

SB0213S01 compared with SB0213

~~{deleted text}~~ shows text that was in SB0213 but was deleted in SB0213S01.

inserted text shows text that was not in SB0213 but was inserted into SB0213S01.

DISCLAIMER: This document is provided to assist you in your comparison of the two bills. Sometimes this automated comparison will NOT be completely accurate. Therefore, you need to read the actual bills. This automatically generated document could contain inaccuracies caused by: limitations of the compare program; bad input data; or other causes.

Senator Karen Mayne proposes the following substitute bill:

SEPSIS PROTOCOL REQUIREMENTS

2020 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Karen Mayne

House Sponsor: _____

LONG TITLE

General Description:

This bill authorizes ~~{the Department of Health}~~hospitals to develop sepsis protocol requirements~~{and to collect and report data about sepsis treatment}~~.

Highlighted Provisions:

This bill:

- ▶ defines terms;
- ▶ authorizes ~~{the Department of Health}~~hospitals to ~~{make rules about}~~develop sepsis protocols; and
- ▶ provides guidance on factors the protocols should include~~{}~~.

~~{~~→ ~~directs hospitals to train certain staff on sepsis protocols;~~

→ ~~requires the Department of Health to collect data about sepsis treatment; and~~

→ ~~establishes a reporting requirement.~~

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†Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

26-21c-101, Utah Code Annotated 1953

26-21c-102, Utah Code Annotated 1953

26-21c-103, Utah Code Annotated 1953

26-21c-104, Utah Code Annotated 1953

~~{ **26-21c-201**, Utah Code Annotated 1953~~

~~— **26-21c-202**, Utah Code Annotated 1953~~

~~— **26-21c-203**, Utah Code Annotated 1953~~

~~— **26-21c-204**, Utah Code Annotated 1953~~

Be 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~~

† **26-21c-101. Title.**

This chapter is known as "Sepsis Protocols."

Section 2. Section **26-21c-102** is enacted to read:

26-21c-102. Definitions.

As used in this chapter:

~~(1) "CMS" means the Centers for Medicare and Medicaid Services in the United States Department 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 adequate circulating blood volume.~~

~~— (4) "Hospital" means a general acute hospital as defined in Section 26-21-2.~~

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~~{ (5) "Professional staff" means a licensed physician, physician assistant, nurse, or another healthcare professional designated by the department by rule.~~

~~{ (6)2) "Sepsis" means a life-threatening complication of an infection.~~

Section 3. Section 26-21c-103 is enacted to read:

~~26-21c-103. { Rulemaking.~~

~~(1) The department, in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, shall make rules to:~~

~~(a) create the sepsis protocols described in this chapter; and~~

~~(b) implement the provisions of this chapter.~~

~~(2) Unless waived under Subsection 26-21c-104(2), a hospital shall adopt the sepsis Protocols.~~

(1) Hospitals may develop protocols for the treatment of sepsis and septic shock that are consistent with current-evidence based guidelines for the treatment of severe sepsis and septic shock.

(2) When developing the protocols described in Subsection (1)(a), a hospital shall consider:

(a) a process for screening and recognizing patients with sepsis;

(b) a process to screen out individuals for whom the protocols would not be appropriate for treating sepsis;

(c) timeline goals for treating sepsis;

(d) different possible methods for treating sepsis and reasons to use each method;

(e) specific protocols to treat children who present with symptoms of sepsis or septic shock; and

(f) training requirements for staff.

(3) A hospital may update the hospital's sepsis protocols as new data on the treatment of sepsis and septic shock becomes available.

Section 4. Section 26-21c-104 is enacted to read:

~~26-21c-104. { Duty to keep protocols current -- Waivers.~~

~~(1) The department shall annually review and update the protocols established under this chapter to ensure that the protocols reflect the most current standards for evidence-based sepsis care.~~

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~~(2) The department shall waive the requirement in Subsection 26-21c-103(2) for:~~

~~(a) a hospital that provides} **Presenting protocols upon inspection.**~~

~~The department, or an entity assigned by the department {with sepsis protocols and training procedures that are substantially similar to the protocols described in Subsection 26-21c-103(1)(a); or~~

~~(b) a hospital that, during or before fiscal year 2020-2021, submits sepsis data required by the CMS Hospital Inpatient Quality Reporting program.~~

