

To: Ohio EMS agencies, EMS medical directors, hospitals, and hospital pharmacists

From: Ohio Department of Public Safety, Division of Emergency Medical Services
Ohio Hospital Association

Date: November 10, 2011

Subject: Acquisition of Schedule II Controlled Substances and EMS Agency DEA Registrations

In light of recent events, your prompt attention is requested to review practices by your agency or hospital for restocking drugs used by emergency squads.

BACKGROUND

Federal Drug Enforcement Agency (DEA) policy permitted Emergency Medical Services (EMS) units access to small quantities of controlled substances through direct affiliation (via formal written agreement) with one *specific* hospital acting as the responsible DEA registrant. In 1992, a letter was provided to the Ohio State Board of Pharmacy by the DEA that waived this restriction and enabled EMS units to use more than one hospital as a source of controlled substances. In such cases, there is no requirement for registration of the EMS site or for the use of DEA order forms to transfer the controlled substances, including Schedule II substances, contained in the emergency kits.

Recently, the Ohio Department of Public Safety, Division of EMS, the Ohio Hospital Association, and the Ohio State Board of Pharmacy were informed that an EMS agency that possessed its own DEA registration and a hospital were questioned about their one-to-one drug exchange system during a DEA inspection. We have obtained confirmation from the DEA that the 1992 waiver letter sent to the Ohio State Board of Pharmacy remains in effect. However, this waiver is applicable only to EMS units that do not possess a DEA registration.

RATIONALE FOR REVIEW

We are fully aware that Ohio EMS agencies have developed and established partnerships with their EMS medical directors, local hospitals and hospital pharmacists to institute drug exchange procedures that best address the needs of their patients and the communities they serve. Due to the variety of drug exchange procedures throughout the state of Ohio, the local emergency care system stakeholders are the parties best suited to select options that are acceptable to the DEA for the management of Schedule II medications.

The highest priority must be given to maintaining patient care while at the same time following Ohio law. The 1992 DEA letter allows EMS agencies to do a one-to-one exchange of medication with the destination hospital using a properly documented patient care sheet submitted to the receiving facility. EMS agencies that have a mid-level practitioner license from the DEA must adhere to federal DEA requirements for obtaining medications using a DEA 222 form. EMS agencies cannot have a DEA license **and** do one-to-one exchange; an EMS agency can only use one process or the other, and not both.

Before EMS agencies obtain or surrender their DEA registrations, the agencies and their medical directors should initiate and engage in an open dialogue with the local hospitals and the hospitals' pharmacists. Open discussion of the options that are available is the best avenue to reach a mutual agreement on the drug exchange process that will be continued or adopted, and will provide seamless patient care.

RESOURCES

We realize that there will be EMS agencies, EMS medical directors, hospitals, and hospital pharmacists with additional inquiries and concerns about the management of controlled substances and maintaining compliance with DEA regulations. As always, we will remain supportive resources to your organizations and continue to provide any additional information as it becomes available.

Please direct inquiries to:

Ohio Department of Public Safety, Division of EMS: (614) 466-9447 or (800) 233-0785

Jeff Leaming, Executive Director

Dr. Carol Cunningham, State Medical Director

Ohio Hospital Association: (614) 221-7614

Carol Jacobson, Director of Emergency Management