

SENATE BILL 332

J3, J1

4lr1623
CF HB 84

By: **Senators Lewis Young and Guzzone**
Introduced and read first time: January 12, 2024
Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Hospitals and Urgent Care Centers – Sepsis Protocol**
3 **(Lochlin’s Law)**

4 FOR the purpose of requiring, on or before a certain date, each hospital and urgent care
5 center in the State to implement a certain protocol for the early recognition and
6 treatment of a patient with sepsis, severe sepsis, or septic shock; requiring hospitals
7 and urgent care centers to require periodic training in the implementation of the
8 protocol for certain staff; and generally relating to sepsis protocols in hospitals and
9 urgent care centers.

10 BY adding to
11 Article – Health – General
12 Section 19–310.4
13 Annotated Code of Maryland
14 (2023 Replacement Volume)

15 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
16 That the Laws of Maryland read as follows:

17 **Article – Health – General**

18 **19–310.4.**

19 **(A) (1) ON OR BEFORE JANUARY 1, 2025, EACH HOSPITAL AND URGENT**
20 **CARE CENTER IN THE STATE SHALL IMPLEMENT AN EVIDENCE–BASED PROTOCOL**
21 **FOR THE EARLY RECOGNITION AND TREATMENT OF A PATIENT WITH SEPSIS, SEVERE**
22 **SEPSIS, OR SEPTIC SHOCK THAT IS BASED ON GENERALLY ACCEPTABLE STANDARDS**
23 **OF CARE.**

24 **(2) THE PROTOCOL SHALL:**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.
[Brackets] indicate matter deleted from existing law.



1 (I) INCLUDE COMPONENTS SPECIFIC TO THE IDENTIFICATION,
2 CARE, AND TREATMENT OF ADULTS AND CHILDREN; AND

3 (II) FOR A HOSPITAL, CLEARLY IDENTIFY WHERE AND WHEN
4 THE COMPONENTS WILL DIFFER FOR ADULTS AND CHILDREN SEEKING TREATMENT
5 IN THE EMERGENCY DEPARTMENT OR AS AN INPATIENT.

6 (3) THE COMPONENTS REQUIRED UNDER PARAGRAPH (2) OF THIS
7 SUBSECTION SHALL INCLUDE:

8 (I) A PROCESS FOR THE SCREENING AND EARLY RECOGNITION
9 OF A PATIENT WITH SEPSIS, SEVERE SEPSIS, OR SEPTIC SHOCK;

10 (II) A PROCESS TO IDENTIFY AND DOCUMENT INDIVIDUALS
11 APPROPRIATE FOR TREATMENT THROUGH SEPSIS PROTOCOLS, INCLUDING
12 EXPLICIT CRITERIA DEFINING WHICH PATIENTS SHOULD BE EXCLUDED FROM THE
13 PROTOCOL, SUCH AS A PATIENT WITH CERTAIN CLINICAL CONDITIONS OR A PATIENT
14 WHO HAS CHOSEN PALLIATIVE CARE;

15 (III) GUIDELINES FOR HEMODYNAMIC SUPPORT WITH EXPLICIT
16 PHYSIOLOGIC AND TREATMENT GOALS, METHODOLOGY FOR INVASIVE OR
17 NONINVASIVE HEMODYNAMIC MONITORING, AND TIME FRAME GOALS;

18 (IV) FOR INFANTS AND CHILDREN, GUIDELINES FOR FLUID
19 RESUSCITATION CONSISTENT WITH CURRENT, EVIDENCE-BASED GUIDELINES FOR
20 SEVERE SEPSIS AND SEPTIC SHOCK WITH DEFINED THERAPEUTIC GOALS FOR
21 CHILDREN;

22 (V) IDENTIFICATION OF THE INFECTIOUS SOURCE AND
23 DELIVERY OF EARLY BROAD-SPECTRUM ANTIBIOTICS WITH TIMELY REEVALUATION
24 TO ADJUST TO NARROW-SPECTRUM ANTIBIOTICS TARGETED TO IDENTIFIED
25 INFECTIOUS SOURCES; AND

26 (VI) CRITERIA FOR USE, BASED ON ACCEPTED EVIDENCE OF
27 VASOACTIVE AGENTS.

28 (B) A HOSPITAL THAT SUBMITS SEPSIS DATA TO THE CENTERS FOR
29 MEDICARE AND MEDICAID SERVICES HOSPITAL INPATIENT QUALITY REPORTING
30 PROGRAM IS PRESUMED TO MEET THE REQUIREMENTS OF SUBSECTION (A) OF THIS
31 SECTION.

32 (C) EACH HOSPITAL AND URGENT CARE CENTER SHALL:

1 **(1) REQUIRE PERIODIC TRAINING IN THE IMPLEMENTATION OF THE**
2 **SEPSIS PROTOCOL REQUIRED UNDER SUBSECTION (A) OF THIS SECTION FOR**
3 **PROFESSIONAL STAFF WITH DIRECT PATIENT CARE RESPONSIBILITIES AND, AS**
4 **APPROPRIATE, FOR STAFF WITH INDIRECT PATIENT CARE RESPONSIBILITIES,**
5 **INCLUDING LABORATORY AND PHARMACY STAFF; AND**

6 **(2) ENSURE THAT THE STAFF RECEIVE UPDATED TRAINING IF THE**
7 **HOSPITAL OR URGENT CARE CENTER MAKES A SUBSTANTIVE CHANGE TO THE**
8 **SEPSIS PROTOCOL.**

9 **(D) EACH HOSPITAL AND URGENT CARE CENTER SHALL COLLECT AND USE**
10 **QUALITY MEASURES RELATED TO THE RECOGNITION AND TREATMENT OF SEVERE**
11 **SEPSIS FOR THE PURPOSE OF INTERNAL QUALITY IMPROVEMENT.**

12 **(E) ON REQUEST, A HOSPITAL OR AN URGENT CARE CENTER SHALL**
13 **PROVIDE THE PROTOCOL REQUIRED UNDER SUBSECTION (A) OF THIS SECTION TO**
14 **THE DEPARTMENT.**

15 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
16 October 1, 2024.