1	SEPSIS PROTOCOL REQUIREMENTS
2	2020 GENERAL SESSION
3	STATE OF UTAH
4	Chief Sponsor: Karen Mayne
5	House Sponsor:
6	
7	LONG TITLE
8	General Description:
9	This bill authorizes the Department of Health to develop sepsis protocol requirements
10	and to collect and report data about sepsis treatment.
11	Highlighted Provisions:
12	This bill:
13	<ul><li>defines terms;</li></ul>
14	<ul> <li>authorizes the Department of Health to make rules about sepsis protocols;</li> </ul>
15	<ul> <li>provides guidance on factors the protocols should include;</li> </ul>
16	<ul> <li>directs hospitals to train certain staff on sepsis protocols;</li> </ul>
17	<ul> <li>requires the Department of Health to collect data about sepsis treatment; and</li> </ul>
18	<ul><li>establishes a reporting requirement.</li></ul>
19	Money Appropriated in this Bill:
20	None
21	Other Special Clauses:
22	None
23	<b>Utah Code Sections Affected:</b>
24	ENACTS:
25	<b>26-21c-101</b> , Utah Code Annotated 1953
26	<b>26-21c-102</b> , Utah Code Annotated 1953
27	26-21c-103, Utah Code Annotated 1953



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	<b>26-21c-104</b> , Utah Code Annotated 1953
	<b>26-21c-201</b> , Utah Code Annotated 1953
	<b>26-21c-202</b> , Utah Code Annotated 1953
	26-21c-203, Utah Code Annotated 1953
	26-21c-204, Utah Code Annotated 1953
Ве і	it enacted by the Legislature of the state of Utah:
	Section 1. Section 26-21c-101 is enacted to read:
	CHAPTER 21c. SEPSIS PROTOCOLS
	Part 1. General Provisions
	<u>26-21c-101.</u> Title.
	This chapter is known as "Sepsis Protocols."
	Section 2. Section 26-21c-102 is enacted to read:
	<b>26-21c-102.</b> Definitions.
	As used in this chapter:
	(1) "CMS" means the Centers for Medicare and Medicaid Services in the United States
Dep	partment of Health and Human Services.
	(2) "Emergency department" means the area of a hospital in which emergency services
are	provided on a 24-hour-a-day basis.
	(3) "Hemodynamic support" means a treatment that includes restoring to the patient an
ade	quate circulating blood volume.
	(4) "Hospital" means a general acute hospital as defined in Section 26-21-2.
	(5) "Professional staff" means a licensed physician, physician assistant, nurse, or
ano	ther healthcare professional designated by the department by rule.
	(6) "Sepsis" means a life-threatening complication of an infection.
	Section 3. Section 26-21c-103 is enacted to read:
	<u>26-21c-103.</u> Rulemaking.
	(1) The department, in accordance with Title 63G, Chapter 3, Utah Administrative
Rul	emaking Act, shall make rules to:
	(a) create the sepsis protocols described in this chapter; and
	(b) implement the provisions of this chapter.

