



What does the *Protecting Patient Access to Emergency Medication Act of 2016* Mean for Emergency Medical Services and EMSC?

Courtesy of the EIIC Advocacy Domain and The Center for Child Health Policy and Advocacy

Background

At the time of its enactment, the *Controlled Substance Act of 1970* provided regulations to safeguard against the illegal and illegitimate use and distribution of controlled substances. The language of the act, however, does not take into consideration the role of EMS in the timely delivery of medically necessary life-saving medications in the pre-hospital environment. The Drug Enforcement Agency interpretation of the law mandates that “the dispensing of a controlled substance must be patient and issue specific” and that EMS practitioners’ distribution of controlled substances under standing orders “would therefore not be valid”. The proposed bill *Protecting Patient Access to Emergency Medications Act of 2016* (designated as HR 4365 in Congress and S 2932 in the Senate) would amend and provide clarification for the Controlled Substance Act as it relates to the provision of emergency medical services.

Impact & Policy Implications of Legislation

As it stands, the DEA strict interpretation and enforcement of the *Controlled Substance Act of 1970* invalidates standing orders for unspecified patients or non-

patient specific issues. It disallows the current practice of standing order usage by EMS practitioner to administer time-sensitive medications that fall under schedule II-V controlled substance classification. If passed, this bill would amend the *Controlled Substance Act of 1970* to allow policy to reflect current practice.



Key policy changes include:

- EMS agency registration rather than individual practitioner or medical director
- Requiring agency oversight to be provided by one or more medical director
- Grant EMS practitioner of registered agencies the ability to administer controlled substance in schedule II - V for emergency medical service under standing orders issued by agency’s medical director(s).

The full house bill is available online (<https://www.congress.gov/bill/114th-congress/house-bill/4365>)

EMS practitioners provide critical time-sensitive care in the pre-hospital envi-

ronment. The ability to quickly administer medically necessary controlled substances is prohibited under the *Controlled Substance Act of 1970*. In the EMS environment time is of the essence. The *Protecting Patient Access to Emergency Medication Act 2016* would provide clarity regarding standing orders, allow EMS practitioners to continue to administer medically necessary controlled substances in the pre-hospital EMS environment, and protect patient access to timely life-saving medication.

EMS Compass Testing Evidence-Based EMS Quality Measures

One of the EIIC’s collaborating organizations, the National Association of State EMS Officials (NASEMSO), through funding from the National Highway Traffic Safety Administration (NHTSA), is leading the EMS Compass (<http://emsscompass.org>) initiative. EMS Compass is focused on engaging local, state, and national stakeholders to develop and test evidence-based, EMS-relevant measures to improve quality of care and to develop a system to support continuous updates to the measures, using data elements from the National EMS Information System (NEMSIS) version 3 when possible.

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Welcome to the EMSC

Utah — EMSC Coordinator Allan Liu, MBA. He can be reached via aliu@utah.gov or (801) 273-6664.

Nevada — EMSC Coordinator Mark Conklin. He can be reached via mconklin@health.nv.gov or (775) 687-7590.

Texas — EMSC Coordinator Joe Santos, MPH, NREMT. He can be reached via joseph.santos@bcm.edu or (832) 824-3672.

Delaware — EMSC Coordinator Crystal Mallory. She can be reached via Crystal.Mallory@state.de.us.

Welcome to the EIIC

Diaa Alqusairi, PhD— EIIC Project Specialist for Disaster Planning, Pre-Hospital and Research. He can be reached via diaa.alqusairi@bcm.edu or (832) 824-6553.

Call for Abstracts

- **International Meeting on Indigenous Child Health (IMICH)** focuses on innovative clinical care models and community-based public health approaches for children and youth in First Nations, Inuit, Métis, American Indian, Alaska Native and other Indigenous communities around the world. Cohosted by AAP and CPS. [Submit abstracts](#) by 9 pm ET, Nov 3, 2016.

Save the Dates!

- ⇒ **Advanced Pediatric Life Support: The Pediatric Emergency Medicine Course** will be held in conjunction with the 2016 American Academy of Pediatrics National Conference and Exhibition in San Francisco on Saturday, October 22, 2016. To register [click here](#). Questions? Contact apls@aap.org.
- ⇒ **National EMS Advisory Council (NEMSAC)** meeting on Dec 1-2, 2016 in Washington, DC. *Public comment periods* are scheduled at every meeting, and many new advisories will be discussed. More information and final meeting location will be available at <http://www.ems.gov/nemsac-meetings.html>
- ⇒ The **Annual Midyear Atlantic EMSC Meeting** is in Washington DC on December 5, 2016. A conference line will be available for those not able to be present. Contact [Cyndy Wright](#) for more information.
- ⇒ **National Healthcare Coalition Preparedness Conference** will be in Washington DC December 13 & 14, 2016. Registration information can be found on the [web](#).

We need your help! To ensure that we do a good job of visually disseminating activities of all EMSC Grantees, we need your help. Please send us photos that we are freely available to use in this newsletter showing the entire continuum of care (disaster prep, prehospital, etc.)

EMS Compass *(Continued from page 1)*

Initial measures focused on hypoglycemia, seizure, and stroke. [Candidate measures currently under consideration](#) focus on cardiopulmonary resuscitation, medication errors, pediatric respiratory distress, ST elevation myocardial infarctions, trauma, traumatic pain, and vehicle safety. At a recent EMS Compass meeting in Albuquerque, the Steering Committee approved the following pediatric-specific measures:

- The frequency that weight or length-based estimates of weight are documented in kilograms in the patient care record
- Documentation that a respiratory assessment (oxygen saturation and respiratory rate) occurred

The EMS Compass Steering Committee (<http://emscompass.org/about-ems-compass/leadership/>) has two members with pediatric expertise: Dr. Brian Moore, a pediatric emergency physician and former State of New Mexico EMS Medical Director, and James Richardson, a paramedic and educator at Children's Hospital of Colorado. In addition, many of the workgroups have pediatric experts. The workgroups include project execution, measurement design, technology development, stakeholder communication, and evidence review.

Though many of the current measures currently being considered focus on clinical conditions, EMS Compass will also focus on developing standardized performance measures for non-clinical areas as well. EMS Compass periodically requests stakeholder feedback either online via its website or in person at its Steering Committee meetings in order to include the EMS community in the process of metric development and consideration. *Providing feedback through public comment opportunities is an important way that stakeholders in pediatric prehospital care can ensure that the needs of children are integrating into the evolving EMS system on a national level.*