COMMONWEALTH of VIRGINIA

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TO: The Honorable Glenn Youngkin
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The Honorable Janet Kelly
Secretary of Health and Human Resources

The Honorable Mark D. Sickles
Chair, House Committee on Health and Human Services

The Honorable Luke E. Torrian
Chair, House Committee on Appropriations

The Honorable Ghazala F. Hashmi
Chair, Senate Committee on Education and Health

The Honorable L. Louise Lucas
Chair, Senate Committee on Finance and Appropriations

FROM: Caroline D. Juran, RPh
Executive Director, Virginia Board of Pharmacy

DATE: October 15, 2025

RE: Progress of Virginia's emergency medical services agencies in response to the federal Drug Supply Chain Security Act and the federal Protecting Patient Access to Emergency Medications Act

This report is submitted in compliance with SB 1318 passed during the 2025 General Assembly Session, which required:

> The Board of Pharmacy (the Board), in collaboration with the Virginia Department of Health and the Office of Emergency Medical Services, to report on the progress Virginia's emergency medical

> services (EMS agencies) have made and are making in response to the federal Drug Supply Chain Security Act, Title II of P.L. 113-54, and the federal Protecting Patient Access to Emergency Medications Act, P.L. 115-83. Such report shall include information on the progress of EMS agencies with regard to adopting the pharmacy practices established by Board regulation and pursuant to U.S. Drug Enforcement Administration requirements that replaced the hospital drug box exchange program. The Board shall submit such report to the Governor, the Secretary of Health and Human Resources, the Chairmen of the Senate Committees on Education and Health and Finance and Appropriations, and the Chairman of the House Committees on Health and Human Services and Appropriations by November 1, 2025.

Should you have questions about this report, please feel free to contact me at (804) 367-4578 or caroline.juran@dhp.virginia.gov.

CC: Arne W. Owens
Director, Virginia Department of Health Professions

Preface

This report is submitted in compliance with SB 1318 passed during the 2025 General Assembly Session, which required:

> The Board of Pharmacy (the Board), in collaboration with the Virginia Department of Health and the Office of Emergency Medical Services, to report on the progress Virginia's EMS agencies have made and are making in response to the federal Drug Supply Chain Security Act, Title II of P.L. 113-54, and the federal Protecting Patient Access to Emergency Medications Act, P.L. 115-83. Such report shall include information on the progress of EMS agencies with regard to adopting the pharmacy practices established by Board regulation and pursuant to DEA requirements that replaced the hospital drug box exchange program.

The bill requires the Board of Pharmacy to submit this report to the Governor, the Secretary of Health and Human Resources, the Chairmen of the Senate Committees on Education and Health and Finance and Appropriations, and the Chairman of the House Committees on Health and Human Services and Appropriations by November 1, 2025.

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I. Executive Summary

For decades, EMS providers throughout the Commonwealth obtained drugs for use by EMS personnel in a unique manner. EMS providers exchanged partially used drug boxes or "kits" to multiple participating hospital pharmacies, which in turn supplied EMS providers with new drug kits to use in EMS vehicles. For many years this exchange performed an important part of emergency service provision in Virginia, which is also uniquely reliant upon volunteer EMS providers, as it allowed EMS vehicles to ensure they are fully stocked to provide needed drugs to patients in transport or at accident sites. While seemingly condoned by the U.S. Drug Enforcement Administration ("DEA"), the kit exchange process was not fully compliant with DEA requirements as drugs were not exclusively transferred between DEA registrants or provided to an EMS agency working as an extension of a specific hospital DEA registration. Therefore, the tracking and ownership of controlled substances was historically challenging and created potential liability for hospital pharmacies.

