Plains to Peaks
Emergency Medical & Trauma Service Region
A Cooperative Partnership of Emergency Medical and Trauma Service Providers Serving Cheyenne, El Paso, Kit Carson, Lincoln, and Teller Counties, Colorado

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House Bill 24-1103 - Concerning prohibitions on the official use of the term "excited delirium"

Response from the medical community:

Bill Summary:

The bill prohibits training for law enforcement personnel, emergency medical service providers or other first responders from including the term "excited delirium". A peace officer is prohibited from using the term "excited delirium" to describe a person in an incident report. A coroner or other person authorized to determine a cause of death shall not register "excited delirium" as the cause of death on a death certificate.

Position on the bill:

Oppose as written or **amend with support** as follows:

Colorado's Emergency Physicians and Emergency Medical Services stakeholders have eradicated the phrase "excited delirium" in the medical management of patients experiencing agitation in Colorado and we agree with the bill summary in concept as above. However, we cannot support the expanded definition of "excited delirium" for the reasons detailed below.

We would fully support HB 24-1103 with amended language incorporating the following strikethroughs in blue regarding the expanded definition of "excited delirium" on page 3, lines 2-9 of Section 1; page 3, lines 5-12 of Section 2; and page 4, lines 25-27 and page 5, lines 1-5 of Section 3.

"FOR PURPOSES OF THIS SECTION, "EXCITED DELIRIUM" MEANS A TERM USED TO DESCRIBE A PERSON'S STATE OF AGITATION, EXCITABILITY, PARANOIA, EXTREME AGGRESSION, PHYSICAL VIOLENCE, AND APPARENT IMMUNITY TO PAIN THAT ~~IS NOT LISTED IN THE MOST RECENT VERSION OF THE DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS. "EXCITED DELIRIUM"~~ ALSO INCLUDES EXCITED DELIRIUM SYNDROME, ~~HYPERACTIVE DELIRIUM~~, AGITATED DELIRIUM, AND EXHAUSTIVE MANIA."

Position rationale summary:

- Colorado's EMS medical community has effectively removed the phrase "excited delirium" from clinical practice. The absence of this term from Colorado death records since 2019 and its statewide exclusion from EMS protocols and EMS provider primary assessments underscore this achievement.

- Much of the work done over the last 2 years by EMS clinicians to restructure training and protocols to fortify best practices for patients experiencing behavioral crises was done in cooperation with HB-21-1251 and the Ketamine Investigatory Review Panel (KIRP), demonstrating that the medical community is responsive to the requests of these feats. However, the fact remains that there are critically ill patients suffering from behavioral and metabolic emergencies for which we must be able to provide a safe and effective framework of care.

- Mandating the Diagnostic and Statistical Manual of Mental Disorders (DSM) as a reference in emergency medical services (EMS) is problematic. The DSM is a reference guide to a speciality completely outside EMS and is exclusionary to those who do not directly practice psychiatry. The DSM is not traditionally included in EMS curricula, and such a requirement would place an undue financial burden on an already financially stretched EMS infrastructure in Colorado. The cost of providing the DSM for reference purposes would be considerable, potentially diverting critical funds away from patient care and other essential resources.

- Beyond its non-application to EMS, the DSM has also been a subject of debate within the psychology and mental health fields. Notably, upon the release of the DSM-5, the director of the National Institute of Mental Health critiqued it for having "reliability" without sufficient "validity," questioning its effectiveness as a diagnostic tool.***[1]***

- While we do not endorse the compulsory use of the DSM in EMS and Emergency Medicine given its primary intent for psychiatry and research, the inclusion of "hyperactive delirium" within the DSM further complicates the implementation of the proposed legislation. This term's presence in the DSM leads to inconsistencies with the bill's broadened definition of "excited delirium," thereby creating confusion in clinical application.

