently certified in advanced
131 resuscitative techniques appropriate for the patient's age group shall be present or

- 132 immediately available with age- and size-appropriate resuscitative equipment throughout
133 the procedure and until the patient has met the criteria for discharge from the facility;
134 (2) All office personnel are familiar with a written and documented plan to timely and
135 safely transfer patients to an appropriate hospital; and
136 (3) The plan must include:
137 (A) A proven accessible route for stretcher transport of the patient out of the office;
138 (B) Arrangements for emergency medical services and appropriate escort of the patient
139 to the hospital; and
140 (C) A compliance process to notify the Georgia Composite Medical Board of an
141 adverse event as specified in Code Section 31-50-7.
142 (h) Resuscitative equipment shall be evaluated for functionality every six months, and
143 records of such evaluations shall be maintained by the facility.
- 144 31-50-5.
145 (a) The physician performing office based surgery shall maintain a legible, complete,
146 comprehensive, and accurate medical record for each patient.
147 (b) The medical record shall include the following:
148 (1) Identity of the patient;
149 (2) History and physical, diagnosis, and treatment plan;
150 (3) Appropriate lab, X-ray, or other diagnostic reports;
151 (4) Appropriate preanesthesia evaluation;
152 (5) Narrative description of procedure;
153 (6) Pathology reports, if relevant;
154 (7) Documentation of which, if any, tissues and other specimens have been submitted for
155 histopathologic diagnosis;
156 (8) Provision for continuity of postoperative care; and
157 (9) Documentation of the outcome and the follow-up plan.
158 (c) When moderate sedation or deep sedation or major conduction anesthesia is used, the
159 patient medical record shall include a separate anesthesia record that documents the
160 following:
161 (1) Type of sedation or anesthesia used;
162 (2) Each drug name, dose, and time of administration;
163 (3) The patient's vital signs at regular intervals including, at a minimum, blood pressure,
164 heart rate, respiratory rate, and oxygen saturation; and
165 (4) Return to appropriate level of consciousness and readiness for discharge from acute
166 care.

167 31-50-6.

168 Any licensed physician engaging in office based surgery shall have received appropriate
 169 training and education in the safe and effective performance of all surgical procedures
 170 performed in the office facility. Such training and education shall include the following:

171 (1) Indications and contraindications for each procedure;

172 (2) Identification of realistic and expected outcomes of each procedure;

173 (3) Selection, maintenance, and utilization of products and equipment;

174 (4) Appropriate technique for each procedure, including infection control and safety
 175 precautions;

176 (5) Pharmacological intervention specific to each procedure;

177 (6) Identification of complications and adverse reactions for each procedure; and

178 (7) Emergency procedures to be used in the event of the following:

179 (A) Complications;

180 (B) Adverse reactions;

181 (C) Equipment malfunction; or

182 (D) Any other interruption of a procedure.

183 31-50-7.

184 Any incident within the facility that results in the patient's death or transport of the patient
 185 to a hospital for observation or treatment for a period in excess of 24 hours shall be
 186 reported to the Georgia Composite Medical Board in writing within ten working days of
 187 the death or hospitalization, whichever comes first.

188 31-50-8.

189 The credentials, education and training received, specialty board certification, and
 190 proficiency evaluations of all personnel involved in performing surgical procedures shall
 191 be accurately presented in any form of advertising and shall be readily available in writing
 192 to all patients."

193 **SECTION 2.**

194 All laws and parts of laws in conflict with this Act are repealed.