Federal legislation passed in 2017 known as the Protecting Patient Access to Emergency Medications Act, subsequent proposed regulations published by DEA, and FDA's announcement of its intention to enforce certain requirements of the Drug Supply Chain Security Act, 21 U.S.C. § 351 *et seq.* ("DSCSA"), resulted in a determination by hospital pharmacies in late 2023 that the hospitals could no longer legally participate in an emergency drug kit exchange process with EMS agencies as of November 27, 2024. Beginning in January 2024, stakeholder meetings were convened, by the Virginia Department of Health EMS Medical Direction Committee and the Virginia Regional EMS Medication Kit Transition Workgroup, to discuss a transition plan. After significant input from stakeholders, the Board of Pharmacy adopted emergency regulations in a specially convened meeting to create a new model consistent with the federal law and DEA's proposed regulations. The emergency regulations became effective on August 20, 2024. Concurrently, regional EMS councils worked diligently with EMS agencies in their regions to determine the optimal model to obtain and transfer drugs for use in emergency drug kits. The Board developed a virtual inspection process for expeditiously performing initial inspections prior to issuing 300 controlled substance registrations to EMS agencies and approving over 700 designated locations. In October 2024, FDA announced a DSCSA exemption from the enhanced drug distribution security requirements of section 582 of the Federal Food, Drug, and Cosmetic Act for eligible trading partners which extended until November 27, 2025. Based on this announcement, hospital pharmacies agreed to continue providing emergency drug kits, if needed, until April 15, 2025, with the understanding that both EMS and hospital pharmacy stakeholders would actively continue to complete the transition.

While current and future challenges exist, most stakeholders agree that the transition for how EMS agencies receive and handle emergency drug kits in Virginia has gone well. One hospital pharmacist reported that she could not recall a hospital project, short of building a new hospital, in which so much time was invested with involvement from multiple disciplines, health system leadership, and the convening of dozens and dozens of meetings. Strong collaboration from stakeholders and state and federal partners was invaluable during this transition.

II. Federal Legislation Impacting EMS Drug Kits

In 2017, the United States Congress passed H.R. 304, the Protecting Patient Access to Emergency Medications Act. The legislation directed DEA to promulgate regulations requiring the registration of EMS agencies stocking drugs in Schedules II-V. A notice of proposed rulemaking was published in the Federal Register on October 5, 2020. The public comment period ended on December 4, 2020. As of September 2025, DEA has not finalized regulations. The proposed regulations outline the process for an EMS agency to obtain its own DEA registration, creating a new registration category for EMS agencies for purchasing and administering controlled substances. The proposed regulations also outline a hub and spoke model wherein EMS agencies may operate as a designated location of a registered EMS agency after receiving approval from DEA. This obviates the need for each EMS agency to obtain its own DEA registration. As a result of the federal legislation and proposed DEA regulations, staff from the Virginia Department of Health's Office of EMS ("OEMS") engaged staff from the Board of Pharmacy to collaborate on educational efforts to increase EMS agencies' awareness of current drug law requirements, recognizing that more changes were on the horizon. The Board of Pharmacy subsequently amended Guidance Document 110-41, effective November 25, 2021, to summarize the legal requirements for EMS to obtain and store emergency drugs and Board staff offered educational presentations to EMS agencies in each of the eleven EMS Councils across the Commonwealth.

Separately, on November 27, 2013, the federal Drug Quality Security Act ("DQSA"), H.R. 3204, became law. Title II of the DQSA, the DSCSA, required FDA to promulgate regulations to create interoperable, electronic tracing of drugs through the supply chain at package level over ten years. FDA announced that it would begin enforcing the last phase of the track and trace requirements as of November 2024. In late 2023, hospital pharmacies became concerned that existing drug kit exchange processes would not comply with the federal DSCSA requirements. Hospitals informed EMS agencies that hospital pharmacies would cease providing emergency drug kits as of November 27, 2024.

III. State Response to Federal Legislation

A. Stakeholder Meetings

On January 4, 2024, the Virginia Department of Health ("VDH") Medical Direction Committee invited the executive director of the Board of Pharmacy to its meeting to learn more about the current state and federal drug law landscape impacting EMS agencies and hospital pharmacies. Subsequent meetings of EMS stakeholders were held to discuss why a transition was needed and how it could occur. Separately, a Virginia Regional EMS Medication Kit Transition Workgroup was formed which was co-chaired by Michael B. Player, MPA, NRP, Executive Director, Peninsulas EMS Council, Inc., and Cindy Williams, BS Pharm, FASHP, Vice President/Chief Pharmacy Officer, Riverside Health System. The workgroup's original focus was on the Tidewater region but quickly spread statewide to assist all EMS and hospital pharmacy stakeholders across the Commonwealth. The workgroup met monthly and consisted of representatives from each EMS Council, pharmacists from most health systems, the Virginia Society of Health-System Pharmacists, the Virginia Hospital and Healthcare Association, and staff from the Board of Pharmacy, OEMS, and DEA.

