

Public Health Committee, public hearing, March 15, 2013

Raised Bill No. 6522,

An Act Concerning the Availability and Use of Certain Devices to Administer Antiepileptic Medication

Testimony from

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Madame Chair Johnson, Madame Chair Gerratana, and members of the Committee,

My name is Carin Van Gelder.

I am a physician, board certified in Emergency Medicine, and one of a handful of physicians in Connecticut who has completed fellowship training in EMS (out-of-hospital medicine, or emergency medical services).

I am providing testimony **OPPOSING** bill #6522, An Act Concerning the Availability and Use of Certain Devices to Administer Antiepileptic Medication, on behalf of the Connecticut chapter of the American College of Emergency Physicians (CCEP) and the Connecticut EMS Medical Advisory Committee.

Seizures, specifically grand mal seizures, can be a terrifying event to watch. They are unpredictable. Patients who suffer from seizures usually function independently and have rare seizures. But many can have frequent seizures; some with frequent grand mal seizures are completely debilitated as a result. Unfortunately, many etiologies can reduce the threshold for seizures, increasing their frequency and/or severity. Finally, even by the time a companion WITH the patient is able to give benzodiazepines (first line of treatment for seizures), the seizure is usually over.

It is crucial to note that most seizures are not grand mal seizures... however, those are usually the reason 911 is called in the first place. *Note also that sometimes what appears to be a seizure actually is not...* recent medical literature reveals that particular cardiac arrhythmias result in decreased perfusion to the brain. Often the patient appears to be seizing, and may even have a family history of seizures. Subsequent analysis has shown that sometimes this family history reveals probable dysrhythmias (resulting in sudden cardiac death).

Different dosages of medications are important for patient safety and efficacy; these are based on weight, age, clinical condition, other medications, and past medical history. Benzodiazepines are

a controlled drug, requiring extensive documentation and care in dispensation for patient safety and provider protection. These require physician medical oversight in order to be used. For all of these reasons, it is irresponsible to suggest that simply mandating plentiful controlled substances in all EMS vehicles, and across all health care settings, will help even a few patients. Worse, bill # 6522 may cause harm to patients, increase provider liability significantly, occur without adequate physician oversight, and increase theft and injuries at storage locations.

Provision of EMS in Connecticut is designed to minimize first responder response time, and maximize quality patient safety and care. There is structure for training and administration of benzodiazepines for seizures. Like other bills opposed by CEMSMAC and CCEP today, little thought or even recognition of relevant current processes took place. We oppose bill #6522, and are happy to help with solutions once problems are identified and clarified.

Thank you for your time today.

Carin M. Van Gelder, MD