

**Department of Legislative Services**  
 Maryland General Assembly  
 2021 Session

**FISCAL AND POLICY NOTE**  
**Third Reader - Revised**

Senate Bill 78

(Senator Waldstreicher)

Judicial Proceedings

Judiciary

**Maryland Institute for Emergency Medical Services Systems - Administration of  
 Ketamine - Data Collection**

This bill requires the Maryland Institute for Emergency Medical Services Systems (MIEMSS), by October 1, 2022, and annually through 2024, to collect specified data from State and local emergency medical services (EMS) providers on the administration of ketamine by EMS providers in the prior 12-month period. The data collected may not contain information that reveals the identity of an individual who received a medical treatment using ketamine. By December 1, 2022, and annually through 2024, the Director of MIEMSS must report to the General Assembly on the data collected. **The bill terminates December 31, 2024.**

**Fiscal Summary**

**State Effect:** Maryland Emergency Medical System Operations Fund (MEMSOF) expenditures increase by \$12,500 in FY 2022 for MIEMSS to hire a part-time contractual data analyst to compile and analyze specified data. Future years reflect annualization and termination of the position in FY 2025. MIEMSS can report to the General Assembly with existing budgeted resources. Revenues are not affected.

(in dollars)	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026
Revenues	\$0	\$0	\$0	\$0	\$0
SF Expenditure	12,500	9,000	9,300	4,800	0
Net Effect	(\$12,500)	(\$9,000)	(\$9,300)	(\$4,800)	\$0

*Note: ( ) = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** None.

**Small Business Effect:** None.

## Analysis

**Bill Summary:** The data collected must include the following about ketamine administered to an individual by an EMS provider: (1) whether the administration was directed or requested by a law enforcement officer; (2) the dosage administered; (3) the height, weight, age, gender, and race of each individual, if known; and (4) the diagnosis.

**Current Law:** Under the Maryland Controlled Dangerous Substances Act, there are five schedules for controlled dangerous substances. Schedule III substances have (1) potential for abuse that is less than that for substances in schedules I or II; (2) well documented and approved medical use of the substance in the United States; and (3) evidence that abuse of the substance may lead to moderate or low physical dependence or high psychological dependence. Ketamine, its salts, isomers, and salts of isomers, are included on Schedule III.

**State Expenditures:** MIEMSS advises that the collection of specified data requires the compilation and analysis of prehospital data. The number of prehospital records to be reviewed each year is unknown, but based on 2018 and 2019 data, MIEMSS estimates there will be approximately 1,300 records to review annually.

MEMSOF expenditures increase by \$12,486 in fiscal 2022, which accounts for the bill's October 1, 2021 effective date. This estimate assumes data from the relevant records is provided on an ongoing basis throughout the year (rather than provided at one time each year); thus, it reflects the cost of hiring one part-time contractual data analyst to compile and analyze the data for the required report. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Contractual Position	0.20
Salary and Fringe Benefits	\$7,298
Operating Expenses	<u>5,188</u>
<b>Total FY 2022 State Expenditures</b>	<b>\$12,486</b>

Future year expenditures reflect a full salary with annual increases and employee turnover, ongoing operating expenses, and termination of the contractual position on December 31, 2024.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State's implementation of the federal Patient Protection and Affordable Care Act.

**Additional Comments:** MIEMSS advises that the Maryland Medical Protocol lists four primary indications for EMS administration of ketamine, including moderate to severe

pain, CPR-induced awareness/sedation in preparation for intubation, maintenance of sedation for intubated patients, and excited delirium. MIEMSS further advises that ketamine may be an effective medication for patients with severe agitation, but it must be administered with caution. Its use for anxiolysis or sedation should only be considered for the severely agitated patient who is combative, violent, and represents an immediate danger to self or others. MIEMSS lays out guidance to supplement the current protocol for the use of ketamine, including (1) verbal and other de-escalation techniques should always be attempted before ketamine is administered; (2) known risks must be weighed against potential benefits; (3) EMS may not accept orders or requests from law enforcement officers to administer ketamine; and (4) medical direction must be obtained prior to giving ketamine for severe agitation, unless doing so would present immediate and imminent harm to the patient or EMS clinician.

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### **Additional Information**

**Prior Introductions:** None.

**Designated Cross File:** None.

**Information Source(s):** Maryland Institute for Emergency Medical Services Systems; Anne Arundel, Baltimore, Garrett, Howard, and Montgomery counties; City of Laurel; Department of State Police; Maryland Department of Transportation; Department of Legislative Services

**Fiscal Note History:** First Reader - January 26, 2021  
rh/jc Third Reader - March 31, 2021  
Revised - Amendment(s) - March 31, 2021  
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