



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

INC. 7818 E PARHAM RD
RICHMOND VA 23294
804-560-3300 • FAX: 804-560-0909
www.odemsa.net

Pharmacy Committee Meeting

Meeting at ODEMSA
January 4th, 2024 08:30 a.m. to 10:00 a.m.
Chair: Ben Hester, VCU
Vice Chair:

Members Present: Allen Yee, Jessica Goodman

Conference Line: James Larrick, Frank Romero, Ben Hester, Mike Watkins, Jackie Neal, Jay Lovelady, Wayne Harbour, Theodor Barkley, Craig Bride, Taylor Flowers, Ahmed El Kority, Charles Feiring, Daniel Linkins, Steve Simon, Wayne Berry, Alex Benson, DeJuan Branch, Jennifer Scholtz, Sarah Gaffney, Amy Cuenin, Kim Woodfin, Zach Schafer, Rick Clary

ODEMSA Staff: Tarsha Robinson, Heidi Hooker, Ryan Scarbrough, Megan Middleton

Minutes Scribed by: Tarsha Robinson

Materials provided: Meeting Agenda, Previous Meeting Minutes, Quarterly Reports

Topic/Subject	Discussion	Recommendations, Action; Follow-up; Responsible Person
Meeting Called to Order	Ben Hester thanked everyone for attending today’s meeting. Introductions were made. Quorum was present.	Motion: Jackie Neal Seconded: Multiple Vote: Agenda and previous meeting minutes approved
Reports: <u>Hospitals</u>	Representatives were present from VCU, Bon Secours, and HCA, however due to the discussion needed surrounding changes to FDA regulations, reports were by-passed during this quarterly meeting	

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<u>EMS Agencies</u>		
	Representatives were present from multiple EMS agencies, however due to the discussion needed surrounding changes to FDA regulations, reports were by-passed during this quarterly meeting	Motion: Seconded: Vote:
<u>ODEMSA</u>	No report	

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Topic/Subject	Discussion	Recommendations, Action; Follow-up; Responsible Person
<u>Drug Shortages</u>	No report	
<u>Drug Diversions/Discrepancies</u>	No diversions to report; discrepancies have been cleared; most issues come from not receiving signatures from providers	
Old Business: <u>Regional Medication Administration Data</u>	Reports were sent prior to the meeting, however were not discussed; committee was advised to reach out to Tarsha if there were any questions	

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<p><u>DEA Regulations/Ketamine</u></p>	<p>n/a</p>	
<p><u>New Business:</u> Business from the Floor</p>	<p>FDA Regulations-Dr. Yee reminded the Committee of the act that was passed in 2017 for Patient Access to Medication, and have been waiting for the final ruling for EMS; the FDA passed a Drug Supply Chain Act to go into effect November 2024, which requires the tracking of each individual medication; there is an exemption for EMS where hospitals can give medications to the agencies; however, since the regional boxes have meds from several different hospitals, the hospitals can't receive the boxes back since there isn't an electronic chain of custody; Ben added that the Act was enacted to protect the public from medications that could be adulterated and potentially cause harm, and that partners need to provide documentation/pedigree from point of manufacturing to dispensing; though there is cause for alarm, there is potential for the program to continue, including an exemption [for EMS] for emergency medical reasons and to apply for a waiver (as a Commonwealth)-the reason being the physical kit belongs to ODEMSA, however the medications belong to the pharmacies and originated from the pharmacies, the supply chain is secure AND that the meds are being dispensed for emergency reasons/for the good of the public health; it was noted that there is an effort to discontinue the regional drug kit program but encourages pharmacists to wait for guidance from OEMS or VA legislature before making any major changes; Dr. Yee advised a group had been meeting and a survey was sent out to hospital pharmacists where approx. 45% of respondents wanted to end the program by the end of 2024, 50% by 2025, and 5% by 2026; the group will be reaching out to facilities who did not respond; BOP has stated that current practices will not comply with the Drug Supply Chain Act; Wayne Berry advised that REMS is looking into doing a one-for-one system and this action would comply with the new regulations; the second option would be that agencies would buy and stock their own meds but that everyone is still waiting for DEA regulations; Dr. Yee advised that he liked the idea of a waiver but that the legislative cycle is already</p>	<p>Motion: Seconded: Vote:</p> <p>After a lengthy discussion, it was advised and strongly encouraged for agencies to continue the process of obtaining their agency CSR; after consultation, ODEMSA has put together a how-to guide and FAQ section on the website to assists agencies with this process</p>

underway, so it probably won't be on the table before the November deadline; Ben advised there was a health system that stated they would not carry a drug box after "this time next year" (November 2023) and asked if agencies would be ok with transporting to facilities that did offer drug kits; Dr. Yee advised that there would be a strong possibility of violating anti-kickback laws; Wayne Berry advised that it's not an issue of all the hospitals participating, as long as they treat all of the agencies the same (whether you choose all agencies, just volunteer, or just career)/across the type of services you provide; Tyler Martinson gave some clarification and advised that DSCSA allows EMS agencies to not follow the exact tracking that dispensaries (i.e. hospitals) have to follow, however if the hospitals were to dispense medications to the agencies, then the hospitals would be responsible for paperwork and any discrepancies or reports requested by the government within 2 days; with the amount of medications in the boxes, hospitals aren't built to track that information down to the serial number; there is the possibility for an exemption but would still have to go through the State legislature; Wayne Berry shared a PowerPoint presentation that was distributed by the State to give guidance to agencies and pharmacies for a CSR to switch to a one-to-one or agency medication program; currently one-for-one is not allowed for II-V but is for VI; a CSR is also needed for storage of IV/irrigation, any II-VI meds in an EMS station, if the agency is ordering/stocking their own meds, or storage of prepared hospital kits within the EMS station; you do not need a CSR with the current kit for kit exchange model or for storage of prescription only devices, medical gases, and/or needles/syringes with no added meds; CSEMS advised that they asked their hospitals if a kit for kit exchange would be possible if a group of agencies were only allowed to go to a specific hospital and that kit only goes to that one hospital and given to that one agency, it would fulfill the requirement of the DSCSA and that they were advised by the BOP that they would be ok; Dr. Yee thanked Ben and the committee for their support of EMS and the regional drug box system; ODEMSA and the committee will continue to wait for guidance from the BOP

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Topic/Subject	Discussion	Recommendations, Action; Follow-up; Responsible Person
Next Meeting	April 4th, 2024	
Motion to Adjourn	Meeting Adjourned 10:00 am	