



Energy & Commerce Committee

Subcommittee on Health

United States House of Representatives

Rep. Joseph R. Pitts, Chairman

Rep. Gene Green, Ranking Member

Hearing on

H.R. 4365, Protecting Patient Access to Emergency Medications Act of 2016

June 24, 2016

The National Association of Emergency Medical Technicians (NAEMT) was formed in 1975 and represents more than 57,000 members. NAEMT is the nation's only organization solely dedicated to representing the professional interests of all EMS practitioners, including paramedics, emergency medical technicians, first responders and other professionals working in emergency and mobile healthcare, including government service agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations, and in the military.

Controlled substance medications are often necessary and successfully utilized in the practice of EMS medicine -- from the administration of pain to anti-seizure medications. Current established EMS medical guidelines allows for EMTs and paramedics to administer and deliver controlled substance without a written prescription from a physician through "standing orders."

Standing orders are established and regulated by a licensed physician, known as a medical director. Every EMS agency in the U.S. requires a medical director. In addition, every state EMS office and agency have strict controlled substances management policies to meet federal drug regulations and eliminate diversion.

The Drug Enforcement Administration (DEA) recently indicated it would promulgate a rule regarding the delivery, storage and administration of controlled substances by emergency medical services' (EMS) personnel due to the current language of the Controlled Substances Act (CSA) – ending the current practice of standing orders for controlled substance, denying the administration of these medications in life-saving emergencies. Being governed by the CSA and directly affected by the DEA's interpretations, this ruling will directly and negatively affect the ability to provide immediate lifesaving care to the most critically ill patients, causing irreparable harm and possibly death.

Some emergency medical scenarios where patients would be impacted without immediate access to controlled substances include, but are not limited to:

- Seizures
- Burn
- Traumatic injury
- Myocardial infraction
- Excited Delirium
- Mass casualty

Congressional action on H.R 4365 is critical or patients will lose access to life-saving medications in every day emergency situations. Can you even imagine the impact during a mass

casualty incident, natural disaster or a terrorist attack? These specific laws and regulations lag behind the evolution of modern medicine.

To ensure patients have access to needed vital emergency medications, passage of H.R. 4365 is needed immediately in order to:

- Safeguard the administration of controlled substances by EMS, such as pain and anti-seizure medications, under the supervision of the EMS physician medical director.
- Codify the use of standing orders in the CSA statute to assure this vital care continues to be available to patients in need of emergency medical services.

In the pre-hospital setting, triage, treatment and transport by EMS practitioners is often the difference between life and death for patients with a medical emergency. The smallest delay in care wastes valuable time. Timely action on H.R. 4365 is needed to ensure access to vital emergency medications when critically ill or injured patients need it the most.

NAEMT appreciates the House Energy and Commerce Committee holding a hearing on H.R. 4365 and we look forward to working with the DEA, the Committee, and Congress to address this important issue.