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59	(2) Unless waived under Subsection 26-21c-104(2), a hospital shall adopt the sepsis
60	protocols described in Subsection (1)(a).
61	Section 4. Section 26-21c-104 is enacted to read:
62	26-21c-104. Duty to keep protocols current Waivers.
63	(1) The department shall annually review and update the protocols established under
64	this chapter to ensure that the protocols reflect the most current standards for evidence-based
65	sepsis care.
66	(2) The department shall waive the requirement in Subsection 26-21c-103(2) for:
67	(a) a hospital that provides the department with sepsis protocols and training
68	procedures that are substantially similar to the protocols described in Subsection
69	<u>26-21c-103(1)(a); or</u>
70	(b) a hospital that, during or before fiscal year 2020-2021, submits sepsis data required
71	by the CMS Hospital Inpatient Quality Reporting program.
72	Section 5. Section <b>26-21c-201</b> is enacted to read:
73	Part 2. Hospital Sepsis Protocols
74	<u>26-21c-201.</u> Protocols.
75	(1) The protocols created in Subsection 26-21b-103(1)(a) shall include:
76	(a) a process for the screening and early recognition of patients with sepsis;
77	(b) a process to identify and document individuals that are appropriate for treatment
78	through sepsis protocols;
79	(c) a process to identify patients who should not receive treatment according to sepsis
80	protocols because of:
81	(i) preexisting clinical conditions; or
82	(ii) a patient's election to receive only palliative care;
83	(d) guidelines for hemodynamic support with explicit physiologic and treatment goals
84	and methodology for invasive or non-invasive monitoring;
85	(e) guidelines to determine treatment timeline goals; and
86	(f) criteria for use of hemodynamic support, based on accepted evidence of vasoactive
87	agents.
88	(2) The protocols described in Subsection 26-21b-103(1)(a) shall clearly distinguish
89	where and when treatment shall differ for:

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90	(a) children;
91	(b) infants;
92	(c) individuals seeking treatment in the emergency department; and
93	(d) individuals seeking treatment as inpatients.
94	(3) The protocols described in Subsection 26-21b-103(1)(a) shall provide guidelines
95	for fluid resuscitation for infants and children.
96	(4) The department shall:
97	(a) make the guidelines described in Subsection (3) consistent with current,
98	evidence-based guidelines for severe sepsis and septic shock; and
99	(b) define therapeutic goals for children.
100	Section 6. Section 26-21c-202 is enacted to read:
101	<b>26-21c-202.</b> Identification Treatment.
102	The protocols described in Subsection 16-21c-103(1)(a) shall require:
103	(1) identification of the infectious source;
104	(2) early delivery of broad spectrum antibiotics; and
105	(3) timely reevaluation to determine if it is necessary to deliver narrow spectrum
106	antibiotics targeted to the infections sources identified in Subsection (1).
107	Section 7. Section 26-21c-203 is enacted to read:
108	26-21c-203. Staff Quality measures.
109	(1) The department shall require periodic training in the implementation of the sepsis
110	protocols described in Subsection 26-21b-103(1)(a) for:
111	(a) professional staff with direct patient care responsibilities; and
112	(b) professional staff with indirect patient care responsibilities that the department
113	determines requires training, including laboratory and pharmacy staff.
114	(2) The department shall require each hospital to establish a procedure to update staff
115	upon the implementation of substantive changes to the protocols described in Subsection
116	<u>26-21b-103(1)(a).</u>
117	(3) The department shall establish quality measures for the recognition and treatment
118	of severe sepsis.
119	(4) The department shall require hospitals to collect information related to the quality
120	measures described in Subsection (3) for the purposes of internal quality improvement.

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121	Section 8. Section <b>26-21c-204</b> is enacted to read:
122	<b>26-21c-204.</b> Data.
123	(1) The department shall:
124	(a) recommend evidence-based sepsis definitions and metrics that incorporate
125	evidence-based findings, including appropriate antibiotic stewardship, and that align with the
126	National Quality Forum, CMS, the Agency for Healthcare Research and Quality, and the Joint
127	Commission, an independent, nonprofit, health care accrediting organization;
128	(b) establish and use a methodology for collecting, analyzing, and disclosing the
129	information collected under this chapter, including:
130	(i) collection methods;
131	(ii) formatting; and
132	(iii) methods and means for the release and dissemination of aggregate data;
133	(c) consult with, seek input from, and seek recommendations from stakeholders
134	including:
135	(i) hospitals;
136	(ii) physicians;
137	(iii) nurses;
138	(iv) pharmacists;
139	(v) long-term care facilities;
140	(vi) epidemiologists;
141	(vii) infection-prevention professionals;
142	(viii) academic researchers; and
143	(ix) health care data professionals.
144	(2) The department shall report data and recommendations collected under Subsection
145	(1) to the Health and Human Services Interim Committee no later than November 1 each year.