Citations Affected: IC 16-21.

Synopsis: Sepsis treatment protocols. Requires a hospital to adopt, implement, and periodically update evidence based sepsis protocols for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock that are based on generally accepted standards of care. Establishes the sepsis treatment protocol task force (task force). Assigns the task force certain duties concerning evidence based sepsis protocols, best practices, and appropriate data measures. Requires the state department of health (department) to: (1) adopt model protocols based on recommendations of the task force; and (2) coordinate, develop, and implement sepsis protocol training. Requires the department to prepare a report on the implementation of the sepsis protocols.

Effective: July 1, 2019.
HOUSE BILL No. 1275

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 16-21-14 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:


Sec. 1. Each hospital shall adopt, implement, and periodically update evidence based sepsis protocols for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock that are based on generally accepted standards of care. The sepsis protocols must include components specific to the identification, care, and treatment of adults.

Sec. 2. (a) The sepsis protocols adopted under this chapter shall be provided to the state department upon the state department's request.

(b) A hospital that submits sepsis data as required by the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting program is presumed to meet the sepsis protocol requirements in section 1 of this chapter.
Sec. 3. (a) As used in this section, "task force" refers to the sepsis treatment protocol task force established under subsection (b).

(b) The sepsis treatment protocol task force is established.

(c) The task force includes the following members appointed by the state health commissioner:

(1) One (1) representative of a hospital who is recommended by the Indiana Hospital Association.

(2) One (1) representative of long term care who is recommended by the Indiana Health Care Association.

(3) One (1) representative of a home health agency who is recommended by the Indiana Association for Home and Hospice Care.

(4) One (1) representative who is an office based physician recommended by the Indiana State Medical Association.

(5) One (1) emergency medical technician.

(6) One (1) school nurse who works at a school (as defined by IC 20-31-2-8).

(7) One (1) emergency room physician.

(8) One (1) physician who specializes in infectious diseases.

(9) One (1) clinical pharmacist.

(10) One (1) representative from a quality and patient safety team who is recommended by the Indiana Hospital Association.

(11) One (1) representative from a family impacted by sepsis.

(12) Any other members who have specialized knowledge or experience that would be valuable to the task force.

(d) The:

(1) president pro tempore of the senate shall appoint a senator; and

(2) speaker of the house of representatives shall appoint a representative;

to serve as nonvoting advisors to the task force.

(e) The state health commissioner or the state health commissioner's designee shall serve as the chair of the task force. The task force shall meet at the call of the chair.

(f) A member of the task force appointed under subsection (c) serves at the pleasure of the state health commissioner.

(g) The task force shall do the following:

(1) Study, adopt, develop, and periodically update evidence based sepsis protocols for long term care, home health, office based physicians, emergency medical technicians, and schools

HB 1275—LS 7140/DI 77
(as defined by IC 20-31-2-8).

(2) Study and identify evidence based sepsis protocols for the pediatric population.

(3) Study and periodically update evidence based sepsis protocols for hospitals.

(4) For all community based and health care based settings, periodically review and research current national and international best practices including training and public awareness.

(5) Research and discuss the appropriate data measures to collect and the methodology for collecting, analyzing, disseminating, and releasing aggregate data.

(h) The chair of the task force shall create subcommittees with expertise in the standards of practice in each health care setting when developing protocols under subsection (g).

(i) The state department shall do the following:

(1) Adopt model sepsis protocols based on the recommendations of the task force. The initial sepsis protocols must be adopted by the state department before July 1, 2020.

(2) Coordinate, develop, and implement sepsis protocol training for staff working in or with hospitals, long term care, home health, office based physicians, emergency medical technicians, and schools (as defined by IC 20-31-2-8).

Sec. 4. The state department shall prepare a report on the implementation of this chapter and any recommendations before October 1, 2020. The report may include Indiana specific data, trends, conditions, or other clinical factors. The report must be submitted to the general assembly in an electronic format under IC 5-14-6 and be available on the state department's Internet web site. This section expires July 1, 2021.
COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1275, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 5, delete "(a)".
Page 1, line 10, delete "and of children, and" and insert ".".
Page 1, delete lines 11 through 17.
Page 2, delete lines 1 through 28.
Page 2, line 29, delete "3." and insert "2.".
Page 2, delete lines 36 through 42, begin a new paragraph and insert:

"Sec. 3. (a) As used in this section, "task force" refers to the sepsis treatment protocol task force established under subsection (b).

(b) The sepsis treatment protocol task force is established.
(c) The task force includes the following members appointed by the state health commissioner:

(1) One (1) representative of a hospital who is recommended by the Indiana Hospital Association.
(2) One (1) representative of long term care who is recommended by the Indiana Health Care Association.
(3) One (1) representative of a home health agency who is recommended by the Indiana Association for Home and Hospice Care.
(4) One (1) representative who is an office based physician recommended by the Indiana State Medical Association.
(5) One (1) emergency medical technician.
(6) One (1) school nurse who works at a school (as defined by IC 20-31-2-8).
(7) One (1) emergency room physician.
(8) One (1) physician who specializes in infectious diseases.
(9) One (1) clinical pharmacist.
(10) One (1) representative from a quality and patient safety team who is recommended by the Indiana Hospital Association.
(11) One (1) representative from a family impacted by sepsis.
(12) Any other members who have specialized knowledge or experience that would be valuable to the task force.

(d) The:

(1) president pro tempore of the senate shall appoint a senator; and

HB 1275—LS 7140/DI 77
(2) speaker of the house of representatives shall appoint a representative;
to serve as nonvoting advisors to the task force.

(e) The state health commissioner or the state health commissioner's designee shall serve as the chair of the task force. The task force shall meet at the call of the chair.

(f) A member of the task force appointed under subsection (c) serves at the pleasure of the state health commissioner.

(g) The task force shall do the following:
(1) Study, adopt, develop, and periodically update evidence based sepsis protocols for long term care, home health, office based physicians, emergency medical technicians, and schools (as defined by IC 20-31-2-8).
(2) Study and identify evidence based sepsis protocols for the pediatric population.
(3) Study and periodically update evidence based sepsis protocols for hospitals.
(4) For all community based and health care based settings, periodically review and research current national and international best practices including training and public awareness.
(5) Research and discuss the appropriate data measures to collect and the methodology for collecting, analyzing, disseminating, and releasing aggregate data.

(h) The chair of the task force shall create subcommittees with expertise in the standards of practice in each health care setting when developing protocols under subsection (g).

(i) The state department shall do the following:
(1) Adopt model sepsis protocols based on the recommendations of the task force. The initial sepsis protocols must be adopted by the state department before July 1, 2020.
(2) Coordinate, develop, and implement sepsis protocol training for staff working in or with hospitals, long term care, home health, office based physicians, emergency medical technicians, and schools (as defined by IC 20-31-2-8).".

Page 3, delete lines 1 through 16.
Page 3, line 17, delete "(c)" and insert "Sec. 4."
Page 3, line 23, delete "subsection" and insert "section"
and when so amended that said bill do pass.

(Reference is to HB 1275 as introduced.)

KIRCHHOFER

Committee Vote: yeas 12, nays 0.