~~Section 5. Section **26-21c-201** is enacted to read:~~

Part 2. Hospital Sepsis Protocols

~~**26-21c-201. Protocols:**~~

~~(1) The protocols created in Subsection 26-21b-103(1)(a) shall include:~~

~~(a) a process for the screening and early recognition of patients with sepsis;~~

~~(b) a process to identify and document individuals that are appropriate for treatment through sepsis protocols;~~

~~(c) a process to identify patients who should not receive treatment according to sepsis protocols because of:~~

~~(i) preexisting clinical conditions; or~~

~~(ii) a patient's election to receive only palliative care;~~

~~(d) guidelines for hemodynamic support with explicit physiologic and treatment goals and methodology for invasive or non-invasive monitoring;~~

~~(e) guidelines to determine treatment timeline goals; and~~

~~(f) criteria for use of hemodynamic support, based on accepted evidence of vasoactive agents.~~

~~(2) The protocols described in Subsection 26-21b-103(1)(a) shall clearly distinguish where and when treatment shall differ for:~~

~~(a) children;~~

~~(b) infants;~~

~~(c) individuals seeking treatment in the emergency department; and~~

~~(d) individuals seeking treatment as inpatients.~~

~~(3) The protocols described in Subsection 26-21b-103(1)(a) shall provide guidelines for fluid resuscitation for infants and children.~~

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- ~~(4) The department shall:~~
- ~~(a) make the guidelines described in Subsection (3) consistent with current, evidence-based guidelines for severe sepsis and septic shock; and~~
- ~~(b) define therapeutic goals for children.~~
- ~~Section 6. Section 26-21c-202 is enacted to read:~~
- ~~**26-21c-202. Identification -- Treatment.**~~
- ~~The protocols described in Subsection 16-21c-103(1)(a) shall require:~~
- ~~(1) identification of the infectious source;~~
- ~~(2) early delivery of broad spectrum antibiotics; and~~
- ~~(3) timely reevaluation to determine if it is necessary to deliver narrow spectrum antibiotics targeted to the infections sources identified in Subsection (1):~~
- ~~Section 7. Section 26-21c-203 is enacted to read:~~
- ~~**26-21c-203. Staff -- Quality measures.**~~
- ~~(1) The department shall require periodic training in the implementation} to inspect a hospital, may request a copy of the sepsis protocols described in {Subsection 26-21b-103(1)(a) for:~~
- ~~(a) professional staff with direct patient care responsibilities; and~~
- ~~(b) professional staff with indirect patient care responsibilities that the department determines requires training, including laboratory and pharmacy staff.~~
- ~~(2) The department shall require each hospital to establish a procedure to update staff upon the implementation of substantive changes to the protocols described in Subsection 26-21b-103(1)(a):~~
- ~~(3) The department shall establish quality measures for the recognition and treatment of severe sepsis:~~
- ~~(4) The department shall require hospitals to collect information related to the quality measures described in Subsection (3) for the purposes of internal quality improvement.~~
- ~~Section 8. Section 26-21c-204 is enacted to read:~~
- ~~**26-21c-204. Data.**~~
- ~~(1) The department shall:~~
- ~~(a) recommend evidence-based sepsis definitions and metrics that incorporate evidence-based findings, including appropriate antibiotic stewardship, and that align with the~~

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~~National Quality Forum, CMS, the Agency for Healthcare Research and Quality, and the Joint Commission, an independent, nonprofit, health care accrediting organization;~~

~~— (b) establish and use a methodology for collecting, analyzing, and disclosing the information collected under this chapter, including:~~

~~— (i) collection methods;~~

~~— (ii) formatting; and~~

~~— (iii) methods and means for the release and dissemination of aggregate data;~~

~~— (c) consult with, seek input from, and seek recommendations from stakeholders including:~~

~~— (i) hospitals;~~

~~— (ii) physicians;~~

~~— (iii) nurses;~~

~~— (iv) pharmacists;~~

~~— (v) long-term care facilities;~~

~~— (vi) epidemiologists;~~

~~— (vii) infection-prevention professionals;~~

~~— (viii) academic researchers; and~~

~~— (ix) health care data professionals;~~

~~— (2) The department shall report data and recommendations collected under Subsection (1) to the Health and Human Services Interim Committee no later than November 1 each year.~~

~~†Section 26-21c-103 when inspecting a hospital.~~