- "Hyperactive Delirium" is a term supported by the American College of Emergency Physicians (ACEP), the largest emergency medicine physician organization in the country representing over 38,000 emergency clinicians. ACEP just recently reaffirmed use of this term in October of 2023 for a subset of patients experiencing severe agitation. Prohibiting the use of this term as in the bill's language directly contradicts best practices of EMS medical directors, emergency physicians, and a multi-specialty review panel of clinicians in the 132 page ACEP task force report on "hyperactive delirium with severe agitation in emergency settings".***[2]***

- The term "hyperactive delirium" is a distinct clinical syndrome and does not replace "excited delirium."

[1] J Med Ethics. 2014 Aug; 40(8): 521–525.Published online 2013 Dec 10. Doi: 10.1136/medethics-2013-101762
[2] ACEP Task Force Report on Hyperactive Delirium with Severe Agitation in Emergency Settings.
[3] Ketamine Investigatory Review Panel Report
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Rationale to oppose or amend with support:

Excited delirium is a controversial term that has been used to characterize a patient's condition as being in a state of severe agitation and delirium. Excited delirium has been uniformly rejected by the medical community, including the American Medical Association in 2021 and the American College of Emergency Physicians (ACEP) in 2023. As a result, excited delirium is no longer used as a clinical diagnosis or basis for clinical decision making. Furthermore, "excited delirium" or "excited delirium syndrome" has not been used as the cause of death in Colorado coroner reports on death certificates since 2019.

There have been many efforts in Colorado over the last several years to remove the use of "excited delirium" or "excited delirium syndrome" from EMS clinical practice. Since the passage of HB 21-1251 on the appropriate use of chemical restraints on a person and the multi-specialty Ketamine Investigatory Review Panel (KIRP) Report ***[3]*** in 2021, EMS providers and physicians have recognized that the term "excited delirium" or "excited delirium syndrome" should no longer be used as these terms lend themselves to discriminatory practices and can result in systemic bias against communities of color. Through these two efforts in 2021, the terms "excited delirium" and "excited delirium syndrome" were eradicated from EMS clinical protocols by EMS medical directors and clinical educators. Additionally, the Colorado Department of Public Health and Environment (CDPHE) removed the authorization of the use of ketamine for these terms. In fact, Colorado is currently one of the only states in the country that does not authorize the use of ketamine for treatment of behavioral management of patients and actively discourages use of "excited delirium" or "excited delirium syndrome" in the EMS community. In these regards, Colorado remains one of the most progressive and regulated states in this area of EMS clinical practice in the country.

Even though the medical community in Colorado is currently not using "excited delirium" or "excited delirium syndrome" as a clinical diagnosis as outlined above, HB24-1103 mandates reference to the Diagnostic and Statistical Manual (DSM) of Mental Disorders, a manual that is primarily used by clinical psychiatrists and researchers for diagnosing and classifying mental disorders. This manual is not focused on the medical practice of emergency medicine physicians or EMS clinicians practicing in the prehospital environment and it often recommends the utilization of diagnostic labs, genetic testing, and extensive family history which are not readily available in the field. Additionally, the DSM has been fraught with controversy over

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the years with using terms such as "hysteria," "homosexuality," and "gender identity disorder," among many other harmful terms as mental disorders and has historically utilized many diagnostic terms that have lacked scientific basis and led to cultural bias. The referenced language and antiquated nature of the DSM is troubling and conflicts with many efforts in the medical community to utilize more culturally appropriate terms in patient encounters. As there have only been 5 revisions in the 70-year history of the textbook, the DSM updates do not occur in a timely manner and cannot keep up with the evolving nature of clinical emergency medicine; this can lead to use of antiquated terms and confusion to current evidence-based medical practice.

Furthermore, mandating the use of the DSM creates an undue and non-reimbursable financial burden which must be borne by the already under-resourced EMS community. To require that all EMS providers make medical assessments and use terms based on the DSM, EMS providers, EMS medical directors, and EMS educators would need access to this proprietary textbook published by the American Psychiatry Association that is not available to the public. The most recent edition, the DSM-5-TR™, comes at a cost of $160 or more per copy; considering that there are over 20,000 certified or licensed EMS providers, EMS medical directors, and EMS educators in Colorado, the legislature would need to be prepared to appropriate approximately $4 million to support compliance with this mandate.

