

Butsch GA statement on SB78 020121.pdf

Uploaded by: Butsch, Alan

Position: FWA

Mr. Chairman, Senators:

My name is Alan Butsch and I am an Assistant Chief with the Montgomery County Fire & Rescue Service. I am currently assigned as the Section Chief for Emergency Medical and Integrated Health Services. I have been involved with numerous state wide initiatives and am proud to have worked closely with MIEMSS on the development of Mobile Integrated Healthcare in the state, as well as serving on the steering committee for Vision 2030, the new Maryland state EMS Plan.

Today I would like to discuss the administrative aspects of our use of Ketamine as they are relevant to SB078 and leave it to my colleague Chief Kaufman to discuss the clinical aspects.

In 2013, I supervised a QA inquiry into the medical care provided by county EMS clinicians who, along with County Police, responded to a report of severe agitation in a quiet neighborhood in Gaithersburg. Arriving law enforcement officers were met by a naked patient, who was running around the neighborhood, and jumping up on cars. The patient was also picking up heavy objects and throwing them at cars and people. The patient represented a danger to himself and others. It took a number of officers to try to subdue the patient, and the patient went into cardiac arrest simultaneously with the arrival of fire and rescue units. Even though our QA inquiry revealed that our personnel treated the patient according to standards, he was unable to be revived.

This incident led to multiple meetings between us and the county police which resulted in the development of several initiatives intended to prevent other deaths from severe agitation or what was then called "excited delirium". Call takers at our combined communications center were taught several key words that might indicate cases of severe agitation that would require a response from both police and EMS. County police officers went through training to be able to recognize severe agitation, and cases which might require medical care from our paramedics. And since a statewide protocol did not exist at the time, our county Medical Director and EMS leadership developed an interim policy on how to treat severe agitation. I will leave the discussion of the clinical aspects of our evolving treatment to Battalion Chief Kaufman but the point I want to make is that even back in 2013, and even when we were dealing with anti-agitation medications other than Ketamine, in Montgomery County from both the law enforcement and EMS perspective, we were emphatic that these medications were to be used for medical reasons only and not for dealing with unruly residents that simply didn't want to cooperate with law enforcement.

The medical science on agitation has evolved over the past few years, and the consensus among ED physicians and other medical professionals is that Ketamine is the best choice for cases of severe agitation. I have linked [the joint statement from the American College of Emergency Physicians and the American Society of Anesthesiologists](#) in my written statement and I won't reread it here.

Ketamine has been in the statewide Maryland Medical protocol for Paramedics since 2018. Because of medication shortages, Montgomery County was not able to obtain Ketamine in sufficient bulk to carry on all of our units until July of 2020. Before distributing it for use, all of our paramedics went through mandatory training on its uses and safety precautions. We reiterated our stance on uses of anti-agitation medications for non-medical purposes and on accepting direction or suggestions from law enforcement on when to use them. This is part of our statewide protocol for use of the medication. Since instituting the use of Ketamine we have done a quality assurance review of every single usage for severe agitation, usually within 24 hours. We are proud that in a number of cases since July, quick

recognition and action by co-responding EMS and police personnel have resulted in the successful medical treatment of severe agitation cases, with no resultant deaths.

We are aware of the headlines from around the country on the non-medical uses of Ketamine. We believe that this is abhorrent and would not tolerate it in our jurisdiction.

In regards to SB78, we believe that while the intentions behind it are laudable, that the details of the bill need to be somewhat amended. In regards to the material relating to article 3-523; there are law enforcement officers in the state who are also paramedics who use ketamine in the course of their medical duties; the bill needs to include language to allow that. The bill also includes clinical language from our protocols in the section pertaining to article 7-404. Deviations from our protocols are handled through a state-mandated quality assurance process, not by legal proceedings; it is unclear to us what the consequences would be for violations of a protocol that has become a law. We recommend that this language be taken out.

Should the General Assembly decide that this issue needs further study before making a decision, we would be happy to participate in whatever process is devised. We would suggest the following items be included in such a study:

- Whether EMS and law enforcement agencies throughout the state are working together to avoid deaths in patients suffering from severe agitation and have a clear understanding of each other's roles
- What best practices are out there for the early detection of severe agitation by 911 call takers and first responding law enforcement officers
- Whether there is a need for greater accountability/transparency for the use of Ketamine for severe agitation by EMS and if so, what process(es) is needed to assure this.

