



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
April 4th, 2024 08:30 a.m. to 10:00 a.m.
Chair: Ben Hester, VCU
Vice Chair:

Members Present: N/A

Conference Line: Alex Benson, DeJuan Branch, Jennifer Scholtz, Caroline Briggs, Keith Johnson, Jackie Griffith, Theodor Barclay, Laura Covington, Beth Dixon, Janice Smiley, Ben Hester, Allen Yee, Wayne Harbour, Andrew Cocker, Frank Romero, Cameron Bendall, Ronnie Catron, Jonathan Magnum, Mike Watkins, Jeremy Cummings, Haley Ransom, Corey Bernardo, Christy Sampson, Dave Johnston, Nathan Smith, Jessica Goodman, Michael FaJohn, Stephen Simon, Danielle Geronimo, Cody Doeal, Monty Dixon, Greg Neiman, Amy Howard, Craig Bride, Hugh Greenbaum, Melody Spivey, Peter Vandersteenhoven, Amy Robinson, DJ Johnson

ODEMSA Staff: Tarsha Robinson

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: Wayne Harbour Seconded: Multiple Vote: Agenda and previous meeting minutes approved
Reports: <u>Hospitals</u>	Representatives were present from VCU, Bon Secours, Sentara, VAMC 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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<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</u> <u>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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Topic/Subject	Discussion	Recommendations, Action; Follow-up; Responsible Person
<u>DEA Regulations</u>	n/a	
<u>New Business:</u> Business from the Floor	<p>Ben extended his appreciation and gratitude for those in attendance, and requested that the agenda be devoted to making sure everyone had the most updated information and determine what the next steps are for each agency and the region; concerning the current drug kit program, there are 2 “Acts”, one going into effect 11/27/2024 and one that has been in place since 2017 but still waiting on guidelines; the first one is the Drug Supply Chain Security Act – the ability to track all of the drugs that are used to treat patients within the system from point of manufacturing to the point of administration/destruction; the purpose is to help prevent counterfeit drugs from being put into the system that could cause harm to patients; the concern regarding the drug box program is that right now a hospital is considered an entity that dispenses the drug, and would have to have the pedigree for that drug; wholesalers are obligated to provide that information, and essentially, the pharmacy, when given to the agency, becomes a wholesaler; because of the way the drug kit program is set up, there is no way to verify the pedigree of a medication from another facility, or “wholesaler” when the box is returned; the other is the Protecting Patient Access to EMS Act, which was set in place because there wasn’t a mechanism to legally allow EMS agencies to have controlled substances; in order to have these substances, and allowing for agencies to have “standing orders”, the agency needs their own DEA registration and the facility is transferring meds, with forms being filled out for every drug; taking both barriers into account, the current drug kit program will have to be discontinued; Ben thanked ODEMSA for putting together a document outlining how to get CSR’s; Ben advised that the BOP met and proposed regulations were discussed and that there is a website moving forward linking tools as they are developed for agencies on moving forward</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>