B. Amendment of Board of Pharmacy Regulations

Board of Pharmacy regulations required amendment for EMS agencies to comply with the federal Protecting Patient Access to Emergency Medications Act and the proposed DEA regulations. Staff from the Board of Pharmacy and the Department of Health Professions collaborated with EMS and hospital pharmacy stakeholders to draft emergency regulations to align Board regulations with new federal requirements. These amendments ensured EMS providers could provide drugs to patients as needed. Because the Board of Pharmacy administers the Virginia Drug Control Act, Virginia Code § 54.1-3400 *et seq.*, DEA will generally not issue a DEA registration to an entity to purchase drug if that entity does not hold licensure with the Board of Pharmacy. Therefore, many EMS agencies would need to obtain controlled substance registrations ("CSR") from the Board of Pharmacy prior to obtaining registration from the DEA to purchase their own drug stock and transfer to associated EMS stations. Additionally, because DEA's proposed regulations outlined a hub and spoke model, the Board of Pharmacy felt that its regulations should mirror the approach for simplicity and cost-savings for the EMS agencies. The unique nature[1] of emergency medical services required the Board of Pharmacy to implement regulatory changes that ensured the process of obtaining CSRs and compliance with drug requirements were not impractical or overly onerous on EMS entities while conforming to federal allowances for obtaining a DEA registration.

Invaluable feedback was provided during February and March 2024 during the drafting of the Board regulations, often facilitated by the Virginia Regional EMS Medication Kit Transition Workgroup. Additional feedback from stakeholders was provided following the March 2024 full Board meeting wherein the draft regulations were included in the publicly posted agenda for

[1] According to OEMS, of the 552 licensed EMS agencies in Virginia, 261 are volunteer-only services, and 139 combine volunteer and career providers.

informational purposes. Given the emergency nature of the drugs for patient administration and the short deadline for a statewide transition of emergency drug kits, the Board of Pharmacy adopted the changes as emergency regulations. To facilitate prompt review and to remove unnecessary barriers to swift implementation, the Board altered its existing meeting schedule to convene a full Board meeting in May 2024. Approximately 50 EMS stakeholders, including fire and rescue stakeholders, attended the May 2024 Board of Pharmacy meeting to offer support for the draft regulations and offer public comment. The engagement of the EMS and fire and rescue stakeholders throughout the entire process represented a remarkable collaborative effort with the Board of Pharmacy to address a looming federal problem in the provision of emergency services in the Commonwealth.

The promulgated emergency regulations allowed EMS agencies and regional EMS councils to apply for a CSR and use the hub and spoke model to service designated locations of the entity holding the CSR and DEA registrations. The regulations laid out requirements for required healthcare practitioners who must maintain, audit, and dispense drug stock and requirements for prescribers connected to the CSR holder. The regulations provided certain allowances for EMS agencies and regional EMS councils regarding drug storage, alarm systems, and audits of drugs. The regulations also permitted the transfer of drugs between locations controlled by a hub CSR and between other CSR holders. The emergency regulations became effective on August 20, 2024. The final regulatory action adopting replacement regulations is currently under executive branch review. The proposed regulatory action, the first regulatory step following publication of emergency regulations, received no public comments following publication. The Board received only a few public comments following publication of the emergency regulations and was able to address those comments in the adopted proposed regulations.

C. EMS Regions Identifying Preferred Drug Models

In advance of the effective date of the emergency regulations, regional EMS councils worked with EMS agencies in their region to determine the optimal model to obtain and transfer drugs for use in emergency drug kits. Financial and staffing resources of the individual EMS region were considered. Questions contemplated included:

- What role would the regional EMS council play, if any, in supporting the EMS agencies in the region. Specifically, in lieu of each registered EMS agency establishing a purchasing contract with a wholesale distributor, could the regional EMS council assume some of the burden for procuring certain drugs and distributing them to the EMS agencies?
- Which EMS agencies would obtain a CSR and DEA registration in the region and which agencies, if any, would serve as a designated location of a registered EMS agency?
- Will the EMS agencies seeking registration require installment of a security system to comply with CSR regulations?
- Who will serve as the responsible party and supervising practitioner on the CSR applications? For example, many chose to assign the role of responsible party to a paramedic, but two regions chose to hire a pharmacist to serve in this capacity.

