



SUBMISSION FORM

All submission forms must include the following information. Separate submission forms must be turned in for each eligible program. **Deadline: July 1, 2025.** Please include this submission form as the first page of your electronic entry. If you do not receive an email confirming receipt of your entry within 3 days of submission, please contact [Gage Harter](#).

PROGRAM INFORMATION

County: Albemarle County
Program Title: Pharmacy Project
Program Category: Public Safety

CONTACT INFORMATION

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SIGNATURE OF COUNTY ADMINISTRATOR OR DEPUTY/ASSISTANT COUNTY ADMINISTRATOR

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Pharmacy Project - Albemarle County, VA

Executive Summary

In 2024, Albemarle County launched an ambitious transition to bring emergency medical pharmaceutical procurement and management in-house, responding to new state and federal regulations that would prevent local hospitals from supplying medications to Emergency Management Services (EMS) agencies. The County developed a Drug Enforcement Agency (DEA) and Virginia Board of Pharmacy-compliant system that enhances control, security, and accountability over the medications used by paramedics in the field.

Prior to the transition, hospitals supplied Albemarle County Fire Rescue (ACFR) with pre-stocked drug kits. While convenient, this arrangement created increasing legal exposure and uncertainty due to changes in federal rules, including the Food and Drug Administration (FDA) Drug Supply Chain Security Act and anticipated changes to DEA oversight. These regulations required the “owner” of the drugs to ensure full traceability, a responsibility hospitals were no longer willing or able to accept. Albemarle County was put on notice approximately nine months ahead of the initial deadline established by the local hospitals for the County to self-perform their pharmacy operations.

In response, Albemarle County assembled a cross-departmental team from Fire Rescue, Finance & Budget, Performance and Strategic Planning, Risk Management, Facilities and Environmental Services, and IT to build a fully compliant in-house pharmacy system. This included new procurement processes, secure tracking protocols, systemwide training, and on-site infrastructure. The County initially anticipated an 18–24 month transition, however, the team was able to implement the system in just 9 months.

By December 2024, the County-operated pharmacy was live to support all career and volunteer stations. Even though the original FDA enforcement deadline was extended to April 2025, Albemarle was able to meet the original deadline of November 2024.

The project was delivered with a one-time cost of \$387,705 and an initial operating cost of \$171,088 to include one full-time staff and ongoing supplies. A few final touches remain, including the implementation of redundant supply chain strategies which were implemented in early 2025 and the installation of electronic locks to be completed by the end of 2025.

Albemarle County's pharmacy transition is a replicable, scalable model for EMS agencies across the Commonwealth. By aligning procurement and care delivery under one roof, the County has ensured safer, more efficient, and regulation-ready emergency care.

Narrative Submission

Identifying the Challenge

For decades, Albemarle County Fire Rescue (ACFR) relied on local hospitals to procure and supply essential medications for paramedics. This system allowed EMS providers to receive pre-filled drug kits from hospitals and ensure basic stock continuity. However, it came with growing limitations, most notably increasing liability for hospitals, growing administrative burdens, and pending federal regulation.

Two key regulatory shifts disrupted the status quo:

- The *Drug Supply Chain Security Act (DSCSA)* required full traceability of medications from supplier to patient, making continued hospital-based supply noncompliant.
- Proposed DEA regulations under the *Protecting Patient Access to Emergency Medications Act* would also prevent EMS agencies from using hospital-controlled substances without proper ownership and registration.

Hospitals signaled they could no longer continue under the existing system, and statewide discussions confirmed that EMS agencies would need to implement their own pharmaceutical supply chain models. Without action, ACFR risked losing access to critical emergency medications.

The Solution

Albemarle County developed a fully compliant, County-run EMS pharmacy to meet new regulatory requirements and build a stronger foundation for emergency medical services. This new model brings all procurement, inventory, tracking, and oversight under County control to ensure alignment with the FDA's Drug Supply Chain Security Act, DEA regulations, and Virginia Board of Pharmacy standards.

The transition was not simply a replacement for the previous system; it was a full-scale redesign. County staff used the regulatory shift as an opportunity to evaluate and improve every aspect of medication management. This included updating patient care protocols, revising the list of medications carried and administered in the field, modernizing drug storage kits, building appropriate physical infrastructure that met security requirements and implementing improved documentation practices.

The system is based on a hub-and-spoke model, with a central pharmacy located at the Public Safety Operations Center (PSOC) and four spoke stations across the County. This approach was necessary to minimize out-of-service time for ambulances that service the large, 726-square-mile county and ensure rapid restocking regardless of geography.

Key elements of the solution included:

- Establishing a secure pharmaceutical storage and distribution system at PSOC
- Deploying electronic inventory management systems and enhanced security protocols
- Training all career and volunteer paramedics (approximately 400 providers) on new protocols
- Acquiring DEA and Virginia Board of Pharmacy licenses for six locations
- Preparing volunteer partners to onboard into the system
- Building operational redundancy into the drug supply chain

By bringing the entire pharmaceutical supply and oversight process in-house, the County now has full ownership of its EMS drug program. The system is not only compliant, it is tailored to local operational needs.

Partnering and Collaboration

This project was made possible through close coordination of staff from across the organization including representatives from Fire Rescue, Finance and Budget, Performance and Strategic Planning, Risk Management, Facilities and Environmental Services, IT, and County Executive's Office. The team

worked across departments to develop procurement protocols, secure vendor contracts, manage project budgets, and implement system-wide training and IT solutions.

The project team also collaborated with local volunteer rescue squads to support onboarding and adjust timelines based on readiness. The team monitored national and state-level developments to remain adaptable.

Program Implementation

The project began in early 2024 with a projected 18-24-month timeline. However, the team delivered the system in just 9 months, ahead of the initial FDA enforcement deadline of November 2024.

Milestones included:

- March 2024: Identified FY24 funding and began pharmacy build-out
- April 2024: Selected vendors and developed deployment strategy
- July 2024: Purchased equipment, trained staff, and launched site operations

While the FDA later extended the compliance deadline to April 2025, Albemarle County was already live with the new system.

Final costs included:

- One-time setup: \$387,705
- FY25 ongoing: \$171,088

The project team delivered a long-term system with lower-than-expected annual costs and avoided future penalties or disruptions.

Program Results

By December 2024, the new pharmacy was live across the ACFR system. Only one volunteer partner opted to delay implementation pending internal guideline updates. This project not only safeguarded emergency response continuity but also positioned the County for long-term operational excellence and reduced risk.