

118TH CONGRESS  
2D SESSION

# S. 5026

To establish programs to reduce rates of sepsis.

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IN THE SENATE OF THE UNITED STATES

SEPTEMBER 11, 2024

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

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## 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.”.

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