- How will the drugs be stored at the EMS agency? For example, is a locked cabinet or room sufficient or is the preference to purchase automated drug dispensing devices?
- What role, if any, will an area hospital play in the provision of drugs or destruction of expired drugs? For example, at least one region has an automated drug dispensing device located at the hospital as a designated location of the EMS agency to facilitate EMS personnel obtaining replacement drug.

While the laws and regulations outline general security and procedural standards, there is some flexibility regarding how an EMS agency and regional EMS council may operationalize their drug model based on the individual needs and resources of the region. While this process to determine the optimal model for each region was daunting, strong collaboration from the various stakeholders proved to be very helpful in completing this essential task.

D. Inspections and Licensure

Once the emergency regulations became effective, EMS agencies began applying for CSRs.[2] To efficiently process a high volume of applications and perform opening inspections prior to issuance of CSRs on an expedited timeline, the Board developed a virtual inspection process for the initial inspection. Additionally, OEMS surveyed each regional EMS council and developed an internal dashboard that was accessible to Board staff to track where EMS agencies were in completing the transition. The dashboard measured the number of EMS agencies planning to carry medications,[3] the number of EMS agencies with a current CSR, the number of EMS agencies that had applied for a CSR, the number of EMS agencies planning to carry drugs in Schedules II-V, the number of EMS agencies with current DEA registration, and the number of EMS agencies that had applied for DEA registration. The dashboard was last updated on April 23, 2025, and is no longer actively in use.

Board of Pharmacy staff developed a public webpage which lists all designated locations of EMS agencies that have been issued CSRs.[4] The intent of this webpage is to facilitate the DEA's ability to process applications submitted for DEA registration. There are currently 300 current active CSRs that have been issued to EMS agencies and regional EMS councils and just over 700 designated locations. Two regional EMS councils obtained a wholesale distributor registration from DEA and a third may be in the process of obtaining one. Justin G. Wood, Diversion Program Manager, Washington Division, DEA was integral during this statewide transition and should be recognized for his strong collaboration.

E. DSCSA Deadline Delayed, Additional Tools to Assist Compliance

In October 2024, the FDA issued a DSCSA exemption from the enhanced drug distribution security requirements of section 582 of the Federal Food, Drug, and Cosmetic Act for eligible

[2] Some EMS agencies already had CSRs based on previous regulations. The Board permitted these EMS agencies to file an application to transfer the scope of the CSR without imposing an application fee.
[3] Some EMS agencies elected to stop carrying medications. Based on responses to an OEMS survey, approximately 45 agencies made this choice.
[4] *See* https://www.dhp.virginia.gov/Boards/Pharmacy/PublicResources/emslocations/.

trading partners. The duration of the exemption for dispensers with 26 or more full-time employees, which included hospital pharmacies, lasted until November 27, 2025. While many EMS agencies had completed the transition to new methods of obtaining and transferring drugs within their region, hospital pharmacies agreed to continue providing emergency drug kits, if needed, until April 15, 2025, with the understanding that both EMS and hospital pharmacy stakeholders must actively continue to complete the transition. That deadline has passed, and the transition has almost entirely been completed.

Throughout the transitional process, the Virginia Regional EMS Medication Kit Transition Workgroup collaborated with Board staff and DEA to draft frequently asked questions ("FAQ") to assist stakeholders which was posted on a restricted site. As the process evolved, the Board of Pharmacy also posted FAQs on the Board's website to assist the public and applicants going forward. Educational presentations involving OEMS, Board of Pharmacy, DEA, and VHHA were offered to further educate stakeholders.

IV. Progress Status Post-Transition

A. Feedback from EMS Councils

Most of the eleven regional EMS councils across the Commonwealth recently reported that the EMS agencies within their regions have transitioned to a compliant model such as preparing their own emergency drug kits or receiving kits from a registered EMS agency and are no longer participating in a hospital kit for kit exchange process. The Tidewater EMS Council, however, indicated that there are one or more EMS agencies within their region that have not finished the transition. There is one EMS agency in the Southwest Virginia EMS Council scheduled for inspection prior to issuance of the registration and there is one EMS agency in Central Shenandoah EMS Council that is still going through the transition process.

