

118TH CONGRESS
2D SESSION

S. _____

To establish programs to reduce rates of sepsis.

IN THE SENATE OF THE UNITED STATES

Mr. SCHUMER (for himself, Ms. COLLINS, and Mr. CASEY) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To establish programs to reduce rates of sepsis.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Securing Enhanced
5 Programs, Systems, and Initiatives for Sepsis Act” or the
6 “SEPSIS Act”.

7 **SEC. 2. FINDINGS.**

8 Congress finds as follows:

9 (1) 1,700,000 individuals in the United States
10 are infected by sepsis annually and 350,000 individ-

1 uals in the United States are killed by sepsis each
2 year.

3 (2) Sepsis affects different groups of people un-
4 evenly, with Black Americans twice as likely to die
5 from it than non-Hispanic white Americans.

6 (3) Disparities in the incidence and severity of,
7 and mortality attributable to, sepsis persist across
8 race and socioeconomic status.

9 (4) There is a need for increased Federal in-
10 vestment in research related to sepsis to build on re-
11 search supported by the National Institutes of
12 Health, including research with a pediatric focus
13 supported by the Eunice Kennedy Shriver National
14 Institute of Child Health and Human Development.

15 (5) The infectious disease workforce, which
16 plays a key role in reducing the burden of sepsis,
17 needs additional support to recruit and retain health
18 care professionals engaged in infection prevention
19 and related patient care.

20 (6) Sepsis is one of the most expensive condi-
21 tions to treat in hospitals in the United States, with
22 high spending compounded by frequent hospital re-
23 admissions, including 1 in 5 patient re-admissions
24 within 30 days of discharge and 1 in 3 patient re-
25 admissions within 180 days of discharge.

1 (7) According to the Centers for Disease Con-
2 trol and Prevention, 80 percent of sepsis cases begin
3 outside of the hospital.

4 (8) Most sepsis fatalities are preventable with
5 early recognition, diagnosis, and treatment.

6 (9) The sepsis protocols for hospitals in New
7 York State, called “Rory’s Regulations” for Rory
8 Staunton who died from preventable, treatable sepsis
9 at 12 years of age, have been proven to save lives
10 through rapid identification and treatment of sepsis.

11 (10) Providers and public health experts should
12 study and learn from Rory’s Regulations to find
13 ways to end preventable deaths from sepsis on a na-
14 tional scale.

15 **SEC. 3. SEPSIS PROGRAMS.**

16 Title III of the Public Health Service Act (42 U.S.C.
17 241 et seq.) is amended by inserting after section 317V
18 the following:

19 **“SEC. 317W. SEPSIS PROGRAMS.**

20 “(a) IN GENERAL.—The Secretary, acting through
21 the Director of the Centers for Disease Control and Pre-
22 vention (referred to in this section as the ‘Director’), shall
23 maintain a sepsis team for purposes of—

24 “(1) leading an education campaign on best
25 practices for addressing sepsis in hospitals, such as

1 the practices outlined in the Hospital Sepsis Pro-
2 gram Core Elements set forth by the Centers for
3 Disease Control and Prevention;

4 “(2) improving data collection on pediatric seps-
5 sis;

6 “(3) sharing information with the Adminis-
7 trator of the Centers for Medicare & Medicaid Serv-
8 ices to inform the development and implementation
9 of sepsis quality measures to improve outcomes for
10 patients;

11 “(4) updating data elements with respect to
12 sepsis used by the United States Core Data for
13 Interoperability, in coordination with the heads of
14 other relevant agencies and offices of the Depart-
15 ment of Health and Human Services, including the
16 National Coordinator for Health Information Tech-
17 nology, the Director of the Office of Public Health
18 Data, Surveillance, and Technology;

19 “(5) facilitating efforts across the Department
20 of Health and Human Services to develop outcome
21 measures with respect to sepsis; and

22 “(6) carrying out other activities related to seps-
23 sis, as the Director determines appropriate.

24 “(b) REPORT ON DEVELOPMENT OF OUTCOME
25 MEASURES.—Not later than 1 year after the date of en-

1 actment of the Securing Enhanced Programs, Systems,
2 and Initiatives for Sepsis Act, the Director shall submit
3 to the Committee on Health, Education, Labor, and Pen-
4 sions of the Senate and the Committee on Energy and
5 Commerce of the House of Representatives a report on
6 the development and implementation of outcome measures
7 for sepsis, for both adult and pediatric populations, that
8 take into consideration the social and clinical factors that
9 affect the likelihood a patient will develop sepsis.

10 “(c) ANNUAL BRIEFING ON SEPSIS ACTIVITIES.—
11 Not later than 1 year after the date of enactment of the
12 Securing Enhanced Programs, Systems, and Initiatives
13 for Sepsis Act, and annually thereafter, the Director shall
14 present to the Committee on Health, Education, Labor,
15 and Pensions of the Senate and the Committee on Energy
16 and Commerce of the House of Representatives a briefing
17 on—

18 “(1) aggregate data on the adoption by hos-
19 pitals of sepsis best practices, including the Hospital
20 Sepsis Program Core Elements, as reported by hos-
21 pitals to the Director, using the hospital sepsis pro-
22 gram assessment tool of the Centers for Disease
23 Control and Prevention and State sepsis reporting
24 requirements;

1 “(2) rates of pediatric sepsis and efforts to re-
2 duce cases of pediatric sepsis, including how the
3 Hospital Sepsis Program Core Elements can be ef-
4 fective at supporting efforts to reduce cases of pedi-
5 atric sepsis;

6 “(3) the coordination of sepsis reduction efforts
7 across the Department of Health and Human Serv-
8 ices;

9 “(4) in partnership with the Director of the
10 Agency for Healthcare Research and Quality, an
11 evaluation of the impact of the Hospital Sepsis Pro-
12 gram Core Elements on quality of care for patients;

13 “(5) data sharing from the National Healthcare
14 Safety Network with other agencies and offices of
15 the Department of Health and Human Services with
16 respect to sepsis; and

17 “(6) a report on the latest datasets on sepsis,
18 as provided to the Director by the Director of the
19 Agency for Healthcare Research and Quality.

20 “(d) HONOR ROLL PROGRAM.—

21 “(1) IN GENERAL.—The Secretary may estab-
22 lish a voluntary program for recognizing hospitals
23 that maintain effective sepsis programs or improve
24 their sepsis programs over time, including in the
25 areas of early detection, effective treatment, and

1 overall progress in the reduction of the burden of
2 sepsis.

3 “(2) APPLICATIONS; SELECTION.—In carrying
4 out paragraph (1), the Secretary shall—

5 “(A) solicit applications from hospitals;
6 and

7 “(B) establish public benchmarks by which
8 the Secretary will select hospitals for recogni-
9 tion under such paragraph, including with re-
10 spect to each area described in such paragraph.

11 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
12 carry out this section, there are authorized to be appro-
13 priated \$20,000,000 for each of fiscal years 2025 through
14 2029.”.