

Hello, As a constituent I am writing to oppose or to amend HB0084/SB0332 - Hospitals and Urgent Care Centers - Sepsis Protocol (Lochlin's Law). While the bill has good intent, it is overlooking one crucial risk that became evident during the Covid-19 outbreak. This bill intends to codify the following "protocol" and risks inhibiting a doctors' ability to use treatments that may not be part of the "protocol". We saw this repeatedly during Covid where doctors were forced to adhere to the protocol of Remdesivir, and were denied the ability to prescribe Ivermectin which has since been proven to effectively treat the disease. (See links below)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10484241/>

<https://pubmed.ncbi.nlm.nih.gov/34145166/>

This bill also increases government control over the doctor-patient relationship, and takes away individuals' rights over their own treatment. The tragic case of Lochlin DeSantis does not seem relevant to the intent of this bill. If this bill wanted to prevent such deaths it would focus on mandatory early screening for sepsis, which Lochlin did not receive. I agree with hospital staff being trained to identify signs of sepsis, but it's a terrifying thought that laws are needed to ensure our hospitals and healthcare providers are skilled for the requirements of their jobs. What is medical school for then?

Please use this bill to honor Lochlin, by forcing early detection and treatment of sepsis, but please don't let this little boy's death be used as a way to incorporate government interference with the doctor-patient relationship and a doctor's right to treat. FLCCC Alliance has wonderful information about Sepsis, they are a group of doctors with a significant amount of expertise in sepsis and its treatment. But a bill like this could risk a doctor's ability to follow their own evidence-based protocols. Please consider opposing or amending this bill. Thank you.

<https://covid19criticalcare.com/tools-and-guides/what-is-sepsis/>