Regional EMS councils also indicated that the majority of the EMS agencies in their regions have not decreased their level of service based on the transition. There are, however, a few EMS agencies across Virginia that have decreased their level of service. Specifically, two EMS industrial agencies within the Blue Ridge EMS Council elected to stock Schedule VI drugs only. A commercial transport EMS agency and a theme park EMS agency within the Peninsulas EMS Council elected to decrease their level of service to a Basic Life Support ("BLS") Transport EMS Agency and BLS Non-transport EMS Agency, respectively. In the case of the theme park, it was reported that the Virginia theme park was the only one of the Company's parks nationally that had been licensed as Advanced Life Support (ALS) and thus they felt no pressure to continue to support that level of service in the presence of increased costs. A private transport EMS agency in the Western Virginia EMS Council elected to not carry medications. One EMS agency in Southwest Virginia EMS Council converted from ALS to BLS due to the cost of medication and low call volume. Three EMS agencies in the Central Shenandoah EMS Council decreased their level of services, two were rural volunteer EMS agencies and one was attached to a college. The Old Dominion EMS Alliance and the Tidewater EMS Council also reported that there are aware of at least one EMS agency within each region that has decreased its level of service.

Several regional EMS councils reported that certain EMS agencies within their regions have expressed financial concerns related to these changes. The Peninsulas EMS Council indicated that the smaller, more rural EMS agencies do not know where they will get the money to purchase medications once the regional council has expended the grant money provided by Riverside and Sentara healthcare systems to resupply the smaller agencies with Schedule VI medications. The Western Virginia EMS Council reported that some of the smaller volunteer agencies are concerned with the costs of medications and licensure based on limited funding and reimbursement for patient transport, but thus far there has not been an immediate impact. Some smaller EMS agencies within the Old Dominion EMS Alliance have also expressed financial concerns. The Northern Virginia Emergency Response System reported that limited financial support impacted one EMS agency's ability to replace ineffective tracking software, and the Tidewater EMS Council indicated that financial challenges are routinely an issue of concern. Thomas Jefferson EMS Council reported concerns with the option of purchasing an automated drug dispensing device, medication costs, installation of a security system in those sites where one was required, and future costs associated with the destruction of drugs that expire prior to use. Central Shenandoah EMS Council reported that while agency operations costs did increase related to the drug box transition, most agencies

found their costs were manageable or less than projected, but that a few EMS agencies have struggled with finding additional funding with full effects still to be seen.

B. Feedback from Hospital Pharmacies

In a limited survey of members of the Virginia Society of Health-System Pharmacists who were involved in the transition process, pharmacists reported that hospital pharmacies are no longer providing emergency drug kits to EMS agencies. There are a few hospitals that have continued to provide Schedule VI drugs through a one-to-one exchange process with EMS agencies in rural, under resourced areas or EMS agencies with very low volume. Because the volume is low and these are rare exceptions, the hospital pharmacists reported that they can manage the one-to-one exchange process and comply with the DSCSA. Such hospitals may request that the exchanges occur during normal business hours when the pharmacy is open and a staff member can enter a required 13-digit serial number into the respective software. Others appear to be tracking such transactions manually via a clipboard and then entering the information into a spreadsheet.

Most hospitals currently allow EMS personnel to waste partially used vials, sharps, and biohazard materials in the emergency department but are not taking possession of expired or unwanted drugs from the EMS agency for destruction purposes. EMS agencies are likely classified federally as waste generators but are passing most waste on to hospitals. Because EMS agencies have expressed concerns with affordability of implementing their own drug disposal systems, the Virginia Department of Environment Quality may be exercising enforcement discretion. This transfer of waste destruction is not without a related transfer of cost. One hospital estimated the cost of allowing EMS personnel to waste items in the emergency department to be approximately $1,000 per year per emergency department.

As new medications are added to formularies which may be considered hazardous drugs, the surveyed hospital pharmacists noted that EMS agencies may not have the resources to evaluate how to safely handle and dispose of such hazardous medications. During the transition, hospital pharmacies across Virginia reviewed all current medications, assisted EMS agencies with classifying their current medication lists, and provided guidance on safe handling.

At least one hospital in Virginia houses an EMS automated drug dispensing device in the emergency department. The device was purchased by the hospital with grant money and given to the EMS agency to own and administer. Thus, the EMS agency owns and is responsible for stocking the device.

