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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.

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