December 2, 2020

Timothy J. Shea
Acting Administrator
Drug Enforcement Administration
Department of Justice
8701 Morrissette Drive
Springfield, Virginia 22152–2639


Dear Acting Administrator Shea,

On behalf of the National Association of Emergency Medical Technicians (NAEMT), thank you for the opportunity to provide comment on the “Emergency Medical Services Agencies Under the Protecting Patient Access to Emergency Medications Act of 2017” Proposed Rule.

Formed in 1975 and more than 72,000 members strong, NAEMT is the only national association representing the professional interests of all emergency and mobile healthcare practitioners, including paramedics, emergency medical technicians, advanced emergency medical technicians, emergency medical responders, advanced practice paramedics, critical care paramedics, flight paramedics, community paramedics, and mobile integrated healthcare practitioners. NAEMT members work in all sectors of emergency medical services (EMS), including government agencies, fire departments, hospital-based ambulance services, private companies, industrial and special operations settings, and in the military.

NAEMT supports the five requirements for EMS agencies set forth by Congress in the “Protecting Patient Access to Emergency Medications Act of 2017,” Public Law 115–83. Triage, treatment, and transport by EMS practitioners are often the difference between life and death for patients with a medical emergency. EMS practice is governed by the Controlled Substances Act (CSA) and directly affected by the DEA’s interpretations of the CSA. Controlled substance medications are successfully utilized and often necessary in the practice of prehospital emergency medical services -- ranging from the administration of medications to alleviate pain to anti-seizure drugs. Paramedics and Emergency Medical Technicians (EMTs) often give these lifesaving drugs as quickly as possible, preventing additional patient harm and often preventing death. The smallest delay wastes valuable time.

This law appropriately balances the need for EMS personnel to administer controlled substances with appropriate medical oversight while maintaining safeguards against theft and diversion. We also recognize the need for the DEA to conform existing regulations regarding obtaining, maintaining, and using controlled substances to the new rule.
We do, however, have concern with §1304.27 (7) requiring the signature of the medical director or other authorizing medical professional issuing the standing or verbal order. This requirement would be very operationally cumbersome and we believe unnecessary, as the medical director has already "signed off" on the medication administration through the standing order. We recommend this provision be removed in the Final Rule. Given the shift to electronic record keeping and documentation which has become even more prevalent during the pandemic, it seems unnecessary to require this signature. Rather than require a signature, we ask that the DEA provide flexibility to allow the medical director or authorized medical professional accepting the controlled substance to document their acceptance it in an equivalent manner, such as by entering their name or initials in a specified documentation field.

This modified approach to documenting the individual accepting the delivery of the controlled substance would be consistent with practices in many states.

NAEMT appreciates the DEA for recognizing the unique and essential role of emergency medical services in delivering patient care. We look forward to continuing our work with you.

Sincerely,

Matt Zavadsky, MS-HSA, NREMT
President, NAEMT

National Association of Emergency Medical Technicians
P.O. Box 1400, Clinton, MS 39060-1400