V. Awards

The statewide collaboration between EMS stakeholders and state agencies resulted in relatively swift state action to address a looming problem with wide-ranging implications for access to care. Multiple individuals and entities were recognized as a result of this significant collective effort. These awards included:

- Virginia Society of Health-System Pharmacists 2024 Collaboration Awards for EMS Transition Workgroup presented to:
  - Cindy Williams
  - Michael Player
  - Amy Shultz
  - Caroline Juran
  - Josh Crawford
  - Beth O'Halloran
  - Nik Lawson
  - Brian Frankel
  - Natalie Nguyen
  - Ryan Ashe
  - Gil Abernathy
  - Gregory Woods
  - Brad McDaniel
  - Ian Orensky
  - Tyler Martinson
- Peninsulas EMS Council, Inc. 2024 Special Recognition Awards for EMS Related Pharmacy Regulations presented to:
  - Virginia Board of Pharmacy
  - Caroline Juran, Executive Director, Board of Pharmacy
- Old Dominion EMS Alliance 2024 Regional EMS Award for Innovation Excellence in EMS presented to:
  - Caroline Juran, Executive Director, Board of Pharmacy
- Central Shenandoah EMS Council 2024 Regional Award for Innovation in EMS presented to:
  - Caroline Juran, Executive Director, Board of Pharmacy
- Rappahannock EMS Council 2024 Regional EMS Award for Innovation in EMS presented to:
  - Caroline Juran, Executive Director, Board of Pharmacy
- 2024 Governor's EMS Award for Innovation in EMS presented to:
  - Caroline Juran, Executive Director, Board of Pharmacy
- Peninsulas EMS Council, Inc. 2025 Special Recognition Awards for Virginia Regional EMS Medication Kit Transition Workgroup presented to each agency and organization as well as each individual member of the:
  - Virginia Regional EMS Councils
    - MaryKathryn Allen

    - Laura Atwell
    - Christopher Christensen
    - David Coulling
    - Heidi Hooker
    - Daniel Linkins
    - David Long
    - Tracey McLaurin
    - Karen Owens
    - E. Wayne Perry
    - Edward Rhodes
    - Ryan Scarbrough
    - Steven Simon
    - Travis Veach
    - RD Peppy Winchel
    - Gregory Woods
- Virginia Department of Health Office of EMS
    - Michael Berg
    - George Linbeck
    - Ronald Passmore
    - Scott Winston
- State EMS Advisory Board – Next Steps Workgroup
    - Beth Adams
    - Travis Pruitt
    - Andrew Slater
- State EMS Advisory Board – Medical Direction Committee
    - Allen Yee
- Virginia Board of Pharmacy
    - Caroline Juran
    - Beth O'Halloran
- US Drug Enforcement Administration – Washington District
    - Justin Wood
- Virginia Hospital and Healthcare Association
    - Matthew Allen
    - Robert Hawkins
    - R Brent Rawlings
- Virginia Society of Health System Pharmacists
    - Gill Abernathy
    - Joshua Crawford
    - Catherine Ford
    - Nikolaus Lawson
    - Tyler Martinson
    - Bradford McDaniel
    - Natalie Nguyen
    - Ian Orensky
    - Amy Schultz
    - Cynthia Williams (Who was Co-Chair of the Workgroup)

    - Virginia Ambulance Association
    - Steve Higgins
    - Curtis Sheets
- Virginia Association of Volunteer Rescue Squads
    - Edward “Bubby” Bish
    - Kim Craig
- Virginia Fire Chiefs Association
    - Ryan Ashe
    - D. Wayne Bowen
    - Melissa Doak
    - Brian Frankel
- Virginia Association of Governmental EMS Administrators
    - Jeffrey Meyer
    - Ray Whatley
- Virginia Association of Counties
    - Jeremy Bennett
    - Dean Lynch
- Virginia Municipal League
    - Michelle Gowdy

V. Conclusion

Following federal legislative and regulatory changes, the Board of Pharmacy and OEMS began an ambitious project to quickly create a new drug distribution model for EMS agencies in the Commonwealth. The result was a new regulatory system that provides certain allowances for EMS agencies to account for the realities and financial constraints of EMS services in the Commonwealth. Although DEA's regulations are not final, and the Board of Pharmacy may need to amend regulations should DEA's final regulations vary significantly from the proposed, the Board is confident that the regulations will not need to change in the near future due to the Board's decision to mirror federal law.

Compliance and transition to the new requirements is widespread. Questions received by the Board of Pharmacy have dwindled, but the Board remains available to assist any EMS entity in the transition process.