

# Florida Drug Shortage Task Force (DTSF)

Cory S. Richter, Chairman  
Florida EMS Advisory Council (EMSAC)  
Florida Drug Shortage Task Force

# National Drug Shortage

- Over the last 6 years the number of drugs in short supply have quadrupled
- 40% affect the delivery of emergency care
- FDA increased regulations and inspections
- Many agencies are either doing without a medication or using a 2<sup>nd</sup> or 3<sup>rd</sup> line medication



# Federal Response

- Executive Order 13588 (Oct 31, 2011)  
“Reducing Prescription Drug Shortages”
- Title X of the Food and Drug Administration Safety and Innovation Act of 2012 signed into law on July 7, 2012



# Florida's Response

- EMSAC started the DSTF in August 2012
  - Florida Board of Pharmacy
  - Florida Hospital Association
  - Florida Surgeon Generals Legislative Staff
  - Florida Department of Professional Business Regulation
  - Florida Medical Directors
  - Florida EMS/Fire Providers
  - Florida Legislators



# Florida's Response

- Looked at Florida Statutes
  - Compounding
    - In Florida can only dispense to a identified patient.
  - Utilizing Medications beyond Expiration
    - FS499
    - This was found to be a second degree felony
- Declaratory Statement
- We explored the Surgeon General declaring a state of emergency
- Pedigree laws
- Department of Business Professional Regulation (DBPR)



# Florida's Response

- Looked at other states responses
- Brainstormed ways to mitigate
- Informed EMS/Fire Agencies of the progress of the DSTF
- Weekly list of current backordered medications and proposed date of availability from the manufacture



# Florida's Response

- Legislative Briefing paper
- Position Paper



Emergency Medical Services  
Advisory Council  
Drug Shortage Task Force  
Legislative Briefing



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Chair  
EMT (Fire)

**Daniel Griffin\***  
Vice-Chair  
EMS Educator

**Julie Bacon\***  
EMS for Children Liaison

**Doris Ballard-Ferguson, Ph.D.\***  
Lay Elderly

**Preston Bowlin\*\***  
Department of Financial Services

**Patricia Byers, M.D.\***  
Physician

**William Colburn\***  
EMS Administrator (Fire)

**Bradley Elias, M.D.\***  
Physician

**Maria Fernandez\***  
Hospital Administrator

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Paramedic (Fire)

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State EMS Medical Director

**Amy Paratore\***  
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EMS Administrator (Non-Fire)

**Lt. Timothy Roufa\*\***  
Department of Highway Safety &  
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**John Scott\***  
Air Ambulance Operator

**Alan Skouronack\***  
Commercial Ambulance Operator

**Regina Sofer\***  
Lay Person

**Vacant\***  
Paramedic (Non-Fire)

**Carlton Wells\*\***  
Department of Management  
Services

**Narcissus Willis\*\***  
Department of Education

**\*Surgeon General Appointee**  
**\*\*Co-Officio Member**

## History of EMS

In 1973, the Florida legislation passed and enacted what is known today as the Raymond H. Alexander, M.D., Emergency Medical Transportation Services Act. The Legislature recognized that the systematic provision of emergency medical services was to save lives and reduce disability associated with illness and injury. In addition, that system of care must be equally capable of assessing, treating, and transporting children, adults, and frail elderly persons. Today the Department of Health has 272 licensed emergency medical service (EMS) agencies and 66,495 certified EMS personnel.

## Statewide Issue

Emergency Medical Service (EMS) systems along with hospitals, free-standing emergency rooms and physician offices throughout Florida, and the nation, are facing a severe shortage of drugs used daily in the treatment of patients faced with emergency conditions. These unforeseeable situations where drugs are now lacking include the resuscitation of patients in cardiac arrest, stopping seizure activity in children and adults, the management of abnormal cardiac rhythms, used to sedate combative patients, provide pain relief, facilitate lifesaving advanced airway placement, severe allergic reactions, and the treatment of high risk pregnancy complications. To further add to the above challenges, EMS providers appear to be faced with "price gouging" by the pharmaceutical distribution system which is eroding the budgets of already cash strapped counties, municipalities and the private sector.

## Proposed In-State Solutions

To combat the drug shortage problem, EMS systems have attempted to manage the crisis by adjusting par stock levels, searching for alternative wholesale providers, and lastly, using alternative drugs or concentrations of medications when applicable. Unfortunately, the problem has become systemic nationwide and alternative medications are currently becoming part of the shortage. Risk is now being added to the list; the task of quickly switching to an alternative medication or concentration increases the possibility of medication errors, and requires time and money to provide education on these new drugs as well as the development of medical protocols for its use.

The Florida Emergency Medical Services Advisory Council (EMSAC) has recognized this growing concern and has created a "Drug Shortage Task Force" that is working with our partners from the State Board of Pharmacy and the Florida Hospital Association to seek out ways to weather this crisis. Regrettably, any of the discussed options require legislative intervention as they are prohibited under current Florida law.

