



Town of Windham

Fire - Rescue Department

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MEMORANDUM

To : Bob Burns, Town Manager
From : Brent Libby, Fire-Rescue Chief
Date : May 18, 2026
Re : Opioid Settlement Fund Expenditure Request
Cc : Susan Rossignol, Finance Director

In 2017 the Drug Enforcement Administration (DEA) issued a draft rule for "*Registering Emergency Medical Services Agencies Under the Protecting Patient Access to Emergency Medications Act of 2017*". After an extensive comment period and seemingly no word on progress for several years agencies were informed in February that the rule would take effect in March of 2026. This rule directly affects how we acquire, store and utilize medications, most specifically the controlled substances we carry; Fentanyl, Ketamine and Versed.

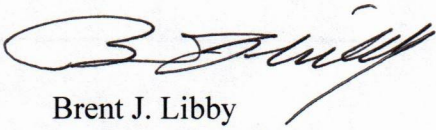
We have initiated the registration process with the DEA as required. We have been working through that process which includes new procedures for tracking, using, storing and recording our medications. As this has evolved, we were notified by Maine Health who has previously provided these medications that on July 14, 2026, they will no longer provide us with controlled substances and in October 2026 they will no longer provide other medications. This will now require that we purchase and store our own medications on site.

In order to ensure we are compliant with this new rule we will need to acquire medication vaults for our ambulances and a medication storage vault for the station. Additionally, there is a medication tracking module that we can purchase within our current software program that will ensure we are compliant as we track these controlled substances from the time of order to when we use them on a patient or destroy them. The current estimates for the ambulance vaults are between \$2,300 and \$4,000 per ambulance, these vaults will also require some modification to a compartment of installation. The station vault, which should ideally be in Central and North Stations, is between \$3,200 and \$8,000 per unit. I am anticipating the software module upgrade to be approximately \$5,000. Due to the short timeline, I am still corresponding with vendors and awaiting quotes.

I have reviewed the materials for the pharmaceutical opioid settlement funds that were allocated to our town. I believe these purchases would be allowable as "The act established uniform EMS agency requirements while ensuring that adequate safeguards exist against theft and diversion" which is specifically called out within the National Opioid Settlement Agreements.

I am requesting authorization to expend no more than \$33,000 of Opioid Settlement Funds allocated to the town for the sole purpose of implementing and ensuring compliance with the Drug Enforcement Agencies "Protecting Patient Access to Emergency Medications Act."

Thank you in advance for your consideration and support of this vital public safety project.



Brent J. Libby
Fire – Rescue Chief

Attachments: Maine EMS Bulletins, Maine Health Letter



May 12, 2026

Dear EMS Leadership,

We are writing to share an important upcoming change that affects how we collectively ensure safe, compliant access to emergency medications for the patients and communities we serve.

Under the Protecting Patient Access to Emergency Medications Act (PPAEMA) of 2017 and recently released DEA regulations, Maine EMS agencies obtain their own DEA registration to possess controlled substances and stay compliant with Federal law. MaineHealth will continue to honor existing Prehospital Medication Agreements for 60 days from the date of this mailing to allow time for EMS agencies to register with the DEA and contract with wholesalers. We recognize this represents a meaningful operational shift for EMS agencies.

By July 14, 2026, EMS agencies will need to procure their own controlled substances; MaineHealth hospitals will no longer supply controlled substances for EMS agency stock. Once your agency's DEA registration is active, the hospital pharmacy will transfer controlled substances in the EMS agency's possession to the agency's new DEA registration using the appropriate DEA 222 transfer form and as otherwise required by law.

Again, these changes are intended to strengthen regulatory compliance and ensure the safe, traceable handling of controlled substances across all care settings.

Beginning October 1, 2026, MaineHealth hospital pharmacies will transition away from providing non-controlled medications for one-to-one exchanges through pharmacy and automated dispensing units (ADCs). EMS agencies will be responsible for maintaining future sources and supplies of medications.

We understand this is a significant operational change and appreciate the work required to adapt. We value our ongoing partnership with EMS agencies and are committed to working alongside you to ensure a smooth and compliant transition. Please reach out to your local EMS liaisons early if you have concerns about meeting these deadlines. If you are not sure who your local contact is, reach out to 207-779-2400 or mhppaema@mainehealth.org.

