

.....  
(Original Signature of Member)

119TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To establish programs to reduce rates of sepsis.

\_\_\_\_\_  
IN THE HOUSE OF REPRESENTATIVES

Mr. NORCROSS introduced the following bill; which was 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 diagnosed with sepsis annually and 350,000 in-

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

3           (2) There is a need for increased Federal in-  
4       vestment in research related to sepsis to build on re-  
5       search supported by the National Institutes of  
6       Health, including research with a pediatric focus  
7       supported by the Eunice Kennedy Shriver National  
8       Institute of Child Health and Human Development.

9           (3) The infectious disease workforce, which  
10      plays a key role in reducing the burden of sepsis,  
11      needs additional support to recruit and retain health  
12      care professionals engaged in infection prevention  
13      and related patient care.

14          (4) Sepsis is one of the most expensive condi-  
15      tions to treat in hospitals in the United States, with  
16      high spending compounded by frequent hospital re-  
17      admissions, including 1 in 5 patient re-admissions  
18      within 30 days of discharge and 1 in 3 patient re-  
19      admissions within 180 days of discharge.

20          (5) According to the Centers for Disease Con-  
21      trol and Prevention, 80 percent of sepsis cases begin  
22      outside of the hospital.

23          (6) Most sepsis fatalities are preventable with  
24      early recognition, diagnosis, and treatment.

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

6           (8) Providers and public health experts should  
7       study and learn from Rory’s Regulations to find  
8       ways to end preventable deaths from sepsis on a na-  
9       tional scale.

10 **SEC. 3. SEPSIS PROGRAMS.**

11       Title III of the Public Health Service Act (42 U.S.C.  
12 241 et seq.) is amended by inserting after section 317V  
13 the following:

14 **“SEC. 317W. SEPSIS PROGRAMS.**

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

19           “(1) leading an education campaign on best  
20       practices for addressing sepsis in hospitals, such as  
21       the practices outlined in the Hospital Sepsis Pro-  
22       gram Core Elements set forth by the Centers for  
23       Disease Control and Prevention;

24           “(2) improving data collection on pediatric sep-  
25       sis;

1           “(3) sharing information with the Adminis-  
2           trator of the Centers for Medicare & Medicaid Serv-  
3           ices to inform the development and implementation  
4           of sepsis quality measures to improve outcomes for  
5           patients;

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

14          “(5) facilitating efforts across the Department  
15          of Health and Human Services to develop outcome  
16          measures with respect to sepsis; and

17          “(6) carrying out other activities related to sep-  
18          sis, as the Director determines appropriate.

19          “(b) REPORT ON DEVELOPMENT OF OUTCOME  
20          MEASURES.—Not later than 1 year after the date of en-  
21          actment of the Securing Enhanced Programs, Systems,  
22          and Initiatives for Sepsis Act, the Director shall submit  
23          to the Committee on Health, Education, Labor, and Pen-  
24          sions of the Senate and the Committee on Energy and  
25          Commerce of the House of Representatives a report on

1 the development and implementation of outcome measures  
2 for sepsis, for both adult and pediatric populations, that  
3 take into consideration the social and clinical factors that  
4 affect the likelihood a patient will develop sepsis.

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

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

20 “(2) rates of pediatric sepsis and efforts to re-  
21 duce cases of pediatric sepsis, including how the  
22 Hospital Sepsis Program Core Elements can be ef-  
23 fective at supporting efforts to reduce cases of pedi-  
24 atric sepsis;

1 “(3) the coordination of sepsis reduction efforts  
2 across the Department of Health and Human Serv-  
3 ices;

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

8 “(5) data sharing from the National Healthcare  
9 Safety Network with other agencies and offices of  
10 the Department of Health and Human Services with  
11 respect to sepsis; and

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

15 “(d) HONOR ROLL PROGRAM.—

16 “(1) IN GENERAL.—The Secretary may estab-  
17 lish a voluntary program for recognizing hospitals  
18 that maintain effective sepsis programs or improve  
19 their sepsis programs over time, including in the  
20 areas of early detection, effective treatment, and  
21 overall progress in the reduction of the burden of  
22 sepsis.

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

1                   “(A) solicit applications from hospitals;

2                   and

3                   “(B) establish public benchmarks by which

4                   the Secretary will select hospitals for recogni-

5                   tion under such paragraph, including with re-

6                   spect to each area described in such paragraph.

7           “(e) AUTHORIZATION OF APPROPRIATIONS.—To

8 carry out this section, there are authorized to be appro-

9 priated \$20,000,000 for each of fiscal years 2026 through

10 2030.”.