EMS DEA Compliance Checklist

TITAN GROUP
DEA Compliance Experts

What Every EMS Agency Must Address Under the New DEA Rule

Effective March 9, 2026

The DEA's final rule implementing the **Protecting Patient Access to Emergency Medications Act of 2017 (PPAEMA)** establishes a new, dedicated **Emergency Medical Services (EMS) Agency registration category**.

As of March 9, 2026, EMS agencies are directly accountable as DEA registrants for controlled substance management, security, documentation, and diversion prevention.

This checklist outlines the core compliance domains every EMS agency must evaluate to meet federal expectations.

1. DEA Registration Compliance

- ☐ Confirm agency has obtained or applied for the new EMS Agency DEA registration (one per state).
- ☐ Verify registration reflects all authorized controlled substance schedules.
- ☐ Ensure designated responsible party is clearly documented.
- ☐ Confirm alignment between state licensure and DEA registration records.

Why It Matters:
The EMS agency—not a hospital or medical director—is now the DEA registrant and bears federal accountability.

Source:
- DEA Final Rule, 21 CFR Parts 1300, 1301, 1304
- Protecting Patient Access to Emergency Medications Act of 2017 (Public Law 115-83)
- Federal Register Publication (Final Rule), effective March 9, 2026

2. Stationhouse & Storage Controls

- ☐ Identify all registered locations where controlled substances are stored.
- ☐ Confirm storage in locked cabinets, safes, or DEA-compliant automated dispensing systems.
- ☐ Document access controls and authorized personnel.
- ☐ Verify alarm systems or physical security safeguards at storage sites.
- ☐ Review security at non-traditional stationhouses (temporary or secured EMS locations).

Why It Matters:
The definition of "stationhouse" now includes non-traditional, secured EMS locations. Each must meet DEA physical security requirements.

Source:
- 21 CFR §1301.71 (Security Requirements)
- DEA Final Rule expanding "stationhouse" definition for EMS agencies

3. Controlled Substance Administration & Standing Orders

- ☐ Maintain written standing orders authorized by a medical director.
- ☐ Document verbal orders where applicable.
- ☐ Ensure administration records include patient identifiers, drug name, dosage, date/time, and provider documentation.
- ☐ Verify protocols for wasting/partial dose disposal are documented and witnessed.
- ☐ Confirm authority for field administration outside the physical presence of a physician.

Why It Matters:
The new rule formally authorizes standing orders and field administration — but documentation must withstand inspection-level review.

Source:
- 21 CFR §1306 (Prescriptions & Administration)
- DEA EMS Final Rule clarifications on standing orders

4. Restocking & Hospital Transfers

- ☐ Establish written restocking procedures with hospitals or suppliers.
- ☐ Maintain detailed transfer logs for controlled substances received.
- ☐ Reconcile inventory discrepancies immediately.
- ☐ Ensure proper documentation during restocking outside hospital premises.

Why It Matters:
Improper restocking documentation is a common enforcement trigger during DEA inspections.

Source:
- 21 CFR §1304 (Recordkeeping Requirements)
- DEA Diversion Control Division Guidance

5. Recordkeeping & Documentation

- ☐ Maintain retrievable records of all controlled substances received.
- ☐ Document administration, waste, disposal, and discrepancies.
- ☐ Ensure records are organized and accessible for inspection.
- ☐ Retain required documentation for federally mandated timeframes.
- ☐ Conduct periodic internal audits of logs and usage.

Why It Matters:
The DEA does not evaluate intent — they evaluate documentation. If it is not recorded properly, it does not exist in an inspection context.

Source:
- 21 CFR §1304.03 – §1304.27
- DEA Recordkeeping Requirements for Registrants

6. Diversion Prevention Controls

- ☐ Establish written diversion prevention policy.
- ☐ Train EMS personnel on controlled substance accountability.
- ☐ Create discrepancy reporting procedures.
- ☐ Implement supervisory review of documentation and inventory.
- ☐ Conduct periodic internal compliance reviews.

Why It Matters:
DEA enforcement actions frequently escalate from weak diversion controls, not just missing paperwork.

Source:
- DEA Diversion Control Division Enforcement Guidance
- 21 USC §842 (Prohibited Acts & Penalties)

7. Inspection Readiness

- ☐ Designate DEA inspection point-of-contact.
- ☐ Ensure ability to produce records immediately upon request.
- ☐ Conduct mock inspection or third-party compliance review.
- ☐ Maintain updated policies aligned with federal requirements.
- ☐ Brief executive leadership on regulatory exposure.

Why It Matters:
Inspection preparation is significantly different from responding to findings after enforcement begins.

Key Federal Resources

- Federal Register – DEA Final Rule (EMS Registration Category)
- Protecting Patient Access to Emergency Medications Act of 2017 (PPAEMA)
- DEA Diversion Control Division: https://www.deadiversion.usdoj.gov
- 21 CFR Parts 1300–1306 (Controlled Substances Regulations)
- U.S. Code Title 21 – Controlled Substances Act

Important Note
*This checklist is an informational resource and does not replace legal counsel or formal regulatory review. Each EMS agency's compliance obligations may vary based on structure, state law, and operational scope.

Is Your Agency Enforcement-Ready?

Many EMS organizations operated for years under indirect oversight.
The March 9, 2026 DEA rule shifts accountability directly to EMS agencies.

Preparation before inspection is significantly less costly than remediation after findings.

Speak with TITAN Group's former DEA enforcement professionals about your agency's compliance posture.

Schedule a Confidential EMS Compliance Consultation

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