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.