Thank you for your time today and the opportunity to comment.

SB 78 - MoCo - MCFRS (GA 21).pdf

Uploaded by: Morningstar, Sara

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SB 78

DATE: February 1, 2021

SPONSOR: Senator Waldstreicher

ASSIGNED TO: Judicial Proceedings

CONTACT PERSON: Sara Morningstar (Sara.Morningstar@montgomerycountymd.gov)

POSITION: SUPPORT WITH AMENDMENTS (Montgomery County Fire & Rescue Service)

Public Safety- Law Enforcement and Emergency Medical Services Providers- Administration of Ketamine

Senate Bill 78 prohibits a police officer from administering ketamine to an individual or directing an emergency medical services (EMS) provider to administer the drug to someone. Further, the bill requires that an EMS provider obtain "medical direction" before administering ketamine to a severely agitated individual who is combative or violent unless the patient represents an immediate danger to him or herself or others.

Recent national reports on incidents of police officers (none in Maryland) using ketamine to chemically incapacitate criminal suspects are alarming. With that in mind, the Montgomery County Fire and Rescue Service (MCFRS) supports the goals of this legislation, which they believe are intended to eliminate the potential abuse of detainees and the use of ketamine for non-medical purposes.

Due to its safety and efficacy, ketamine (a dissociative anesthetic) is commonly used by medical practitioners, including EMS providers, to treat pain, to facilitate emergency medical procedures such as intubation or cardiopulmonary resuscitation (CPR), as well as to treat severe agitation. Patients who are reflexively resisting intubation or waking up during CPR are at great risk of harming themselves or impeding effective treatment without the use of an anesthetic. In Maryland, ketamine is used aboard Maryland State Police (MSP) helicopters, which are an important means of hospital access across the State.

The legislation presents two operational challenges identified by MCFRS' Emergency Medical and Integrated Healthcare Services Section. As drafted, SB 78 does not recognize that there are law enforcement officers in the State who are also trained paramedics and who administer ketamine in their course of medical duties. For example, Maryland State Police's (MSP) flight paramedics are also all sworn police officers. Under SB 78, MSP flight paramedics would be prevented from treating patients in accordance with best medical

practices during transport. MCFRS requests that the Committee amend the bill to recognize this distinction among sworn officers.

Further, MCFRS is concerned about the proposed language which codifies existing clinical protocols. There is a defined process for EMS protocols in the State of Maryland to be determined by a standing committee at Maryland Institute for Emergency Medical Services Systems (MIEMSS) and approved by the EMS Board. These protocols represent a consensus among physicians and EMS professionals as to clinical best practices. Following the MIEMSS process is important as evidence-based medicine is constantly evolving. Codifying protocols into law on a selective basis may lead to variances as the protocols change and the law doesn't. Moreover, care variances from the protocol are dealt with through a State-mandated quality assurance process; it is unclear from the proposed bill as to what the penalties would be to an EMS provider who violated this bill. MCFRS request that the Committee adopt an amendment striking that language.

And finally, should the Committee determine that additional study is warranted on the administration of ketamine, MCFRS would suggest an amendment to establish a work group to examine questions that may include:

- How are EMS and law enforcement agencies throughout the State working together to avoid deaths in patients suffering from severe agitation?
- Do EMS and law enforcement agencies have a clear understanding of each other's roles in emergencies when there is a safety concern for all those present?
- Are there best practices for the early detection of severe agitation by 9-1-1 call takers and first responding law enforcement officers?
- Is there a need for greater accountability and transparency for the use of ketamine for severe agitation by EMS, and if so, what process(es) is needed to assure this?

The Montgomery County Fire and Rescue Service appreciates the opportunity to comment on SB 78 and would urge that the Committee adopt a favorable report on the bill, as amended.

SB 78_Law Enforcement and EMS Administration of Ke

Uploaded by: Delbridge, Theodore

Position: UNF



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**Senate Bill 78
Public Safety – Law Enforcement and
Emergency Medical Services Providers – Administration of Ketamine**

MIEMSS Position: Oppose

Bill Summary: SB 78 (1) prohibits a law enforcement officer from administering Ketamine or from directing an EMS provider to administer Ketamine to an individual; and (2) requires an EMS provider to obtain medical direction before administering Ketamine to an individual who is combative, violent and presents an immediate danger to him/herself or others unless obtaining medical direction would cause an immediate and imminent threat of serious harm to the individual or the EMS provider.

