State of Maryland

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Delegate Luke Clippinger
Chair, Judiciary Committee
House Office Building, Room 101
Annapolis, Maryland 21401

Re: SB 0078 – Maryland Institute for Emergency Services Systems-Administration of Ketamine-Data Collection – Letter of Information

Dear Chair Clippinger,

I would like to provide you and the members of the Judiciary Committee information that you might find helpful as you consider SB 0078. As amended in the Senate, SB 78 requires the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to collect and report certain data on the administration of ketamine to individuals by Emergency Medical Services (EMS) clinicians.

As you know, MIEMSS is an independent state agency responsible for the coordination of emergency medical services in Maryland. MIEMSS is governed by the State EMS Board comprised of members appointed by the Governor. The 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*.

The State EMS Board approved Ketamine for inclusion as an advanced life support 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 and is a non-opioid alternative to fentanyl and morphine for the treatment of moderate to severe pain. EMS clinicians must obtain online medical direction from a physician prior to giving ketamine for severe agitation unless doing so would present immediate and imminent harm to the patient or EMS.

Submission of the reports contemplated under SB 78 will require compilation and analysis of prehospital data by a data analyst, as well as review of the compiled data by the State EMS Medical Director, and further review and analysis, where necessary, of the prehospital data "notes" on patient condition written by the EMS clinician. The number of prehospital records to be reviewed each year is unknown, but based on 2018 and 2019 data, is anticipated to be about 1300 annually.

I hope you will find this information useful as you consider SB 78. Please feel free to contact me if I can be of assistance.

Sincerely,

Theodore R. Delbridge, MD, MPH
Executive Director, MIEMSS