

First Regular Session of the 121st General Assembly (2019)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2018 Regular and Special Session of the General Assembly.

HOUSE ENROLLED ACT No. 1275

AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 16-21-14 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2019]:

Chapter 14. Sepsis Guidelines

Sec. 1. (a) This section and section 2 of this chapter do not apply to the following:

(1) A hospital that primarily provides inpatient and outpatient services to a pediatric population.

(2) A psychiatric hospital (as defined in IC 12-7-2-151).

(b) Each hospital shall adopt, implement, and periodically update evidence based sepsis guidelines for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock that are based on generally accepted guidelines. The sepsis guidelines must include components specific to the identification, care, and treatment of adults.

Sec. 2. (a) The sepsis guidelines adopted under this chapter shall be provided to the state department upon the state department's request.

(b) A hospital that submits sepsis data as required by the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting program is presumed to meet the sepsis guideline requirements in section 1 of this chapter.

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Sec. 3. (a) As used in this section, "task force" refers to the sepsis treatment guideline task force established under subsection (b).

(b) The sepsis treatment guideline task force is established.

(c) The task force includes the following members appointed by the state health commissioner:

(1) One (1) representative of a hospital who is recommended by the Indiana Hospital Association.

(2) One (1) representative of long term care who is recommended by the Indiana Health Care Association.

(3) One (1) representative of a home health agency who is recommended by the Indiana Association for Home and Hospice Care.

(4) One (1) representative who is an office based physician recommended by the Indiana State Medical Association.

(5) One (1) emergency medical technician.

(6) One (1) school nurse who works at a school (as defined by IC 20-31-2-8).

(7) One (1) emergency room physician.

(8) One (1) physician who specializes in infectious diseases.

(9) One (1) clinical pharmacist.

(10) One (1) representative from a quality and patient safety team who is recommended by the Indiana Hospital Association.

(11) One (1) representative from a family impacted by sepsis.

(12) Any other members who have specialized knowledge or experience that would be valuable to the task force.

(d) The:

(1) president pro tempore of the senate shall appoint a senator; and

(2) speaker of the house of representatives shall appoint a representative;

to serve as nonvoting advisors to the task force.

(e) The state health commissioner or the state health commissioner's designee shall serve as the chair of the task force. The task force shall meet at the call of the chair.

(f) A member of the task force appointed under subsection (c) serves at the pleasure of the state health commissioner.

(g) The task force shall do the following:

(1) Research, identify, and disseminate evidence based sepsis guidelines for long term care, home health, office based physicians, emergency medical technicians, and schools (as



defined by IC 20-31-2-8).

(2) Study and identify evidence based sepsis education and screening standards for the pediatric population.

(3) Study and periodically update evidence based sepsis guidelines for hospitals.

(4) For community based and health care based settings, periodically review and research current national and international best practices including training and public awareness.

(5) Research, identify, and disseminate best practice sepsis education materials for staff working in or with hospitals, long term care, home health, office based physicians, emergency medical technicians, and schools (as defined by IC 20-31-2-8). The task force may recommend an appropriate timeline for staff training under this subdivision.

(6) Research and discuss the appropriate methodology for data measurement, collection analysis, reporting, and dissemination under this section.

The task force's initial work under subdivision (1) must be completed not later than June 30, 2020.

(h) The chair of the task force shall create subcommittees with sepsis expertise in each health care setting when developing guidelines under subsection (g).

Sec. 4. The state department shall prepare a report on the implementation of this chapter and any recommendations before October 1, 2020. The report may include Indiana specific data, trends, conditions, or other clinical factors. The report must be submitted to the general assembly in an electronic format under IC 5-14-6 and be available on the state department's Internet web site. This section expires July 1, 2021.



Speaker of the House of Representatives

President of the Senate

President Pro Tempore

Governor of the State of Indiana

Date: _____ Time: _____

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