A Brief History of EMS and Controlled Substances

2019 NASCSA Conference
October 21-24

Patrick Lickiss, Nat’l Director, Controlled Substance Programs
Joseph Santiago, Manager, Clinical Compliance
EMS – The Basics
From Funeral Home to Medical Practice

- 1950’s – Funeral homes, hospitals and tow companies
- 1966 – *Accidental Death and Disability* (National Academy of Sciences)
Ground EMS

★ First response vs. transport
★ 911 vs. IFT
★ ALS vs. BLS
  ▶ Staffing configurations
  ▶ General scope of practice
★ Other services
First Response vs. Transport
ALS vs. BLS

- Staffing configurations
- Scope of practice
- Call types
Other Services
Air Medical

- High Patient Acuity
- Unique CS Deployment
- Higher CS use per patient
Global Medical Response

- An industry leading medical transportation company, GMR was formed by combining industry leaders in air, ground, managed medical transportation, and community, industrial/specialty and wildland fire services. Each of our companies have long histories of proudly serving the communities where we live: AMR, Rural Metro Fire, and Air Evac Lifeteam, REACH Air, Med-Trans Corporation, AirMed International, AirMedCare Network and Guardian Flight.

- A large medical transportation focusing on intimate and high-service solutions at a local level.

4.9 MILLION
NUMBER OF PATIENTS TRANSPORTED LAST YEAR

35,000+
CLINICIANS & SUPPORT PERSONNEL

4000 COMMUNITIES
340 AIR BASE LOCATIONS
56 COMMUNICATION CENTERS
81 FIRE STATIONS

6,922 GROUND VEHICLES
113 FIRE VEHICLES
314 ROTOR-WING AIRCRAFT
171 FIXED-WING AIRCRAFT
EMS – Variation Across the Country
How EMS Handles Controlled Substances

- Operated as an independent practice location
  - Should/must coincide with HQ/storage location
- Ordered through distributor or health system pharmacy
  - 222 vs. CSOS
- Bulk stock, restock, crew carry kits
- CS administered under standing orders
- Pharmaceutical waste
- Expired/unwanted medications
Boards of Pharmacy Variability

- Interstate Operations
- MLP vs. Practitioner
- Separate CSR Registration
- Consulting Pharmacist
Interstate Operations
MLP Option?
Consulting Pharmacist Required?
Difficulties in EMS

- Which location to register?
  - Stored CS vs. Deployed CS
- Standing orders
- Medication shortages
  - Limits on scope of practice for substitute medications
- Interstate and disaster operations
PPAEMA

- HR 304 – Protecting Patient Access to Emergency Medications Act of 2017
  - Meant to authorize standing orders
  - Shifts DEA registration to the agency
  - Allows designation of additional albeit unregistered storage locations
- Signed and became law 11/17/2017
- Rule promulgation status
What Can the States Do To Help?

- Align with DEA rules (to the extent possible)
- Drive EMS agencies towards self-supply
- Review state regulations regularly
- Cooperate with Health and Human Services for EMS data and access
- Allow for flexibility in scope of practice (alternative treatments)
Next Steps

- You are an important partner to EMS
- Your local/state agencies would love to have you at the table
- Understand how state rules & statutes impact health systems if they are required to supply CS to EMS
- As we move to becoming a HRO we need Board of Pharmacy input
Questions?

Patrick Lickiss – Patrick.Lickiss@amr.net

Joseph P. Santiago - Joseph.Santiago@med-trans.net