

116TH CONGRESS
2D SESSION

H. R. 7514

To amend title XVIII of the Social Security Act to require, as a condition of participation under the Medicare program, each hospital to adopt and implement evidence-based sepsis protocols, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2020

Mr. RODNEY DAVIS of Illinois introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to require, as a condition of participation under the Medicare program, each hospital to adopt and implement evidence-based sepsis protocols, and for other purposes.

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 “Gabby’s Law Act”.

1 **SEC. 2. REQUIREMENT AS CONDITION OF PARTICIPATION**
2 **UNDER MEDICARE PROGRAM FOR HOS-**
3 **PITALS TO ADOPT AND IMPLEMENT EVI-**
4 **DENCE-BASED SEPSIS PROTOCOLS.**

5 (a) IN GENERAL.—Section 1866(a)(1) of the Social
6 Security Act (42 U.S.C. 1395cc(a)(1)) is amended—

7 (1) in subparagraph (W), by moving the margin
8 of such subparagraph 2 ems to the left;

9 (2) in subparagraph (X)—

10 (A) by moving the margin of such subpara-
11 graph 2 ems to the left; and

12 (B) by striking “and” at the end;

13 (3) in subparagraph (Y)(ii)(V), by striking the
14 period at the end and inserting “, and”; and

15 (4) by inserting after subparagraph (Y) the fol-
16 lowing new subparagraph:

17 “(Z) beginning on the date that is one year
18 after the date of the enactment of this subpara-
19 graph, in the case of a hospital—

20 “(i) to adopt, implement, and periodi-
21 cally update evidence-based sepsis proto-
22 cols (as defined in section 1861(kkk)); and

23 “(ii) to ensure that professional staff
24 of the hospital with direct patient care re-
25 sponsibilities and, as determined appro-
26 priate by the hospital, staff of the hospital

1 with indirect patient care responsibilities
2 (including laboratory and pharmacy staff)
3 periodically receive training (which shall be
4 updated in accordance with any substantial
5 update made under clause (i) to the evi-
6 dence-based sepsis protocols of the hos-
7 pital) to implement such evidence-based
8 sepsis protocols.”.

9 (b) EVIDENCE-BASED SEPSIS PROTOCOLS DE-
10 FINED.—Section 1861 of the Social Security Act (42
11 U.S.C. 1395x) is amended by adding at the end the fol-
12 lowing new subsection:

13 “(kkk) EVIDENCE-BASED SEPSIS PROTOCOLS.—The
14 term ‘evidence-based sepsis protocols’ means, with respect
15 to a hospital, protocols based on generally accepted stand-
16 ards of care for the early recognition and treatment of
17 individuals with sepsis, severe sepsis, or septic shock and
18 that include each of the following:

19 “(1) A process for identifying (including
20 through screenings) and providing treatment for
21 adults with sepsis, severe sepsis, or septic shock,
22 taking into account whether such treatment is being
23 provided as an inpatient hospital service or in the
24 emergency department of the hospital.

1 “(2) A process for identifying (including
2 through screenings) and providing treatment for
3 children with sepsis, severe sepsis, or septic shock,
4 taking into account whether such treatment is being
5 provided as an inpatient hospital service or in the
6 emergency department of the hospital.

7 “(3) A process and explicit criteria for exclud-
8 ing certain individuals, such as an individual with an
9 exclusionary clinical condition (as specified by the
10 hospital) or an individual who has elected palliative
11 care, from the process described in paragraph (1) or
12 (2).

13 “(4) Guidelines for hemodynamic support with
14 explicit physiologic and treatment goals, a method-
15 ology for invasive and non-invasive hemodynamic
16 monitoring, and timeframe goals.

17 “(5) With respect to children (including in-
18 fants), guidelines for fluid resuscitation consistent
19 with any evidence-based guidelines for severe sepsis
20 and septic shock that have defined therapeutic goals
21 for children.

22 “(6) A process for identifying the infectious
23 source of the sepsis, severe sepsis, or septic shock
24 and delivering early broad spectrum antibiotics with

1 timely reevaluation to adjust treatment in a manner
2 that targets any identified infectious source.

3 “(7) Criteria for use, based on accepted evi-
4 dence of vasoactive agents.”.

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