

## **ADVOCACY CAMPAIGN**

**2018 Winner:** Emergency Nurses Association

**Entry Title:** Congressional Passage of the Protecting Patient Access to Emergency Medications Act

### **Project Overview**

In early 2015, the Emergency Nurses Association learned that the Drug Enforcement Administration was considering prohibiting the use of standing orders by EMS practitioners to administer controlled substances to patients. Standing orders are preapproved instructions which medical professionals follow in delivering emergency care. Without using standing orders to administer medications such as pain or anti-seizure medications, precious minutes and seconds would be wasted, putting the treatment and lives of EMS patients at risk. In response, ENA undertook a comprehensive advocacy campaign to pass legislation that would amend the Controlled Substances Act to allow EMS agencies to continue to use standing orders. The bill, H.R. 304, the Protecting Patient Access to Emergency Medications Act, ensured the current practice of EMS agencies using standing orders is statutorily allowed. In support of the legislation, ENA developed a multi-faceted advocacy strategy in support of the bill. The strategy involved direct lobbying in Congress, an extensive grass-roots letter writing campaign by ENA members that generated over 400 emails to members of Congress and making H.R. 304 a priority for our annual fly-in, which led to over 250 Capitol Hill meetings and countless follow-up meetings. Our efforts resulted in legislation that had strong bipartisan support in the House and Senate. Eventually, the bill passed unanimously in both chambers and was signed into law by the president on November 17, 2017. Most importantly, EMS practitioners can continue to utilize standing orders to administer medications to millions of patients requiring emergency health care services.

### **Goals/Objectives**

ENA's objective with respect to the Protecting Patient Access to Emergency Medications Act was straightforward: passage of legislation in Congress prior to any action by the DEA that would prohibit the use of standing orders by EMS practitioners to administer controlled substances. This objective is consistent with ENA's mission to advocate for safe care for patients, as well as our strategic goal of being a leading influential voice on emergency health care policy. To advance this overarching goal, ENA needed to accomplish several intermediate objectives or outcomes. First, ENA needed to identify members of Congress to introduce the bill. Working with our coalition, we secured bipartisan sponsors in both chambers. In the House, Rep. Richard Hudson and Rep. G.K. Butterfield, a Republican and Democrat from North Carolina, agreed to introduce the legislation, known as the Protecting Patient Access to Emergency Medications Act. In the Senate, Sen. Bill Cassidy and Sen. Michael Bennet sponsored the bill. The second objective was consideration and approval by Congressional committees of jurisdiction. In the House, the Energy and Commerce Committee staff was briefed by ENA on why this bill was essential to the proper functioning of EMS agencies and patient care. The Committee sent the legislation to the floor, where it passed in January 2017. In the Senate, we targeted support among both Republican and Democratic senators on the Health, Education, Labor and Pensions Committee. Six key members of the Committee became cosponsors of the bill and in April the bill was unanimously approved by that Committee. Finally, the last outcome sought was passage on the floor of the full House and Senate. This occurred on October 24 in the Senate and November 1 in the House. The bill was then sent to the president to be signed into law.

### **Strategy/Tactics**

From the beginning, ENA recognized that it needed to build a wide-ranging, effective coalition of external stakeholders to get the attention of Congress and achieve the passage of H.R. 304. This strategy of fostering effective partnerships and coalitions to influence the legislative process is an important ENA core value and is consistent with our mission of advocating for patient safety. Utilizing our existing relationships with emergency physicians and emergency medical technicians, we successfully expanded the coalition to 15 groups, including several, such as the Epilepsy Foundation and the International Association of Fire Fighters, with which ENA had not previously collaborated.

Second, ENA developed a grass roots strategy to engage our members to support the bill. We used a two-prong approach. Using our EN411 Action Network, we urged our emergency nurses to send personalized letters to representatives and senators asking them to cosponsor and support the bill. In 2017, ENA emergency nurse members sent 190 letters to 93 senators urging them to cosponsor the Senate version of the bill following passage by the House. In other words, only seven of the 100 senators were not directly contacted by an emergency nurse.

Our last strategy was the use of direct, one-on-one meetings between ENA members their federal lawmakers. During our annual May fly-in, we made the passage of H.R. 304 one of our top legislative priorities. This resulted in over 250 Capitol Hill meetings with senators and representatives. Importantly, many of the emergency nurses who participated in the Washington fly-in followed-up by meeting with their members of Congress back home in district offices and writing letters urging support for the legislation. ENA advocacy led to doubling the number of cosponsors in the weeks and months following our advocacy.

### **Success Metrics/Results Achieved**

ENA had three principal metrics for success. First, we wanted to create a large and diverse coalition of health care and first responder organizations to support the bill. We accomplished this goal. Our coalition comprised 16 organizations including the top emergency care and first responder associations such as the American College of Emergency Physicians, American Ambulance Association, National Association of EMTs and the International Association of Fire Chiefs.

Next, we needed to obtain a strong, bipartisan coalition of cosponsors for the legislation. In the House, ENA and its partners convinced 25 representatives – 13 Democrats and 12 Republicans - to cosponsor H.R. 304. In the Senate, mostly through the efforts of ENA members, 13 senators – including 7 Democrats, 5 Republicans and 1 Independent – cosponsored the legislation. Importantly, six of the cosponsors were members of the all-important Health, Education, Labor and Pensions (HELP) Committee, which had jurisdiction over the bill.

The third metric for success was to achieve overwhelming support for the legislation to increase the likelihood of the bill moving through the legislative process. In our polarized political environment, anything less than strong bipartisan support could spell trouble for the bill's advancement.

In the House, we achieved early success when H.R. 304 passed on a 404-0 vote on January 9. In the Senate, the legislation was approved unanimously by the HELP Committee in May and by the full Senate in October. However, since H.R. 304 was slightly modified in the Senate, it needed to come back to the House to be passed again. Given the previous unanimous vote in the House in January, as well as the overwhelming bipartisan support it received in the Senate, the bill easily passed a second time in the House on November 2. H.R. 304 was signed into law on November 17.

**Learn more:**

[Press Rel: Protect Pat Access to Emerg Med signing](#)

[Press Rel: House UC Passage-HR 304](#)

[Press Rel - Senate Passage HR 304](#)

[ENA Action Alert Support the Protecting Patient Access to Emerg Medic Act in the Senate!](#)

[1-Pager EMS bill June 2017](#)

[S. 916 Support Letters Combined](#)

**Association Website:**

<https://www.ena.org/>