Rationale: SB 78 codifies medical practice by placing a specific EMS protocol in statute; disregards the statutory responsibility of the State EMS Board to establish EMS protocols; and erroneously assumes that law enforcement directs EMS care.

- **EMS provides care to emergency patients according to standardized protocols contained in the Maryland Medical Protocols for EMS and through physician medical direction.**
 - **The Maryland State EMS Board is the entity authorized by statute to approve the Maryland Medical Protocols for EMS** that standardize emergency care delivered by EMS. Protocols are developed and recommended for approval by the Protocol Review Committee, which includes physician medical directors from EMS programs throughout Maryland, the Board of Nursing, and others. *See MD Code Ann., Ed Art §13-509 (b)(1)(ii) and COMAR 30.03.05.*
 - **EMS cannot and does not accept direction or take orders from law enforcement officers on any aspect of patient care, including administration of medications, such as Ketamine.** EMS Clinicians must follow the Maryland Medical Protocols for EMS and accept medical direction regarding patient treatment from **physicians only**.
- **The State EMS Board approved Ketamine for inclusion as an advanced life support (ALS) medication effective July 1, 2018 for:** (1) moderate to severe pain; (2) CPR-induced awareness/sedation in preparation for intubation; (3) maintenance of sedation for intubated patients; and (4) excited delirium. Ketamine is a sedative medication with rapid onset and less of a depressant effect on blood pressure and airway reflexes than other medications. It is a non-opioid alternative to fentanyl and morphine for the treatment of moderate to severe pain. Ketamine was administered during 2,570 patient encounters from July 1 2018 – June 30 2020.
- **MIEMSS, along with EMS medical directors in each jurisdiction, coordinates and monitors implementation and use of EMS protocols.** MIEMSS issued a Ketamine update in August 2020 specifying that online 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.
- Maryland State Police (MSP) Aviation Command Paramedics, who are assigned to the MSP Medevac program, are Maryland-licensed EMS Clinicians authorized to administer medications when needed, including Ketamine, before and during helicopter transport.

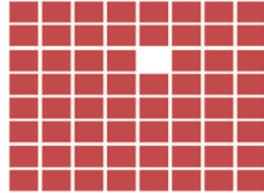
MIEMSS Opposes SB 78 and Urges an Unfavorable Report

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Uploaded by: Kauffman, Danna

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Maryland Chapter AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

TO: The Honorable William C. Smith, Jr., Chair
Members, Senate Judicial Proceedings Committee
The Honorable Jeff Waldstreicher

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise

DATE: February 3, 2021

RE: **OPPOSE** – Senate Bill 78 – *Public Safety – Law Enforcement – Emergency Medical Services Providers – Administration of Ketamine*

The Maryland Chapter of the American College of Emergency Physicians (MDACEP) which represents the interests of emergency physicians and their patients throughout the State of Maryland **opposes** Senate Bill 78. This bill has two provisions. First, it prohibits a law enforcement officer from administering ketamine to an individual or directing an emergency medical services provider to administer ketamine. Second, it authorizes an emergency medical services provider to administer ketamine to a severely agitated individual who is combative and violent and who represents an immediate danger to the individual or others when there is medical direction from a physician and when there is not.

In August 2020, the Maryland Institute for Emergency Medical Services System (MIEMSS) issued a memo to EMS Clinicians and Medical Directors on the use of ketamine for severe agitation. Not only did the memo state the circumstances when ketamine may be administered, but it also provided guidance on de-escalation techniques, transport, monitoring and subsequent review when ketamine is used. Senate Bill 78 seeks to codify the administration guidance of the memo. MDACEP does not support codifying clinical guidelines and/or protocols given that it removes the flexibility that is necessary to adjust the guidelines and/or protocols. It is also important to point out that ketamine has been used for patients with severe agitation during air transport. Under this situation, the EMS clinician is also a law enforcement officer under the Maryland State Police Aviation Command. Under the bill, this sets up the situation that ketamine would never be authorized in air transport given the prohibition on a law enforcement officer being able to administer it, creating a safety hazard for both the patient and the crew on board.

Therefore, given the fact that this issue has already been addressed by MIEMSS, we do not find a need for Senate Bill 78 and, in fact, believe that it could be detrimental to patients by removing the flexibility to adapt to changing circumstances when necessary. We urge an unfavorable vote.

For more information call:

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