

Mobile Medical Services

Issue Overview

About 80 percent of the approximately two million people in the U.S. with opioid use disorder (OUD) do not have access to medication-assisted treatment (MAT).

Fewer than seven percent of the nation's doctors have satisfied the regulatory requirements to prescribe buprenorphine for OUD. As a result, more than half of all counties in the U.S. have no office-based opioid treatment (OBOT) provider.

Access to OUD treatment is particularly limited in rural areas: 88.6 percent of large rural counties lack enough opioid treatment programs. Additionally, 29.8 percent of Americans live in a rural county without a buprenorphine provider, compared to only 2.2 percent of Americans living in urban communities without a buprenorphine provider.

There is a critical need for innovative approaches to increase the number and reach of medical providers who can administer MAT to individuals with OUD, particularly for individuals in areas that lack access to a MAT provider.

Legal Authority of Emergency Medical Services to Administer Controlled Substances

In 2017, Congress enacted the Protecting Patient Access to Emergency Medications Act (PPAEMA) to amend the federal Controlled Substances Act (CSA) to provide a national standard for the maintenance and use of certain controlled substances by emergency medical services (EMS).

The PPAEMA amended the CSA to authorize emergency medical EMS professionals to receive their own DEA registration and administer certain controlled substances.

- EMS professionals who may be authorized to dispense controlled substances now include nurses, paramedics, or emergency medical technicians who are licensed or certified in their respective states and credentialed by the EMS agency medical director.

The PPAEMA also allows EMS agencies to administer controlled substances outside the presence of a medical director or authorizing medical professional if:

1. The agency is authorized to do so under state law, and
2. The agency has a standing order or oral order from a medical director or authorizing medical professional to do so.

The PPAEMA also allows for:

- EMS agencies to store controlled substances in agency locations registered with the DEA, in unregistered locations, and in EMS vehicles that are used by the agencies. The EMS agency must notify the state Attorney General of all unregistered storage locations at least 30 days before the controlled substances are initially delivered to those locations.
- EMS agencies to restock their EMS vehicles with controlled substances from a hospital without completing CSA order forms.

Under the CSA, EMS agencies must follow recording requirements, including keeping records of all deliveries of controlled substances and storing records in locations where controlled substances are received, administered, and discarded.

The PPAEMA also shifts liability for proper use, maintenance, reporting, and security of controlled substances from the DEA-registered medical director or hospital overseeing the EMS agency to the EMS agency itself.