

**Congress of the United States**  
**Washington, DC 20515**

July 23, 2014

Ms. Marilyn Tavenner  
Administrator  
Centers for Medicare and Medicaid Services  
200 Independence Avenue, SW  
Washington DC 20201

Dear Administrator Tavenner:

We thank you for your efforts to improve health care for all, and appreciate your agency's focus on sepsis and septic shock in the Fiscal Year 2015 proposed rule for inpatient hospital payment. Sepsis and septic shock take a tremendous toll on our health care system, the Medicare program, and most importantly, patients and their families. We strongly urge you to lead the charge in preventing and treating sepsis nationwide.

As you surely are aware, sepsis is the 10th leading cause of death in the United States, resulting in over 250,000 deaths each year. It affects over 1.5 million people annually, a number that has risen in recent years, and is the most expensive condition treated in U.S. hospitals. We are glad to see the proposed rule describes in detail the urgency of the situation.

Clearly, there is a critical need to address sepsis and to ensure that evidence-based treatment protocols are used by our nation's health facilities. States like New York have worked at the state level to develop policies that raise greater awareness of sepsis symptoms and treatment among health care providers, and we are pleased that this issue is receiving a more national focus. In particular, we welcome the agency's goal to "support efficient, effective, and timely delivery of high quality sepsis care."

We strongly urge you to continue efforts to put a national spotlight on this public health danger. In addition to the policies proposed in this rule, we believe there are other opportunities for CMS and HHS to take action.

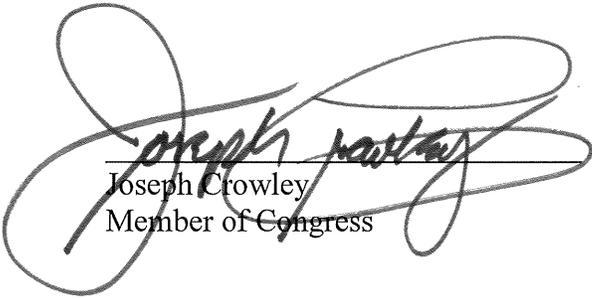
For example, ensuring sepsis treatment protocols are in place for patients of all ages, including pediatric patients, should be a focus going forward. With more than 42,000 cases of severe sepsis in children each year, CMS and HHS can play a key role in prompting hospitals to adopt sepsis prevention and treatment policies that apply to all ages.

We also suggest that greater attention be paid to the post-treatment experience for sepsis patients, as many patients need additional follow-up care or experience lingering health issues. Additionally, we hope you will consider the different needs of patients who acquire sepsis while in the hospital, versus those who present with symptoms at admission, and explore whether these cases need different approaches.

Finally, we urge you to use the public information and research tools at the agency's disposal to improve the way sepsis is addressed throughout the country. A greater awareness among patients and families, physicians and hospital staff is needed to ensure that sepsis is quickly identified and treated. By working with your counterparts at agencies such as the Centers for Disease Control and Prevention and the National Institutes of Health, as well as through innovative initiatives like the Partnership for Patients, your agency can help us fight this terrible disease from every angle.

Even one death from sepsis is one too many. We look forward to working with you to ensure a strong national response to a problem that affects every corner of our country.

Sincerely,



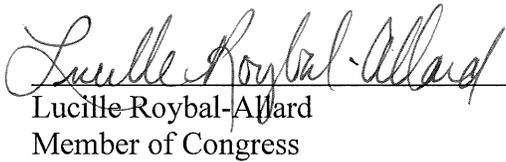
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Joseph Crowley  
Member of Congress



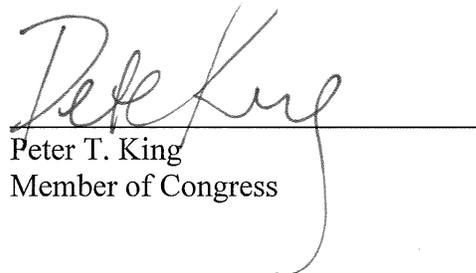
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Marcy Kaptur  
Member of Congress



