



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

MEMORANDUM

TO: EMS Agency Administration and Leadership
FROM: Heidi M. Hooker, Executive Director
DATE: January 6, 2026
SUBJECT: Important Update on New DEA Final Rule Affecting EMS Agencies

Dear EMS Agency Leadership,

The Old Dominion EMS Alliance (ODEMSA) is writing to formally notify you of an important federal regulatory development that directly impacts Emergency Medical Services agencies and the management of controlled substances.

On February 5, 2026, the Drug Enforcement Administration (DEA) published its long-awaited final rule implementing the Protecting Patient Access to Emergency Medications Act of 2017 (PPAEMA). This rule becomes effective 30 days following publication and provides long-needed regulatory clarity for EMS agencies nationwide by formally recognizing modern EMS operations and medical control practices.

Summary of Key Provisions Affecting EMS Agencies

New DEA Registration Category for EMS Agencies

The DEA has established a dedicated “Emergency Medical Services Agency” registration. Where permitted by state law, agencies may utilize a single registration per state. The three-year registration fee is \$888. Hospital-based EMS agencies may continue to operate under their hospital’s DEA registration if preferred.

Stationhouses and Designated Locations

Vehicles are no longer required to be physically housed inside a building. Agencies may designate stationhouses, including outdoor-staged units, as approved locations. These designated locations must be listed with the DEA and are subject to approval following a 30-day review period.

Vehicle, Jump Bag, and Storage Requirements

Controlled substances may be carried in jump bags or on the person of EMS clinicians during

active patient care or responses. When units are not actively engaged, medications must be returned to locked, fixed storage. The rule provides clear expectations for vehicle locking during staging, breaks, and response activities.

Standing Orders and Verbal Medical Control

EMS professionals are explicitly authorized to administer Schedule II–V medications pursuant to written standing orders or real-time verbal orders. Medical directors are not required to be physically present. This provision formally codifies modern EMS medical oversight practices at the federal level.

Hospital Restocking and Emergency Transfers

EMS agencies may restock controlled substances from hospitals following a patient response in accordance with the final rule's provisions and applicable DEA regulatory requirements, including any applicable DEA Form 222 obligations. Additionally, emergency inter-facility transfers of medications are permitted during shortages, disasters, or mass-casualty incidents, subject to DEA approval.

Recordkeeping Standards

The final rule provides clear guidance regarding required documentation. The rule clarifies federal recordkeeping expectations, including flexible patient identifiers. Further, Medical Directors are not required to initial every record, provided they are clearly identifiable within the documentation system, and to the extent permitted under applicable state law.

Why This Rule Matters

For many years, common EMS medication practices existed within regulatory gray areas. This final rule aligns DEA regulations with real-world EMS operations, reduces compliance uncertainty, and supports uninterrupted patient access to emergency medications.

Next Steps

ODEMSA strongly encourages EMS agency leadership and medical directors to review the final rule in its entirety and **make sure your agency is in compliance prior to the effective date**. ODEMSA will continue to share guidance, interpretation, and implementation resources as this rule is rolled out.

For complete details, agencies may review the official final rule as published by the Federal Register:

<https://www.federalregister.gov/public-inspection/2026-02288/registering-emergency-medical-services-agencies-under-the-protecting-patient-access-to-emergency>

If you have questions or would like assistance interpreting how these changes may affect your agency, please do not hesitate to contact ODEMSA.

Thank you for your continued leadership and commitment to providing high-quality emergency medical care to the communities we serve.

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