# Florida's Response

Florida Emergency Medical Review Committee

## Florida Emergency Medical Services Drug Shortage Analysis



Florida Department of Health

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# Florida's Response

- Currently engaging a university to do a study
  - Drug potency at certain intervals
  - Our goal is to prove the efficacy of first line medications utilized by EMS



# Local EMS Issues

- Harder to get medications
- Had to check several suppliers
- Increase in cost
- Different Packaging
- Different Concentration/Dose
- Protocol updates
- Training
- Sharing medications
- Shared Best Practices



# Local EMS Issues

- Shared Best Practices



BOCA RATON FIRE-RESCUE

Units	(MED) (EN) (TNS)	Station #	Month
BENADRYL	1	1	1
PROVENTIL	1	1	1
ATROVENT	1	1	1
SOLU-MEDROL	1	1	1
NITRO SL	1	1	1
NITRO SPRAY	1	1	1
NITRO BID	1	1	1
ASPIRIN	1	1	1
CARDARONE	1	1	1
MAG SULFATE	1	1	1
ADENOCARD	1	1	1
LIDO. PRE-MIX 4%	1	1	1
DEXTROSE 50%	1	1	1
SODIUM BICARB	1	1	1
ZOFRAN	1	1	1
GLUCAGON	1	1	1
NARCAN 4mg/10ml	1	1	1
NARCAN 2mg/2ml	1	1	1
EPINEPHRINE 1:1,000	1	1	1
GLUCOSE GEL	1	1	1
EPINEPHRINE 1:10,000	5	10	1
ATROPINE	5	6	1
LIDOCAINE 100mg	3	6	1
CALCIUM CHLORIDE	1	2	1
DOPAMINE	1	2	1
TETRACAINE	1	2	1
ETOMIDATE 40mg	1	2	1
FENTANYL*	0	2	1
MORPHINE*	0	2	1
MIDAZOLAM** 5mg/5ml	1	1	1
LASIX (Backup shelf)	0	1	1
LABETALOL (Backup shelf)	0	1	1
CARDIZEM (Refrigerated)	0	2	1
ATROPINE 8mg	0	3	1
CYANOKIT 5G (Carried on HM6)	8	0	1

Print Last Name

INITIALS:

\*Controlled Substances must be entered daily in the Controlled Substance Log



NOTE DOSAGE STRENGTH

# Local EMS Issues

- Shared Best Practices



# Local EMS Issues

- Shared Best Practices



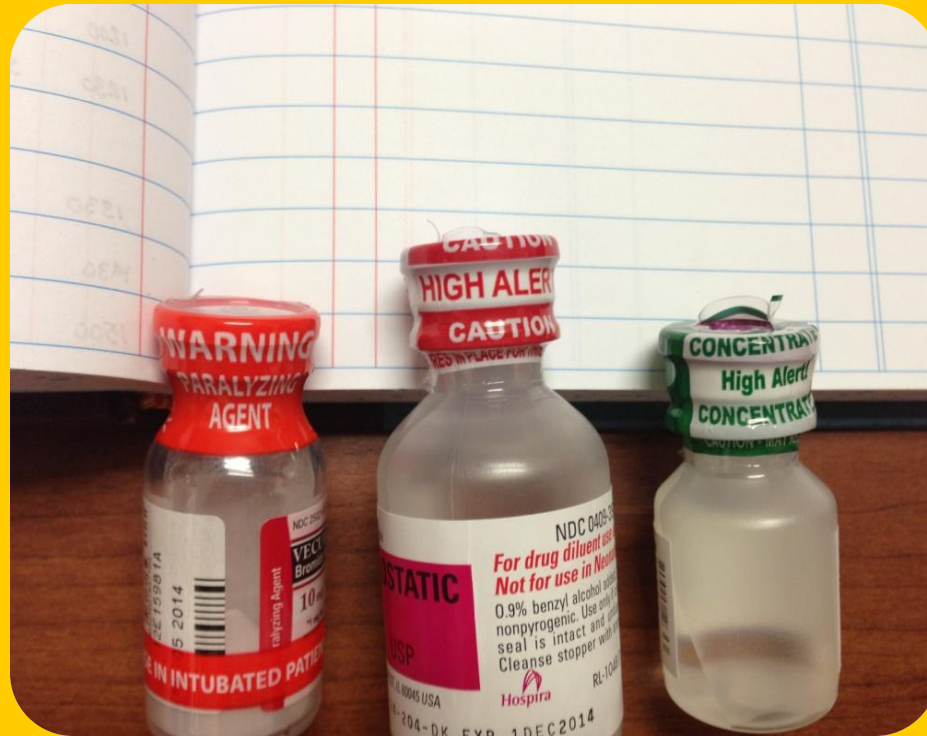
# Local EMS Issues

- Shared Best Practices



# Local EMS Issues

- Shared Best Practices



# MMCAP

- Minnesota Multistate Contracting Alliance for Pharmacy
- State Rep.
  - Jennifer Pitts 850-922-9036 x3057
  - jennifer\_pitts@doh.state.fl.us
- [www.mmcap.org](http://www.mmcap.org)
  - Cardinal Health
  - Buying Power
- CSOS program





# Questions?

