

The Honorable Joseline A. Pena-Melnyk
Chair, Health & Government Operations Committee Maryland General Assembly
Room 241
House Office Building
Annapolis, Maryland 21401

The Honorable Bonnie L. Cullison
Vice Chair, Health & Government Operations Committee Maryland General Assembly
Room 241
House Office Building
Annapolis, Maryland 21401

February 15, 2024

RE: Sepsis Alliance Comments on HB0084 (FAV)

Dear Chair Pena-Melnyk, Vice Chair Cullison, and members of the Health & Government Operations Committee,

On behalf of Sepsis Alliance, please find our comments on HB0084, Hospitals and Urgent Care Centers - Sepsis Protocol (Lochlin's Law).

Sepsis Alliance, the nation's first and leading sepsis education and advocacy organization, represents the 1.7 million individuals diagnosed with sepsis annually in the U.S. This includes 350,000 adults and nearly 7,000 children who die from sepsis each year. More than one million Americans survive sepsis each year, many of whom face physical, psychological, and cognitive after-effects.

Sepsis is a life-threatening emergency that happens when your body's response to an infection damages vital organs and, often, causes death. Rapid identification and treatment with life-saving therapies – like a fast first dose of broad-spectrum antibiotics – provide the best chance for survival and recovery. Studies have shown that for every hour treatment is delayed, patients experience a <u>four to nine percent</u> increased risk of mortality.

Lochlin's Law mandates that life-saving sepsis protocols be followed in hospital settings and urgent care centers, for adults and children alike. It requires, among other protocols: a process for the screening and early recognition of patients with sepsis; guidelines for hemodynamic support; time frame goals; and delivery of early broad-spectrum antibiotics, with timely reevaluation to adjust to narrow-spectrum antibiotics targeted to identified infection sources. These are the types of medical interventions that can save lives and limbs. Studies show that hospital compliance with evidence-based sepsis protocols, like those outlined in Lochlin's Law, is associated with lower 30-day mortality.



The inclusion in HB0084 of urgent care centers is vitally important, as <u>nearly 87%</u> of sepsis cases originate in the community. Many patients experiencing symptoms seek treatment in urgent care centers.

Another vital component of the bill is the requirement that professional staff with both direct and indirect patient care responsibilities, in both hospital and urgent care settings, receive periodic training on sepsis and the implementation of sepsis protocols. Sepsis is a complex condition that presents many clinical challenges. It is fast-moving, deadly, and difficult to manage even for well-trained staff. Its symptoms can easily be missed or confused with those of other conditions. A 2023 <u>study</u> estimates that the proportion of missed or delayed sepsis diagnoses may be as high as 20%.

That's why educating healthcare professionals on sepsis recognition and treatment is one of the main pillars of our organization's work. Sepsis Alliance Institute offers free continuing sepsis education for healthcare professionals across the continuum of care, from home health nurses to emergency department physicians to infectious disease pharmacists. These trainings enable clinicians to rapidly identify sepsis symptoms and confidently implement the life-saving treatments patients need. But there is still no national requirement that healthcare professionals receive training of this kind.

Sepsis Alliance hopes that the Committee will support HB0084, which will codify evidence-based sepsis protocols in both hospital and urgent care settings and standardize comprehensive healthcare professional education on the implementation of these protocols. Lochlin's Law will help to ensure timely recognition and treatment for life-threatening sepsis, reducing suffering and saving many lives throughout the state of Maryland.

Thank you for the opportunity to provide comments.

Sincerely,

Thomas Heymann

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