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Suite 900  
Washington, D.C. 20024

November 23, 2020

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Drug Enforcement Administration

Attn: DEA Federal Register Representative/DPW

8701 Morrisette Drive

Springfield, Virginia 22152-2639

**Re: Docket No. DEA-377 Registering Emergency Medical Services Agencies Under the Protecting Patient Access to Emergency Medications Act of 2017**

On behalf of the American Psychiatric Association (APA), the national medical specialty society representing 38,800 physicians specializing in psychiatry, we appreciate the opportunity to comment on the proposed rule to register emergency medical services agencies under the Protecting Patient Access to Emergency Medications Act of 2017. While we understand the need for flexibility to allow emergency medical technicians (EMTs) to deliver necessary and timely controlled substances to patients, we are concerned about any expanded use of certain controlled substances in out-of-hospital contexts without physician oversight and approvals, including ketamine (an FDA-approved medication for anesthesia). Use of ketamine, for example, by EMTs to rapidly sedate individuals outside the hospital environment carries significantly heightened risks, including respiratory suppression. Supporting respiration may be challenging outside of a hospital setting, where it may require intensive medical oversight or involvement.

APA is particularly concerned about the use of ketamine with individuals solely for the purposes of sedating them when being detained by the police and described as having "excited delirium." We urge that if this rule is finalized, that mechanisms, such as an annual report are implemented to track and monitor the use of certain controlled substances, including ketamine and other sedating medications. Specifically, the standing orders established in all jurisdictions must include clear, evidence-based protocols for the administration of the permitted controlled substances, and any exceptions to such protocols must require review and approval through a verbal or other direct order for the particular situation from a supervising physician. The protocols should allow use of these medications only for treatment purposes in medically appropriate situations and should explicitly bar their use to achieve incapacitation solely for law enforcement purposes.

Thank you for soliciting input on this important issue. We look forward to continued collaboration with the Drug Enforcement Administration. If you have any further

questions, please contact Alexis Victor, Manager of Practice Management Systems Delivery Policy at [avictor@psych.org](mailto:avictor@psych.org).

Sincerely,

A handwritten signature in black ink that reads "Saul Levin, MD, MPA". The signature is written in a cursive style and is positioned above a white rectangular box.

Saul Levin, MD, MPA, FRCP-E, FRCPsych  
CEO and Medical Director