Sincerely,

A handwritten signature in black ink that reads "Brian Thomas Marden, Pharm.D.".

Brian Marden, Pharm. D.
MaineHealth Chief Pharmacy Officer

References to help EMS Agencies

Federal Law & Rules

- [1910 | Occupational Safety and Health Administration](#)
- [21 U.S.C. § 823\(k\): Protecting Patient Access to Emergency Medications Act of 2017](#)
- [21 U.S.C. §§ 801-971: Controlled Substances Act \(CSA\): 21 USC Ch. 13: DRUG ABUSE PREVENTION AND CONTROL](#)
- [21 USC Ch. 9: FEDERAL FOOD, DRUG, AND COSMETIC ACT](#)
- [DEA Diversion Control Division | Home](#)

Maine State Law & Rules

- [Maine EMS Prehospital Treatment Protocols 2025](#)
- [Maine-EMS-Rules-Effective-20260406.pdf](#)
- [Title 17-A, §1107-A: Unlawful possession of scheduled drugs](#)
- [Title 22, §2383-B: Authorized possession by individuals](#)
- [Title 32, §83: Definitions](#)
- [Title 32, §85: Emergency medical services persons](#)
- [Title 32, §86: Ambulance services and nontransporting medical services](#)
- [Title 32, §88-B: Medical Direction and Practices Board; powers and duties](#)

Helpful Websites and Webinars

- **AAA:** [What the New DEA PPAEMA Rule Means for EMS Agencies and How to Stay Compliant - American Ambulance Association](#)
- **AAA Webinar:** [On Demand | The New DEA Rules for EMS Agencies: What Every EMS Leader Must Know \(fee to access\)](#)
- **IAFC:** [PPAEMA Is Official: What DEA's Final Rule Means for Fire-Based EMS](#)
- **Medical Compliance Services:** [DEA EMS Controlled Substance Compliance: What the 2026 PPAEMA Rule Requires - Medical Compliance Services](#)
- **NAEMSP:** [DEA Releases Rule: Protecting Patient Access to Emergency Medications Act of 2017 \(PPAEMA\) - NAEMSP](#)
- **PWW AC:** [DEA Final Rules Implementing the Protecting Patient Access to Emergency Medications Act \(PPAEMA\) What EMS Agencies Need to Know | PWW Advisory Group](#)
- **PWW AC Webinar:** [The New EMS Drug Rules: What EMS Agencies Must Know About the 2026 DEA Regulations - Log in | PWW Advisory Group](#)



***The Protecting Patient Access to Emergency Medications Act (PPAEMA)
Transparency Update: Federal DEA Registration and Maine EMS Engagement***

Overview: *With the short timeframe between the publication of the DEA's Final Rule and the upcoming effective date, we recognize there is significant anxiety regarding what agency compliance will look like. This communication is intended to provide transparency into our current efforts to engage the DEA and secure clear guidance for the Maine EMS Office and the ALS agencies affected by these changes.*

Current Status of Maine's Engagement

Maine EMS has been consistently connecting with our DEA partners since initial education was offered in late 2025. To ensure a smooth transition, we are working directly with the Acting DEA Division Program Manager for the New England Field Division, and a specifically assigned Field Agent focused on the registration process for the New England states.

At their request, Maine EMS has already:

- Submitted all requested state-level documentation to the DEA.
- Provided a comprehensive one-page summary "walkthrough" of the Maine statutes, rules, and protocols that give Maine EMS's clinicians the authority to possess and use controlled substances for patient care.

Next Steps

We are currently awaiting the DEA's response to our submitted documents and final guidance on the agency registration portal. As soon as we receive this information, we will immediately pass it on to all stakeholders.

Upcoming Town Halls

To ensure you have the opportunity to hear directly from federal regulators, Maine EMS will facilitate a series of in-person Town Halls led by the DEA.

- **Timeline:** These are being scheduled approximately 4–6 weeks from now.
- **Purpose:** This will be a vital opportunity to meet our DEA partners and ask specific questions about the implementation of the new rule.

Bottom Line: Please continue your current operations and medical oversight protocols. We are advocating for you at the federal level to ensure that when the portal opens, you have the tools you need to comply without stress.