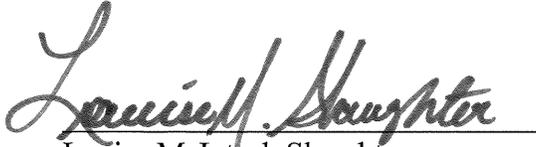
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Lucille Roybal-Allard  
Member of Congress

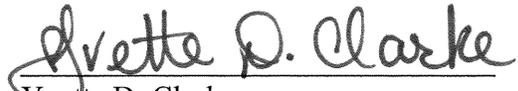


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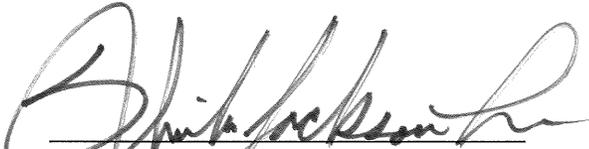
Peter T. King  
Member of Congress



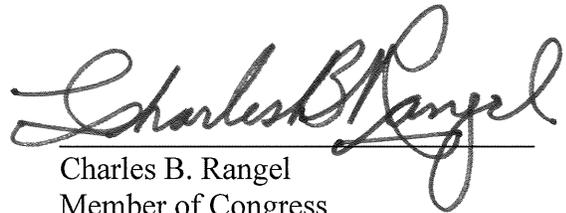
Louise McIntosh Slaughter  
Member of Congress



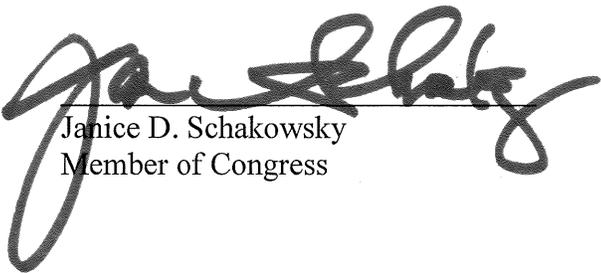
Yvette D. Clarke  
Member of Congress



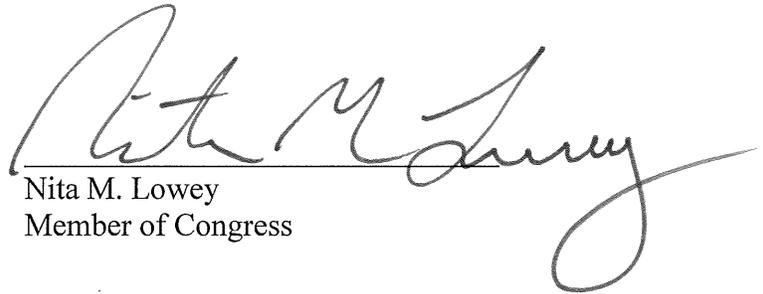
Sheila Jackson Lee  
Member of Congress



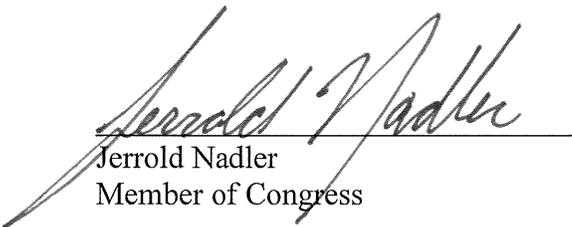
Charles B. Rangel  
Member of Congress



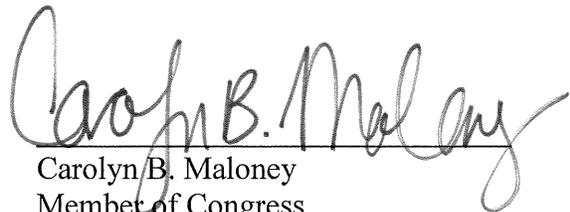
Janice D. Schakowsky  
Member of Congress



Nita M. Lowey  
Member of Congress



Jerrold Nadler  
Member of Congress



Carolyn B. Maloney  
Member of Congress