

AMENDMENT NO. 2717

At the request of Mr. BROWN, his name was added as a cosponsor of amendment No. 2717 intended to be proposed to S. 4638, a bill to authorize appropriations for fiscal year 2025 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

AMENDMENT NO. 3234

At the request of Mr. WHITEHOUSE, the name of the Senator from Texas (Mr. CORNYN) was added as a cosponsor of amendment No. 3234 intended to be proposed to S. 4638, a bill to authorize appropriations for fiscal year 2025 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SCHUMER (for himself, Ms. COLLINS, and Mr. CASEY):

S. 5026. A bill to establish programs to reduce rates of sepsis; to the Committee on Health, Education, Labor, and Pensions.

Mr. SCHUMER. Madam President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 5026

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Securing Enhanced Programs, Systems, and Initiatives for Sepsis Act” or the “SEPSIS Act”.

SEC. 2. FINDINGS.

Congress finds as follows:

(1) 1,700,000 individuals in the United States are infected by sepsis annually and 350,000 individuals in the United States are killed by sepsis each year.

(2) Sepsis affects different groups of people unevenly, with Black Americans twice as likely to die from it than non-Hispanic white Americans.

(3) Disparities in the incidence and severity of, and mortality attributable to, sepsis persist across race and socioeconomic status.

(4) There is a need for increased Federal investment in research related to sepsis to build on research supported by the National Institutes of Health, including research with a pediatric focus supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

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

(6) Sepsis is one of the most expensive conditions to treat in hospitals in the United States, with high spending compounded by frequent hospital re-admissions, including 1 in 5 patient re-admissions within 30 days of discharge and 1 in 3 patient re-admissions within 180 days of discharge.

(7) According to the Centers for Disease Control and Prevention, 80 percent of sepsis cases begin outside of the hospital.

(8) Most sepsis fatalities are preventable with early recognition, diagnosis, and treatment.

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

(10) Providers and public health experts should study and learn from Rory’s Regulations to find ways to end preventable deaths from sepsis on a national scale.

SEC. 3. SEPSIS PROGRAMS.

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

“SEC. 317W. SEPSIS PROGRAMS.

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

“(1) leading an education campaign on best practices for addressing sepsis in hospitals, such as the practices outlined in the Hospital Sepsis Program Core Elements set forth by the Centers for Disease Control and Prevention;

“(2) improving data collection on pediatric sepsis;

“(3) sharing information with the Administrator of the Centers for Medicare & Medicaid Services to inform the development and implementation of sepsis quality measures to improve outcomes for patients;

“(4) updating data elements with respect to sepsis used by the United States Core Data for Interoperability, in coordination with the heads of other relevant agencies and offices of the Department of Health and Human Services, including the National Coordinator for Health Information Technology, the Director of the Office of Public Health Data, Surveillance, and Technology;

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

“(6) carrying out other activities related to sepsis, as the Director determines appropriate.

“(b) REPORT ON DEVELOPMENT OF OUTCOME MEASURES.—Not later than 1 year after the date of enactment of the Securing Enhanced Programs, Systems, and Initiatives for Sepsis Act, the Director shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the development and implementation of outcome measures for sepsis, for both adult and pediatric populations, that take into consideration the social and clinical factors that affect the likelihood a patient will develop sepsis.

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

“(1) aggregate data on the adoption by hospitals of sepsis best practices, including the Hospital Sepsis Program Core Elements, as reported by hospitals to the Director, using the hospital sepsis program assessment tool of the Centers for Disease Control and Prevention and State sepsis reporting requirements;

“(2) rates of pediatric sepsis and efforts to reduce cases of pediatric sepsis, including how the Hospital Sepsis Program Core Elements can be effective at supporting efforts to reduce cases of pediatric sepsis;

“(3) the coordination of sepsis reduction efforts across the Department of Health and Human Services;

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

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

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

“(d) HONOR ROLL PROGRAM.—

“(1) IN GENERAL.—The Secretary may establish a voluntary program for recognizing hospitals that maintain effective sepsis programs or improve their sepsis programs over time, including in the areas of early detection, effective treatment, and overall progress in the reduction of the burden of sepsis.

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

“(A) solicit applications from hospitals; and

“(B) establish public benchmarks by which the Secretary will select hospitals for recognition under such paragraph, including with respect to each area described in such paragraph.

“(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$20,000,000 for each of fiscal years 2025 through 2029.”.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 808—CONGRATULATING AND EXPRESSING GRATITUDE TO COMMANDER JEREMY ROBERTSON AND THE CREW OF THE USS CARNEY FOR THE EXEMPLARY AND HISTORIC PERFORMANCE DURING THEIR 235-DAY DEPLOYMENT TO THE UNITED STATES NAVAL FORCES EUROPE-AFRICA AND THE UNITED STATES NAVAL FORCES CENTRAL COMMAND

Mr. RUBIO (for himself, Mr. Kaine, Mr. SCOTT of Florida, and Mrs. SHAHEEN) submitted the following resolution; which was referred to the Committee on Armed Services:

S. RES. 808

Whereas the USS Carney (DDG-64), an Arleigh Burke-class guided missile destroyer of the United States Navy, has completed a historic deployment, and its crew has demonstrated exceptional skill and bravery in the interception of missiles and drones, the first time the United States Navy has directly engaged an enemy to such a degree since World War II;

Whereas, during its deployment, the crew of the USS Carney successfully conducted 51 engagements against Houthi-launched weapons, intercepting multiple threats, including cruise missiles, anti-ship ballistic missiles, and unmanned aerial vehicles, showcasing the advanced capabilities and readiness of the United States Navy;