

HOUSE No. 4078

The Commonwealth of Massachusetts

PRESENTED BY:

Christopher Richard Flanagan

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to establishing protocols for the early detection and treatment of patients with sepsis.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Christopher Richard Flanagan</i>	<i>1st Barnstable</i>	<i>1/15/2025</i>

HOUSE No. 4078

By Representative Flanagan of Dennis, a petition (accompanied by bill, House, No. 4078) of Christopher Richard Flanagan relative to early detection and treatment of patients with sepsis. Public Health.

The Commonwealth of Massachusetts

**In the One Hundred and Ninety-Fourth General Court
(2025-2026)**

An Act relative to establishing protocols for the early detection and treatment of patients with sepsis.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 111 of the General Laws is hereby amended by inserting after
2 section 25P the following section:-

3 Section 25Q. (a) For purposes of this section, the following terms shall, unless the
4 context clearly requires otherwise, have the following meanings:-

5 "Sepsis", a known or suspected infection with at least 2 or more SIRS criteria.

6 "Severe sepsis", a known or suspected infection with at least 2 or more SIRS criteria and
7 sepsis-related tissue hypoperfusion or organ dysfunction.

8 "Septic shock", sepsis-induced hypotension persisting despite adequate intravenous fluid
9 resuscitation or evidence of tissue hypoperfusion.

10 “SIRS criteria”, criteria for system inflammatory response syndrome, as developed by
11 American College of Chest Physicians/Society of Critical Care Medicine.

12 (b) The department shall make available to facilities licensed pursuant to this chapter
13 information on best practices for the treatment of patients with sepsis, severe sepsis and septic
14 shock. The best practices shall be based on generally accepted standards of care, including, but
15 not limited to:

16 (i) an evidence-based screening tool that can be used at initial evaluation of adult and
17 pediatric patients;

18 (ii) an evidence-based treatment protocol for adult and pediatric patients that includes
19 time-specific treatment goals;

20 (iii) nurse-driven testing protocols to enable nurses to initiate care for patients with
21 suspected sepsis;

22 (iv) the incorporation of sepsis screening and treatment tools into the electronic health
23 record where possible;

24 (v) mechanisms to prompt escalation of care within these settings and, when appropriate,
25 to stabilize and transfer to a facility able to provide a higher level of care;

26 (vi) strategies for appropriate hand-offs and communication regarding the care of patients
27 with sepsis and for the reassessments of patients at regular intervals;

28 (vii) hospital-specific antibiotic guidelines for use in treating patients with sepsis and a
29 mechanism for reevaluating a patient’s antibiotic treatment based on culture results that provides
30 reassessment and de-escalation of antibiotic treatment when appropriate; and

31 (viii) staff education on sepsis policies and procedures during the onboarding process and
32 at least annually and when new practice guidelines are published or existing standards are
33 updated to ensure that care reflects current standards of practice.

34 (c) In order to enhance patient safety and protection, each facility licensed pursuant to
35 this section shall establish a multi-disciplinary committee to implement policies, procedures and
36 staff education in accordance with the best practices issued by the department. The multi-
37 disciplinary committee at each facility shall be responsible for the collection, use and reporting
38 of quality measures related to the recognition and treatment of severe sepsis for purposes of
39 internal quality improvement and facility reporting. Such measures shall include, but not be
40 limited to, data sufficient to evaluate each facility's

41 adherence rate to its own sepsis protocols, including adherence to timeframes and
42 implementation of all protocol components for adults and children.

43 SECTION 2. Not later than September 1, 2025, the department of public health shall
44 promulgate regulations, pursuant to chapter 30A, that include the guidelines required by section
45 25Q of chapter 111 of the General Laws, inserted by section 1.

46 SECTION 3. This act shall take effect on October 1, 2025.