

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

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: February 27, 2024

CHAPTER _____

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 SUBJECT TO PARAGRAPHS (1) AND (2) OF THIS SUBSECTION,~~**
20 **ON OR BEFORE JANUARY 1, 2025, EACH HOSPITAL AND URGENT CARE CENTER IN**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 THE STATE SHALL IMPLEMENT AN EVIDENCE-BASED PROTOCOL FOR THE EARLY
2 RECOGNITION AND TREATMENT OF A PATIENT WITH SEPSIS, SEVERE SEPSIS, OR
3 SEPTIC SHOCK THAT IS BASED ON GENERALLY ACCEPTABLE STANDARDS OF CARE.

4 (2) THE EVIDENCE-BASED PROTOCOL IMPLEMENTED FOR
5 HOSPITALS UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL COMPLY WITH THE
6 CENTERS FOR DISEASE CONTROL AND PREVENTION SEPSIS GUIDELINES.

7 (3) A HOSPITAL THAT IS A SPECIALTY PSYCHIATRIC HOSPITAL SHALL
8 ESTABLISH A PROCESS FOR THE SCREENING AND EARLY RECOGNITION OF A
9 PATIENT WITH SEPSIS, SEVERE SEPSIS, OR SEPTIC SHOCK, AND PROCEDURES TO
10 TRANSFER THE PATIENT TO THE APPROPRIATE SETTING.

11 ~~(2) THE PROTOCOL SHALL:~~

12 ~~(I) INCLUDE COMPONENTS SPECIFIC TO THE IDENTIFICATION,~~
13 ~~CARE, AND TREATMENT OF ADULTS AND CHILDREN; AND~~

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

17 ~~(3) THE COMPONENTS REQUIRED UNDER PARAGRAPH (2) OF THIS~~
18 ~~SUBSECTION SHALL INCLUDE:~~

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

21 ~~(II) A PROCESS TO IDENTIFY AND DOCUMENT INDIVIDUALS~~
22 ~~APPROPRIATE FOR TREATMENT THROUGH SEPSIS PROTOCOLS, INCLUDING~~
23 ~~EXPLICIT CRITERIA DEFINING WHICH PATIENTS SHOULD BE EXCLUDED FROM THE~~
24 ~~PROTOCOL, SUCH AS A PATIENT WITH CERTAIN CLINICAL CONDITIONS OR A PATIENT~~
25 ~~WHO HAS CHOSEN PALLIATIVE CARE;~~

26 ~~(III) GUIDELINES FOR HEMODYNAMIC SUPPORT WITH EXPLICIT~~
27 ~~PHYSIOLOGIC AND TREATMENT GOALS, METHODOLOGY FOR INVASIVE OR~~
28 ~~NONINVASIVE HEMODYNAMIC MONITORING, AND TIME FRAME GOALS;~~

29 ~~(IV) FOR INFANTS AND CHILDREN, GUIDELINES FOR FLUID~~
30 ~~RESUSCITATION CONSISTENT WITH CURRENT, EVIDENCE-BASED GUIDELINES FOR~~
31 ~~SEVERE SEPSIS AND SEPTIC SHOCK WITH DEFINED THERAPEUTIC GOALS FOR~~
32 ~~CHILDREN;~~

1 ~~(V) IDENTIFICATION OF THE INFECTIOUS SOURCE AND~~
2 ~~DELIVERY OF EARLY BROAD SPECTRUM ANTIBIOTICS WITH TIMELY REEVALUATION~~
3 ~~TO ADJUST TO NARROW SPECTRUM ANTIBIOTICS TARGETED TO IDENTIFIED~~
4 ~~INFECTIOUS SOURCES; AND~~

5 ~~(VI) CRITERIA FOR USE, BASED ON ACCEPTED EVIDENCE OF~~
6 ~~VASOACTIVE AGENTS.~~

7 (B) A HOSPITAL THAT SUBMITS SEPSIS DATA TO THE CENTERS FOR
8 MEDICARE AND MEDICAID SERVICES HOSPITAL INPATIENT QUALITY REPORTING
9 PROGRAM IS PRESUMED TO MEET THE REQUIREMENTS OF SUBSECTION (A) OF THIS
10 SECTION.

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

12 (1) REQUIRE PERIODIC TRAINING IN THE IMPLEMENTATION OF THE
13 SEPSIS PROTOCOL REQUIRED UNDER SUBSECTION (A) OF THIS SECTION FOR
14 PROFESSIONAL STAFF WITH DIRECT PATIENT CARE RESPONSIBILITIES AND, AS
15 APPROPRIATE, FOR STAFF WITH INDIRECT PATIENT CARE RESPONSIBILITIES,
16 INCLUDING LABORATORY AND PHARMACY STAFF; AND

17 (2) ENSURE THAT THE STAFF RECEIVE UPDATED TRAINING IF THE
18 HOSPITAL OR URGENT CARE CENTER MAKES A SUBSTANTIVE CHANGE TO THE
19 SEPSIS PROTOCOL.

20 ~~(D) EACH HOSPITAL AND URGENT CARE CENTER SHALL COLLECT AND USE~~
21 ~~QUALITY MEASURES RELATED TO THE RECOGNITION AND TREATMENT OF SEVERE~~
22 ~~SEPSIS FOR THE PURPOSE OF INTERNAL QUALITY IMPROVEMENT.~~

23 ~~(E) ON REQUEST, A HOSPITAL OR AN URGENT CARE CENTER SHALL~~
24 ~~PROVIDE THE PROTOCOL REQUIRED UNDER SUBSECTION (A) OF THIS SECTION TO~~
25 ~~THE DEPARTMENT.~~

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