DAVID TRONE 6TH DISTRICT, MARYLAND APPROPRIATIONS COMMITTEE BUDGET COMMITTEE JOINT ECONOMIC COMMITTEE



UNITED STATES HOUSE OF REPRESENTATIVES 2404 Rayauan House Office Building Washington, DC 20515 (202) 225–2721 30 W. Patrick Stritter, Suite sos Frederick, MD 21701 (301) 926-0300 TRONE.HOUSE.GOV @RierDavioTrooke

March 18, 2024

The Honorable Joseline A. Pena-Melnyk Chair, Health & Government Operations Room 241, House Office Building Annapolis, Maryland 21401 The Honorable Bonnie Cullison Vice Chair, Health & Government Operations Room 241, House Office Building Annapolis, Maryland 21401

Dear Chair Pena-Melnyk and Vice Chair Bonnie Cullison,

I would like to express my full support for *Senate Bill 332 - Hospitals and Urgent Care Centers - Sepsis (Lochlin's Law)*, named after 5 year old Frederick County resident Lochlin DeSantis, who passed away tragically after a rapid-onsetting sepsis infection that was not properly diagnosed.

Sepsis is one of the leading causes of death in U.S. hospitals. Each year 6,800 children die from severe Sepsis. In Maryland, this condition claims the lives of about 1,100 Marylanders. The risk of mortality from this life threatening condition increases 4-9% every hour that treatment is delayed. As many as 80% of Septic Shock patients can be saved with a rapid diagnosis and treatment.

In order to prevent further tragedies at the hands of Sepsis, Maryland needs proper protocols for medical facilities like those laid out in SB332. It lays out a proactive approach that has hospitals and urgent care centers implement evidence based protocols for the early recognition and treatment of patients with Sepsis.

Similar practices have been implemented in New York State. Dr. Jeremy Khan, who published a study on the effect of the regulations said; "these regulations had their intended effect of reducing mortality." The results were published in JAMA, the journal of the American Medical Association. Furthermore, the NIH published an article praising New York's regulations, stating the state's sepsis policy demonstrates that "it is possible to design these policies in ways that are acceptable to hospitals and achieve substantial positive results." Maryland should not wait any longer to enact policies that can save lives. It is time for all medical facilities in Maryland to use generally acceptable standards of care to recognize and treat Sepsis. The time is now to pass SB332.

Sincerely,

Tme

David Trone Member of Congress