

Oppose SB 332

Dear Chair and members of the committee,

The desire to alleviate suffering and help every patient is commendable. I acknowledge the importance of having comprehensive protocols for treating such serious conditions as sepsis. However, there are several concerning issues about the bill, and thus I respectfully urge you to reject it. Does every problem need a political solution?

To begin with, why should there be a law for a specific medical condition? How many patients are affected? Is this the most pressing medical issue compared to other conditions? Hospitals treat multiple emergencies every hour. Are hospitals not required to make the best of their expertise and assets to save as many patients as they can? Are there no broad laws that hold hospitals accountable for negligence?

Doctors, with their expertise and understanding of individual patient needs, should have the autonomy to tailor treatment plans according to the specific circumstances of each case. However, when protocols prioritize financial gain or legal protection over patient well-being, it undermines the integrity of medical practice and jeopardizes patient outcomes. Mandating adherence to such protocols can lead to the adoption of standardized approaches that may not always align with the best interests of patients, potentially sacrificing optimal care in favor of institutional interests. This lack of flexibility and doctor autonomy not only compromises the quality of care but also erodes trust in the medical profession.

Ignoring the doctor-patient relationship within the proposed protocol presents a significant oversight that could undermine the quality of care provided. The doctor-patient relationship is fundamental to effective healthcare delivery, as it fosters trust, communication, and shared decision-making between healthcare professionals and patients.

There arises a critical question regarding whether the proposed protocol will be deemed a "standard of care," directly linked to reimbursement rates and subsequently mandated across healthcare organizations and jurisdictions. Linking reimbursement rates to protocol adherence could incentivize healthcare institutions to prioritize financial considerations over patient-centered care. This approach risks homogenizing treatment practices and may not necessarily reflect the most effective or appropriate care for all patients.

Increased data collection and reporting, and mandatory training costs, impose additional burden to the health care providers. All of the above points make this bill problematic.

Please vote unfavorably.

Sincerely,
Mark Meyerovich
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District 15