



International Association of Fire Chiefs

8251 Greensboro Drive, Suite 650 • McLean, VA 22102
Tel: 703.273.0911 • IAFC.org

October 6, 2026

The Honorable Terrance Cole
Administrator
Drug Enforcement Administration
8701 Morrisette Drive
Springfield, VA 22152

Re: Request for Clarification Regarding Interstate EMS Operations Under the Protecting Patient Access to Emergency Medications Act Final Rule

Dear Administrator Cole:

America's fire service is the nation's largest supplier of EMS services. Daily, members of the International Association of Fire Chiefs (IAFC) and their crews of highly trained paramedics provide high-quality emergency medical care to their communities, often involving the administration of controlled substances. We appreciate the Drug Enforcement Administration's (DEA) work implementing the Protecting Patient Access to Emergency Medications Act (PPAEMA; PL 115-18). The final rule represents a significant modernization of federal controlled-substance regulations and better reflects the operational realities of EMS systems that safely store, transport, and administer controlled substances in mobile environments. We ask for your assistance in clarifying how fire and EMS agencies can comply with this rule when engaged in interstate mutual aid deployments.

As fire-based EMS agencies implemented and now operate under the rule, our members have identified operational scenarios involving interstate response that would benefit from additional clarification. Specifically, we request guidance on applying the EMS agency registration requirements to routine, interstate mutual aid responses and interstate disaster deployments, including Emergency Management Assistance Compact (EMAC) activations; wildfire response; national Urban Search and Rescue (US&R) team deployments; and other federally- or state-coordinated emergency operations.

Many fire-based EMS agencies operate in metropolitan areas where routine emergency responses regularly cross state boundaries pursuant to automatic aid and mutual aid agreements. Examples include the National Capital Region, the Kansas City metropolitan area, the St. Louis region, the Cincinnati metropolitan area, and numerous other border communities throughout the United States.

In these systems, an EMS agency may be requested to respond to an emergency in a neighboring state pursuant to established mutual aid agreements or a request by the primary agency having jurisdiction, while remaining licensed, headquartered, and primarily operating in its home state. During such responses, paramedics may administer controlled substances in the receiving state

before returning to their home jurisdiction or may administer controlled substances while transporting patients from their home state to a receiving facility in a neighboring state. While the final rule addresses EMS agencies that operate with a physical presence in multiple states, it is less clear how DEA intends the registration requirements to apply to occasional or incidental interstate mutual aid responses. Specifically, we request clarification regarding whether a fire department or EMS agency registered in its home state may temporarily carry and administer controlled substances while responding under an automatic aid or mutual aid agreement in a neighboring state, or administer a controlled substance to a patient while transporting to a hospital in a neighboring state, without obtaining a separate DEA registration in that jurisdiction.

Providing clarification on this issue would help agencies ensure compliance while avoiding unnecessary administrative burdens on systems that only occasionally cross state lines in response to emergency incidents.

The fire service also routinely deploys EMS personnel and apparatus across state lines to support large-scale incidents. Fire department paramedics serve on wildfire Rapid Extraction Module Support (REMS) teams, EMS strike teams, FEMA or state Urban Search and Rescue Task Forces, and other state- and federally coordinated response resources. These deployments often occur with little advance notice and may involve movement across multiple states over the course of a single incident or fire season. A lack of guidance that leaves advanced life support providers unavailable may lead incident commanders to adopt less aggressive firefighting and rescue tactics because high-level EMS care is not available.

The final rule does not expressly address how EMS agencies should manage controlled substances during these temporary interstate deployments. Our members have raised questions regarding whether they may deploy under their home-state EMS registration; whether host agencies should supply controlled substances; or whether additional DEA registrations would be necessary in each deployment state. Additionally, departments that host medications for a federal deployable asset, such as FEMA US&R teams, are unclear about when and how controlled substances can be transported and administered under the new rules.

Clarification on these scenarios would significantly improve operational planning while ensuring continued accountability for controlled substances during emergency response operations.

To promote consistent nationwide implementation, the IAFC respectfully requests that the DEA consider issuing guidance addressing the following questions:

- Whether an EMS agency registered in one state may temporarily carry and administer controlled substances while providing emergency services under a lawful interstate automatic aid or mutual aid agreement in a state where it does not have a permanent physical presence?
- Whether temporary interstate deployments under EMAC, federally coordinated disaster response, wildfire mobilizations, or similar emergency assignments may be conducted under an EMS agency's home-state registration, or whether additional registrations are required?

- If host-jurisdiction controlled substances are utilized during interstate deployments, how does the DEA expect agencies to account for the temporary storage of controlled substances in visiting EMS vehicles and apparatus?

We also ask the DEA to help us provide recommended best practices for fire-based EMS agencies that are registered, headquartered, and primarily operating in their home state, but routinely cross state lines to provide patient care or to transport patients to facilities in states where they have no permanent physical presence, to remain compliant with the final rule and maintain operational readiness.

The IAFC supports the DEA's commitment to maintaining appropriate safeguards for controlled substances while recognizing the unique operational needs of EMS. We believe that additional clarification of these limited interstate scenarios would further PPAEMA's objectives by reducing uncertainty without diminishing controlled-substance accountability, diversion prevention, or patient safety.

We appreciate your consideration of this request and would welcome the opportunity to work with the DEA as the final rule continues to be implemented. Please direct questions or further correspondence to Mr. Eddie Herzig at eherzig@iafc.org or (571) 672-1818.

Sincerely,

A handwritten signature in blue ink, appearing to read 'S. Locke', with a stylized flourish extending to the right.

Fire Chief Steven A. Locke
President and Board Chair
International Association of Fire Chiefs