Hyperactive delirium. The bill's prohibition of the term "hyperactive delirium" in HB 24-1103 is in direct conflict with the leading EMS and emergency medicine physician authorities in our country. The American College of Emergency Physicians (ACEP) represents more than 38,000 emergency physicians, emergency medicine residents and medical students. ACEP promotes the highest quality of emergency care and is the leading advocate for emergency physicians,their patients, and the public. The ACEP 2021 task force report on hyperactive delirium was reviewed recently, and , on October 8, 2023 ***[4]***, ACEP reaffirmed that "hyperactive delirium" is the terminology that should be used in describing patients meeting certain clinical syndromes of severe agitation.

Creating further confusion for EMS clinicians to reference the DSM and use the terms in this textbook, the term "hyperactive delirium" is clearly described and listed directly in the textbook. However, the bill directly calls out "hyperactive delirium" as a term that cannot be used, which is self-contradictory and creates confusion for the EMS provider challenged to make medical decisions limited to terms in a textbook written for another field of medicine. Confusion can lead to indecision and indecision

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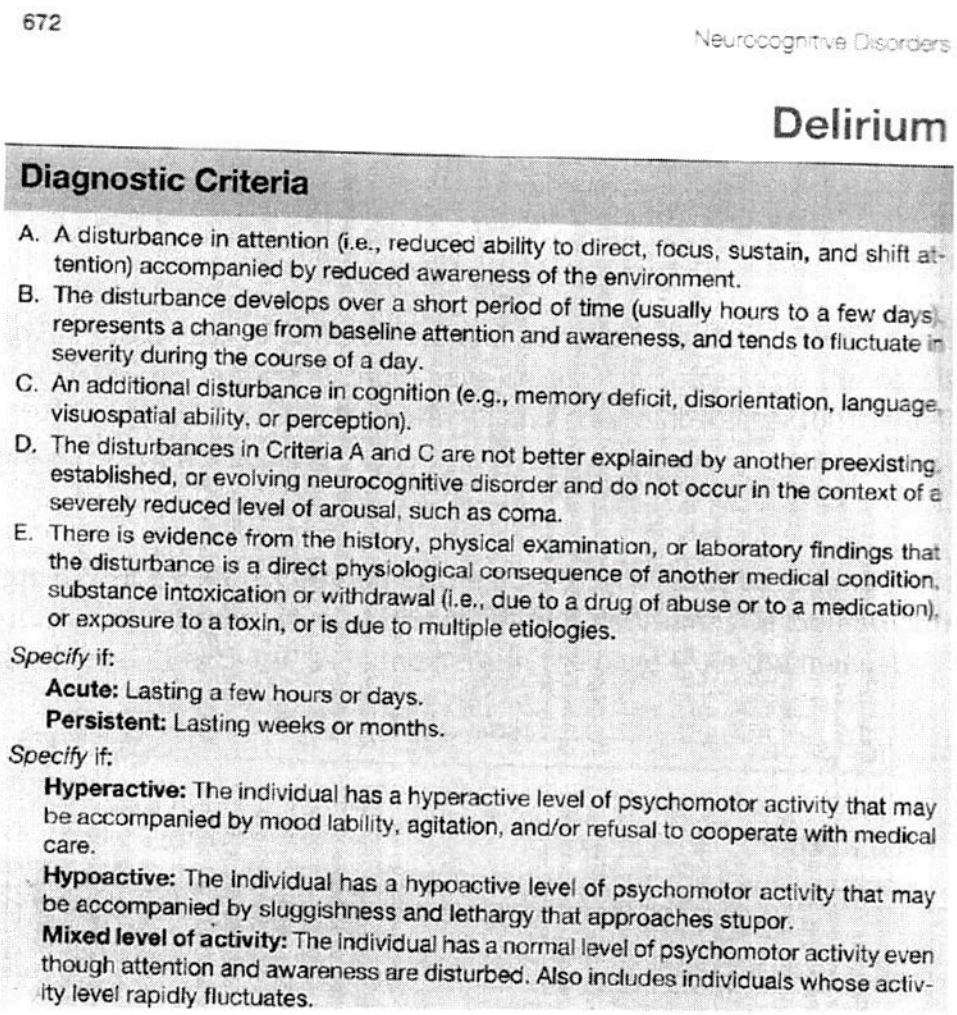
can lead to delays in patient care and adverse outcomes. These conflicts and inconsistencies in the bill could have devastating effects on the consistency of safe clinical medical practice for patients and create obstacles for the definitive medical care our patients deserve.

