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November 14, 2016

The Honorable Bill Cassidy
United States Senate
703 Hart Senate Office Building
Washington, DC 20510

The Honorable Michael Bennet
United States Senate
261 Russell Senate Office Building
Washington, DC 20510

Dear Senators Cassidy and Bennet:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, I am writing to express our support for S. 2932, the Protecting Patient Access to Emergency Medications Act of 2016.

Hospital emergency departments (EDs) provide immediate care to the critically injured and ill. EDs stand ready – 24 hours a day, seven days a week, 365 days a year – to deliver the most advanced medical care available in their communities. Emergency Medical Services (EMS) provide critical triage, treatment and transportation of patients to the ED to ensure access to life-saving care during medical emergencies.

EMS practitioners are often called on to administer medications during the crucial moments between when they first reach a patient and when they arrive at an ED with access to a wider range of emergency care services. S. 2932 would clarify that medications governed by the Controlled Substances Act (CSA) may be administered by EMS practitioners pursuant to a standing order issued by a physician medical director of an EMS agency. If EMS practitioners cannot rely on standing orders to authorize administration of medications governed by the CSA, treatment may be delayed for patients in pain or experiencing other significant symptoms.

We applaud your efforts to clarify the role of standing orders while protecting the continuity of existing EMS operations and oversight structures around the country. The legislation also continues to allow hospital-based EMS agencies to use their hospital's Drug Enforcement Administration registration so that no new administrative burdens are placed on hospital-based EMS agencies.

Finally, we appreciate your commitment to submit a joint statement to further clarify the legislative intent of key provisions in S. 2932. The legislative intent of the bill is that hospital-based EMS agencies may use their hospitals' DEA registration without any additional



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registration by the hospital and that restocking provisions in S. 2932 should not be interpreted to treat hospitals as distributors when they restock EMS vehicles. Those clarifications help ensure hospital-based EMS can continue serving their communities without additional regulatory hurdles that would take resources away from patient care.

We thank you, Chairman Alexander and Ranking Member Murray for your strong bipartisan leadership on this important issue. Please contact me if you have questions or feel free to have a member of your team contact Travis Robey, senior associate director for Federal Relations, at trobey@aha.org or (202) 626-2328.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President

cc: The Honorable Lamar Alexander
The Honorable Patty Murray