	<p>Open Discussion – it was asked if the regulations would affect the RSI kits; Ben advised if the kit is used and can be filled by multiple facilities, it will most likely have to end; however if you have a one-on-one relationship with a facility that provides the kits directly to you (re: agency) then that relationship should continue to be allowed, but it could possibly violate anti-kickback laws; it was asked what do the federal EMS agencies do since the BOP does not issue federal agencies CSR's; Ben advised that he wasn't sure and Dr. Yee advised this could be brought up at State Medical Control; the concern is that if they're on base, that's one thing but some of these agencies serve the outside communities outside of the base as well; it was asked if, for tracking purposes, does it have to be tracked to individual drug unit to a specific patient, or lot numbers; wherever you obtained the med, that facility would have to provide you that information or have an electronic means that you can receive that information within 48hrs; Dr. Yee asked if it would be best to wait or to go ahead and get a CSR for each station in its jurisdiction (i.e. Chesterfield getting a CSR for each location they will store medications); Ben advised it would probably be best to NOT wait and to submit applications as soon as possible; it was asked if there was guidance on how to put together an out-of-box drug kit and still be within the confines of the regulations; Ben advised BOP currently allows a whole kit exchange that is currently done in ODEMSA or could do a one-to-one exchange (exchange just the medication that was administered); there is no requirement other than meds being in a secured location on what the kit has to be or what meds are in or not in the kit; it was asked if the agencies needed to create a drug box program for every level of provider that agency has; Ben advised at this time, no, but that a problem the BOP was having was not having people authorized to administer drugs being people filling out the CSR's; he advised that BOP is in the process of changing the regulations and his hope is that it won't delve to the point of creating a drug box program for each level of care; Dr. Yee advised an ask of State Medical Control was for BOP to mirror DEA language where the OMD authorizes persons in their agency to grant them access to distribute; it was asked will signatures still be required by doctors when administering controlled substances; Ben advised that it was an ODEMSA requirement, not a BOP or VDH requirement however pursuant to the protocols in place, and under</p>	
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	<p>proposed regulations, a signature would not be required; the only thing required is the initials of the provider who administered it, the initials of the OMD based on their agency's standing orders, or the initials of the physician who gave verbal orders to administer the meds, but no actual signature is required; it was asked if expiring/expired medications will need to be taken to a hospital or will the agency be required to take care of it; Ben advised it should be taken care of by a reverse distribution company to take care of the meds (to collect and account for those meds that need to be destroyed) because regulations don't allow for meds to be destroyed in-house; it was asked if there was a possibility of extensions; Ben advised that the Act has been around for the last 11 years and that the effective date is very specific and objective about the date of enforcement, so there probably won't be extension, but is hopeful because there are still some foundational logistics to be accomplished and encouraged agencies to be prepared by 11/27; it was asked if there was a waste on any of the meds, will the ER still sign for those meds; Ben advised regardless of the classification of the drug, as long as it was administered in compliance with an established protocol, no signature is required for administration but as current protocols stands, would still need a signature for waste; Dr. Yee advised proposed changes, regardless of the schedule, the concentration, waste, and initials of the provider and OMD are required; the ask is that schedule 6 meds be excluded from that regulation but also for 2-5 will a nurse still be willing/able to sign or does it have to be a second provider from the agency, and would like to continue with current practices of obtaining signatures; it was asked if it will now be up to the OMD to decide what meds are in the kits or will ODEMSA still advise what's needed; Dr. Yee advised it would be up to the individual OMD; Mike Watkins advised that on what he'd been hearing, the hospitals won't be able to do a one-for-one med exchange and Ben advised that this is correct because it will be logistically extremely difficult to follow the pedigree of the medication and how that information is documented and who is going to do it; 24hr facilities it would be possible but smaller hospitals and FSED's wouldn't be able to do that; the BOP will be meeting May 2nd and will hopefully have more answers then; it was asked if the agencies needed to track the meds down to patient administration and how often (daily, weekly, etc.); Ben advised will not need to track it down to the</p>	
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	<p>patient level as long as there is information given to you from the wholesaler; Dr. Yee advised Ben that there was a lot of concern with agencies being able to purchase meds and stated that the VA Society of Health System Pharmacists are trying to negotiate a contract with regional councils and Vizient to allow meds to be purchased at the hospital rate for agencies; it was asked if there was language stating who could put together drug kits and Dr. Yee advised that there wasn't but that it was an ask that would be presented at State Medical Control; it was asked was there any change regarding room that will house meds needing to have an alarm on it; Ben advised doesn't know how the BOP will respond to that request, though it has been presented; Ben advised will continue to follow the dialogue to keep the Committee updated</p>	
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Next Meeting	July 11th, 2024	
Motion to Adjourn	Meeting Adjourned 09:45 am	

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