Page 672 of the latest edition of the DSM-5-TR™ reads as follows - in diagnostic criteria for delirium, it must be specified if delirium is "Hyperactive, Hypoactive, or Mixed level of activity" as found here in the page from the manual:



672 Neurocognitive Disorders

Delirium

Diagnostic Criteria

A. A disturbance in attention (i.e., reduced ability to direct, focus, sustain, and shift attention) accompanied by reduced awareness of the environment.

B. The disturbance develops over a short period of time (usually hours to a few days), represents a change from baseline attention and awareness, and tends to fluctuate in severity during the course of a day.

C. An additional disturbance in cognition (e.g., memory deficit, disorientation, language, visuospatial ability, or perception).

D. The disturbances in Criteria A and C are not better explained by another preexisting, established, or evolving neurocognitive disorder and do not occur in the context of a severely reduced level of arousal, such as coma.

E. There is evidence from the history, physical examination, or laboratory findings that the disturbance is a direct physiological consequence of another medical condition, substance intoxication or withdrawal (i.e., due to a drug of abuse or to a medication), or exposure to a toxin, or is due to multiple etiologies.

Specify if:

Acute: Lasting a few hours or days.

Persistent: Lasting weeks or months.

Specify if:

Hyperactive: The individual has a hyperactive level of psychomotor activity that may be accompanied by mood lability, agitation, and/or refusal to cooperate with medical care.

Hypoactive: The individual has a hypoactive level of psychomotor activity that may be accompanied by sluggishness and lethargy that approaches stupor.

Mixed level of activity: The individual has a normal level of psychomotor activity even though attention and awareness are disturbed. Also includes individuals whose activity level rapidly fluctuates.

For example, simple terms such as “mild agitation,” "severe agitation," "combative behavior," "violent behavior," "asphyxia" (lack of oxygen from not breathing), “cardiac arrest,” and “hypoglycemia” (one of several diabetic emergencies causing severe agitation up to coma) are not listed as terms in the DSM and thus technically would

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not be allowed in training, education, or protocols for agitated patients described in this section if the expanded definition of "excited delirium" is not revised. Confusion around using terminology in the DSM to train has significant safety concerns for patients, providers, and the public; does not follow patient centered and trauma informed care; and creates significant communication and treatment obstacles for necessary medical care of patients experiencing various medically-induced behavioral crises. We would anticipate that patient adverse outcomes and unnecessary deaths would occur as a result of the bill language definition of "excited delirium" – this goes against the spirit of the bill to protect vulnerable patients, improve outcomes, and save lives.

Also, as law enforcement officers don't function as medical providers and shouldn't use medical diagnosis terms, they likewise shouldn't be mandated to use or reference terminology in the DSM textbook.

To preserve the spirit of the bill in removing excited delirium from medical diagnosis and to protect the best interests of our patients experiencing behavioral emergencies in Colorado, to maintain a safe environment to practice for our patients and providers, to reinforce the application of best practices and clinical guidance of medical practice in Emergency Medicine, and to lessen the detrimental fiscal, clinical, and cultural impact of the mandated use of the controversial Diagnostic Statistical Manual of Mental Disorders (DSM), we again recommend adoption of the following strikethroughs in the expanded definition of "excited delirium" in the bill on page 3, lines 2-9 of Section 1; page 3, lines 5-12 of Section 2; and page 4, lines 25-27 and page 5, lines 1-5 of Section 3.

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