

# HOUSE BILL 84

J3, J1

(PRE-FILED)

4r0471  
CF SB 332

---

By: ~~Delegate Kerr~~ Delegates Kerr, Pena-Melnyk, Cullison, Alston, Bagnall, Bhandari, Chisholm, Hill, Hutchinson, S. Johnson, Kaiser, Kipke, R. Lewis, Lopez, Martinez, M. Morgan, Reilly, Rosenberg, Szeliga, Taveras, White Holland, and Woods

Requested: July 27, 2023

Introduced and read first time: January 10, 2024

Assigned to: Health and Government Operations

---

Committee Report: Favorable with amendments

House action: Adopted

Read second time: February 26, 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**

---

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 19-310.4.

2 (A) (1) ~~ON SUBJECT TO PARAGRAPHS (1) AND (2) OF THIS SUBSECTION,~~  
3 ~~ON OR BEFORE JANUARY 1, 2025, EACH HOSPITAL AND URGENT CARE CENTER IN~~  
4 ~~THE STATE SHALL IMPLEMENT AN EVIDENCE-BASED PROTOCOL FOR THE EARLY~~  
5 ~~RECOGNITION AND TREATMENT OF A PATIENT WITH SEPSIS, SEVERE SEPSIS, OR~~  
6 ~~SEPTIC SHOCK THAT IS BASED ON GENERALLY ACCEPTABLE STANDARDS OF CARE.~~

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

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

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

15 ~~(i) INCLUDE COMPONENTS SPECIFIC TO THE IDENTIFICATION,~~  
16 ~~CARE, AND TREATMENT OF ADULTS AND CHILDREN; AND~~

17 ~~(ii) FOR A HOSPITAL, CLEARLY IDENTIFY WHERE AND WHEN~~  
18 ~~THE COMPONENTS WILL DIFFER FOR ADULTS AND CHILDREN SEEKING TREATMENT~~  
19 ~~IN THE EMERGENCY DEPARTMENT OR AS AN INPATIENT.~~

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

22 ~~(i) A PROCESS FOR THE SCREENING AND EARLY RECOGNITION~~  
23 ~~OF A PATIENT WITH SEPSIS, SEVERE SEPSIS, OR SEPTIC SHOCK;~~

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

29 ~~(iii) GUIDELINES FOR HEMODYNAMIC SUPPORT WITH EXPLICIT~~  
30 ~~PHYSIOLOGIC AND TREATMENT GOALS, METHODOLOGY FOR INVASIVE OR~~  
31 ~~NONINVASIVE HEMODYNAMIC MONITORING, AND TIME FRAME GOALS;~~

32 ~~(iv) FOR INFANTS AND CHILDREN, GUIDELINES FOR FLUID~~  
33 ~~RESUSCITATION CONSISTENT WITH CURRENT, EVIDENCE-BASED GUIDELINES FOR~~

1 ~~SEVERE SEPSIS AND SEPTIC SHOCK WITH DEFINED THERAPEUTIC GOALS FOR~~  
2 ~~CHILDREN;~~

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

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

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

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

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

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

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

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

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