IN THE HOUSE OF REPRESENTATIVES

JANUARY 12, 2016

Mr. HUDSON (for himself, Mr. BUTTERFIELD, Mr. COHEN, Mr. FARENTHOLD, Mr. HECK of Nevada, Mr. RUIZ, and Mr. WESTERMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

A BILL

To amend the Controlled Substances Act with regard to the provision of emergency medical services.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Protecting Patient Access to Emergency Medications Act of 2016”.

SECTION 2. FINDINGS.

The Congress finds as follows:
(1) The use of controlled substances by emergency medical services agencies to administer medical care and medicines to individuals in the field is essential to save lives, manage pain, and improve health outcomes.

(2) The unique nature of mobile emergency medical services is unlike other health care services governed by the Controlled Substances Act in that it requires the provision of time-sensitive and mobile medical care to individuals with critical injuries and illnesses in the field and movement of such individuals to definitive care.

(3) Regulatory oversight to prevent diversion should not disrupt the current delivery model of providing medical care to individuals by emergency medical services practitioners under the supervision of a physician medical director.

(4) Such oversight should also recognize the variety of emergency medical services agencies including governmental, nongovernmental, private, and volunteer emergency medical services agencies.

SEC. 3. EMERGENCY MEDICAL SERVICES.

Part C of the Controlled Substances Act (21 U.S.C. 821 et seq.) is amended by adding at the end the following:
“SEC. 312. EMERGENCY MEDICAL SERVICES.

“(a) Registration.—

“(1) In General.—For the purpose of enabling emergency medical services practitioners to dispense controlled substances in schedule II, III, IV, or V to ultimate users receiving emergency medical services, the Attorney General shall, at the request of the emergency medical services agency employing such practitioners, register such emergency medical services agency under section 303(f) in lieu of registering the individual practitioners or one or more medical directors of such agency.

“(2) Single Registration.—In registering an emergency medical services agency pursuant to paragraph (1), the Attorney General shall require a single registration per State, not a separate registration for each location of the emergency medical services agency.

“(b) Medical Oversight.—Notwithstanding section 309:

“(1) A registrant emergency medical services agency shall have one or more medical directors responsible for medical oversight of the agency’s provision of emergency medical services.

“(2) Controlled substances in schedule II, III, IV, or V may be administered by the emergency
medical services practitioners of a registrant emer-
gency medical services agency in the course of pro-
viding emergency medical services pursuant to a
standing order issued by one or more medical direc-
tors of such agency. A registrant emergency medical
services agency shall keep any such standing order
on file and make such standing order available to
the Attorney General upon the Attorney General’s
request.

“(3) In the case of administering a controlled
substance pursuant to paragraph (2), the medical di-
rectors of the registrant emergency medical services
agency shall not be required—

“(A) to be present; or

“(B) to provide a written or oral prescrip-
tion with regard to a known individual before or
at the time of such administering.

“(c) RECEIPT, MOVEMENT, AND STORAGE OF CON-
trolled Substances.—

“(1) RECEIPT.—The registrant emergency med-
ical services agency—

“(A) may receive controlled substances at
any location of the agency designated by the
agency for such receipt; and
“(B) may not receive controlled substances at any location not so designated.

“(2) MOVEMENT AND DELIVERY.—The registrant emergency medical services agency may move or deliver controlled substances within the possession of such agency between any locations of such agency. A registrant emergency medical services agency shall not be treated as a distributor of controlled substances under this Act by reason of such movement or distribution.

“(3) STORAGE.—Such agency—

“(A) may store controlled substances at any location of the agency designated by the agency for such storage; and

“(B) may not store controlled substances at any location not so designated.

“(d) DEFINITIONS.—In this section:

“(1) The term ‘emergency medical services’ means emergency medical response, and emergency mobile medical services, provided outside of a medical facility.

“(2) The term ‘emergency medical services agency’ means an organization providing emergency medical services, including such organizations that—
“(A) are governmental (including fire-
based agencies), nongovernmental (including
hospital-based agencies), private, or volunteer-
based; and

“(B) provide emergency medical services
by ground, air, or otherwise.

“(3) The term ‘emergency medical services
practitioner’ means a health care practitioner (in-
cluding nurse, paramedic, or emergency medical
technician) licensed or certified by a State and
credentialled by a medical director of the respective
emergency medical services agency to provide emer-
gency medical services to individuals within the
scope of the practitioner’s State license or certifi-
cation.

“(4) The term ‘medical director’ means a physi-
cian providing medical oversight for an emergency
medical services agency.

“(5) The term ‘medical oversight’ means super-
vision of medical operations of an emergency medical
services agency.

“(6) The term ‘standing order’ means a written
medical protocol in which a medical director pre-
scribes in advance the medical criteria to be followed
by emergency medical services practitioners in ad-
ministering controlled substances to individuals in need of emergency medical services.”