

114TH CONGRESS
2D SESSION

H. R. 4365

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

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.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Protecting Patient Ac-
5 cess to Emergency Medications Act of 2016”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds as follows:

1 (1) The use of controlled substances by emer-
2 gency medical services agencies to administer med-
3 ical care and medicines to individuals in the field is
4 essential to save lives, manage pain, and improve
5 health outcomes.

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

13 (3) Regulatory oversight to prevent diversion
14 should not disrupt the current delivery model of pro-
15 viding medical care to individuals by emergency
16 medical services practitioners under the supervision
17 of a physician medical director.

18 (4) Such oversight should also recognize the va-
19 riety of emergency medical services agencies includ-
20 ing governmental, nongovernmental, private, and
21 volunteer emergency medical services agencies.

22 **SEC. 3. EMERGENCY MEDICAL SERVICES.**

23 Part C of the Controlled Substances Act (21 U.S.C.
24 821 et seq.) is amended by adding at the end the fol-
25 lowing:

1 **“SEC. 312. EMERGENCY MEDICAL SERVICES.**

2 “(a) REGISTRATION.—

3 “(1) IN GENERAL.—For the purpose of ena-
4 bling emergency medical services practitioners to
5 dispense controlled substances in schedule II, III,
6 IV, or V to ultimate users receiving emergency med-
7 ical services, the Attorney General shall, at the re-
8 quest of the emergency medical services agency em-
9 ploying such practitioners, register such emergency
10 medical services agency under section 303(f) in lieu
11 of registering the individual practitioners or one or
12 more medical directors of such agency.

13 “(2) SINGLE REGISTRATION.—In registering an
14 emergency medical services agency pursuant to para-
15 graph (1), the Attorney General shall require a sin-
16 gle registration per State, not a separate registration
17 for each location of the emergency medical services
18 agency.

19 “(b) MEDICAL OVERSIGHT.—Notwithstanding sec-
20 tion 309:

21 “(1) A registrant emergency medical services
22 agency shall have one or more medical directors re-
23 sponsible for medical oversight of the agency’s provi-
24 sion of emergency medical services.

25 “(2) Controlled substances in schedule II, III,
26 IV, or V may be administered by the emergency

1 medical services practitioners of a registrant emer-
2 gency medical services agency in the course of pro-
3 viding emergency medical services pursuant to a
4 standing order issued by one or more medical direc-
5 tors of such agency. A registrant emergency medical
6 services agency shall keep any such standing order
7 on file and make such standing order available to
8 the Attorney General upon the Attorney General's
9 request.

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

14 “(A) to be present; or

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

18 “(c) RECEIPT, MOVEMENT, AND STORAGE OF CON-
19 TROLLED SUBSTANCES.—

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

22 “(A) may receive controlled substances at
23 any location of the agency designated by the
24 agency for such receipt; and

1 “(B) may not receive controlled substances
2 at any location not so designated.

3 “(2) MOVEMENT AND DELIVERY.—The reg-
4 istrant emergency medical services agency may move
5 or deliver controlled substances within the possession
6 of such agency between any locations of such agen-
7 cy. A registrant emergency medical services agency
8 shall not be treated as a distributor of controlled
9 substances under this Act by reason of such move-
10 ment or distribution.

11 “(3) STORAGE.—Such agency—

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

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

17 “(d) DEFINITIONS.—In this section:

18 “(1) The term ‘emergency medical services’
19 means emergency medical response, and emergency
20 mobile medical services, provided outside of a med-
21 ical facility.

22 “(2) The term ‘emergency medical services
23 agency’ means an organization providing emergency
24 medical services, including such organizations that—

1 “(A) are governmental (including fire-
2 based agencies), nongovernmental (including
3 hospital-based agencies), private, or volunteer-
4 based; and

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

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

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

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

22 “(6) The term ‘standing order’ means a written
23 medical protocol in which a medical director pre-
24 scribes in advance the medical criteria to be followed
25 by emergency medical services practitioners in ad-

- 1 ministering controlled substances to individuals in
- 2 need of emergency medical services.”.

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