Please consider this update in context with the [Protecting Patient Access to Emergency Medications Act \(PPAEMA\) Informational Bulletin](#) published by Maine EMS on February 12, 2026.



The Protecting Patient Access to Emergency Medications Act (PPAEMA)

Overview: On February 5, 2026, the DEA finalized rules that change how EMS agencies must manage **controlled substances**. **Those DEA Rules take effect on March 9, 2026.** This is a federal shift that affects all EMS agencies across the United States.

NOTICE: Maine EMS does not enforce or interpret federal rules or statutes and is unable to provide legal advice. For more information on how the contents of this informational document impact you and your circumstances, please consult your own legal counsel. This document is provided by Maine EMS for informational purposes only. The requirements described below are from **Federal Regulations** established by the U.S. Drug Enforcement Administration (DEA).

BACKGROUND

In 2017, Congress passed the Protecting Patient Access to Emergency Medications Act. This act amended the federal Controlled Substances Act (CSA), created in 1970. The CSA, prior to the PPAEMA, did not address the unique needs of controlled substance use in emergency medical services settings, such as administration of the medication outside the physical presence of a prescriber (MD, DO, PA, NP), and the unique storage circumstances of EMS (i.e., storage in a moving ambulance). The PPAEMA amended the CSA to allow for DEA registration for EMS Agencies, to allow for the use of a standing order to administer controlled substances, and to modify the storage, recordkeeping, and restocking requirements of the CSA to suit Emergency Medical Service Operations.¹

In October of 2020, the DEA proposed a rule, "Registering Emergency Medical Services Agencies Under the Protecting Patient Access to Emergency Medications Act of 2017", which would implement the PPAEMA. Public comment on that proposed rule closed in December of 2020.

On February 5, 2026, the DEA finalized its rule implementing the PPAEMA, effective as of **March 9, 2026**.

How This Could Impact a Maine EMS Agency

- The DEA now has a registration category specifically designed for EMS Agencies that handle controlled substances. Your EMS Service may now be required under the

¹ [https://www.cdc.gov/phlp/php/publications/protecting-patient-access-to-emergency-medications-act.html#:~:text=The%20federal%20Controlled%20Substances%20Act,Drug%20Enforcement%20Administration%20\(DEA\).](https://www.cdc.gov/phlp/php/publications/protecting-patient-access-to-emergency-medications-act.html#:~:text=The%20federal%20Controlled%20Substances%20Act,Drug%20Enforcement%20Administration%20(DEA).)



Controlled Substances Act to register and come into compliance with the DEA's rules.

- The DEA Final Rule provides a definition of a "Medical Director" as "a physician who is registered under 21 U.S.C. 823(g) and provides medical oversight to an emergency medical services agency." This may impact an EMS Agency that does not have a physician as its service-level medical director.
- This Final Rule implements a three (3)-year registration, with a fee of \$888.00.
- This rule implements new requirements for delivery, storage, and record keeping related to the handling of controlled substances. These new rules may require EMS agencies to modify their current practices.

Where to Get Information

Because this is a **federal rule**, Maine EMS encourages all potentially impacted Service Directors/Chiefs to consult the following primary sources:

1. **DEA Diversion Control Division:** <https://www.deadiversion.usdoj.gov>
 - Use this site to apply for an "EMS Agency" registration (Form 224).
 - This site has several guidance documents and manuals, such as the Provider Manual, that may more specifically address questions on what the registration process may look like.
2. **Federal Register Notice (2026-02288):**
<https://www.federalregister.gov/documents/2026/02/05/2026-02288/registering-emergency-medical-services-agencies-under-the-protecting-patient-access-to-emergency>
 - Read the full text of the rule and the DEA's responses to public comments.
3. **Local DEA Field Office:**
 - Contact the New England Field Division for specific questions at (617) 557-2100.

Immediate Action Items

- **Review** the federal requirements directly from the [DEA website](#).
- **Determine** if your agency is impacted by this change.
- **Address** how your agency will come into compliance with the DEA's requirements.
- **Questions:** For questions regarding the DEA's requirements or how they impact your agency please consult the DEA or independent legal resources.

Maine EMS is providing this briefing as a service to our community. We do not, and cannot, provide any legal advice regarding federal compliance.