

**National Emergency Medical Services Information System (NEMSIS) – State Submission
to National EMS Database
OMB CONTROL NO. 2127-New**

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary.

NHTSA is proposing to collect and aggregate limited information from state level reporting entities that can be used to describe the Emergency Medical Services (EMS) patient care provided across the United States, to measure improvements in the quality of care provided by EMS agencies and EMS systems, and to assist NHTSA in determining the impact EMS has on Highway Safety and post-crash care. One of the objectives of NEMSIS is to provide a standardized approach to documentation of EMS incident response and patient care at the local level, to provide a sub-set of that data to the State level, then the states submit an even smaller sub-set of the data to populate the National EMS Database

Background reasons for the Information Collection: The National Association of State Emergency Medical Services Officials (NASEMSO) requested that NHTSA, and perhaps other Federal partners, support the development of a National EMS Information System to provide a first-ever standardized EMS patient care reporting mechanism, that would provide essential information that could lead to improved EMS patient care at the local, state and national levels. NASEMSO also believed that availability of improved technological solutions would increase the chance of success. The information collected at each level also supports EMS research that continues to inform EMS practice.

DOT Strategic Goal supported by this information collection: Safety. NHTSA is requesting clearance to collect voluntary information from the states. It is clear that the State-level EMS data, when linked with state crash data and corresponding hospital data, will aid NHTSA and FHWA in meeting the MAP-21 requirement to find a standardized approach to measuring serious injury resulting from motor vehicle crashes. The national level EMS data will also be of value to NHTSA, as it will provide emergency care information that can augment information available through FARS and other NHTSA databases. NHTSA also has the responsibility to maintain National Education Standards for the various levels of EMS providers, including Emergency Medical Technicians and Paramedics. This national EMS database is important to identify changes in clinical protocols, medications to be administered, and other factors that impact these Education Standards over time.

Information to be collected: The information being collected at the national level is merely a subset of the data already being collected for use by the State EMS Offices. The data at the national level will contain no personally identifiable information (PII) and will be descriptive of the EMS systems and services across the country.

2. Explain how, by whom, how frequently, and for what purpose the information will be used. If the information collected will be disseminated to the public or used to support information that will be disseminated to the public, then explain how the collection complies with all applicable Information Quality Guidelines.

. The national EMS database will be used to develop a national EMS reporting system, where all interested parties (EMS stakeholders, Federal partners and the public) will be able to access standard reports and also query the system to generate their own reports of interest. In addition to the publically available national EMS database (which is a three year rolling database), an Annual EMS Research Dataset is released each summer for the full previous year. Researchers can request this information, based on a research question or hypothesis submitted. The NEMSIS data can be used at each level (local, state, and national) to measure EMS system performance and to benchmark with other like services.

It is anticipated that NHTSA will use the NEMSIS data to enhance its understanding of the injuries and fatalities resulting from motor vehicle crashes, bicycle and pedestrian injuries, and information related to several other safety countermeasures.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological techniques or other forms of information technology.

The NEMSIS data system is an electronic system, based upon a common XML structure for data sharing that every state and every software vendor has adopted. States purchase or develop software that accepts data from local EMS providers using the common XML structure via web services. Thus, data are sent to states from local EMS agencies via a “machine to machine” export on a schedule preprogrammed into the web services product (frequency of submission differs based on state regulations – some agencies automatically send data every few days, others submit every minute).

A portion of the submitted electronic data, from every data submission sent to the state, is automatically copied and exported to the National EMS repository at the NEMSIS Technical Assistance Center (TAC) These exports of data are also done via web services (“machine to machine”) on a schedule via web services. For example, Alabama schedules web services to submit data to the NEMSIS TAC every four hours. Nebraska currently programmed their web services to submit data to the NEMSIS TAC every minute. The NEMSIS TAC tests EMS software products for compliance to the common XML and to a common web services platform. Thus, every product that is NEMSIS-approved, receives and submits data using parameters on a computer screen, but varies from product to product.

4. Describe efforts to identify duplication.

NEMSIS represents the only successful national effort to standardize Emergency Medical Services patient care data. This system was requested by the National Association of State EMS Officials. The agency is not aware of any other sources of this information. This collection will not duplicate similar data or other information accessible to the agency.

5. If the collection of information involves small businesses or other small entities, describe the methods used to minimize burden.

This collection of information involves electronic submissions from the fifty States and six territories and/or their respective software vendors. It does not involve small businesses or other

small entities.

6. Describe the consequences to the Federal program or policy activities if the collection is not conducted or is conducted less frequently.

The Emergency Medical Services system in this country is quite dynamic. If the NHTSA Office of EMS is going to be effective in supporting ongoing improvements in EMS, this national EMS information is critical. Also, if the information is not collected, and the National EMS Database is not maintained, it may jeopardize the whole NEMSIS program, at all levels. This will have a negative impact on the states and could negatively impact NHTSA and FHWA by reducing their ability to accurately measure serious injuries resulting from motor vehicle crashes. Also, NHTSA, other Federal agencies, researchers, and the general public will not be able to access this national data to inform important safety initiatives and other identified needs.

Approval to commence the information collection is desired by the end of the 60 day period that OMB has to review and act upon each submission. Timely review and approval will maintain the currently planned project schedule to receive the available state-level EMS data to populate the national EMS database.

7. Explain any special circumstances that require the collection to be conducted in a manner inconsistent with OMB guidelines.

The information collection is consistent with the guidelines set forth in 5 CFR 1320.6.

8. Provide information on the PRA Federal Register Notice that solicited public comments on the information collection prior to this submission. Summarize the public comments received in response to that notice and describe the actions taken by the agency in response to those comments.

A Federal Register notice published on 06/17/2015 (80 FR 34786), Docket NHTSA-2015-0051 solicited public comments for 60 days. No comments were received.

9. Explain any decisions to provide payments or gifts to respondents, other than remuneration of contractors or grantees.

No payment of gifts will be offered to state reporting entities involved in this process.

10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation, or agency policy.

The NEMSIS Technical Assistance Center negotiates Data Use Agreements with each State, in accordance with HIPAA Guidelines, to assure protection of the data the state submits to the National EMS Database. There is no PII involved in any of the data submitted nationally. As described, this program will utilize a secure web-based, data collection process. As a part of adopted program policies and procedures, data reported by each state will only be released as part of a publically accessible national reporting system that does not specify states. In addition, NHTSA has received official designation from DHHS, as a “Public Health Authority” pursuant

to HIPAA. This authorizes NHTSA to collect this information from the States and Territories, through the current Contractor.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

The questions in this information collection do not relate to information that is commonly considered private or of a sensitive nature.

12. Provide an estimate in hours of the burden of the collection of information

Table 1: Estimated Burden Hours

	Number of Respondent	Frequency of Responses	Number of Questions	Estimated Individual Burden	Total Estimated Burden Hours	Annualize Cost to respondents ¹
	56	Annually	N/A	18 hours	1008.00	\$44,302
Totals			N/A	18 hours	1008.00 hours	\$44,302

13. Provide an estimate of the total annual cost burden to the respondents or record-keepers resulting from the collection (excluding the value of the burden hours in Question 12 above).

This represents ongoing electronic submissions from each State, with machine to machine transmittal. There are no additional anticipated costs to respondents or record keepers, beyond what they have already set up to meet their own State needs for this information.

14. Provide estimates of annualized cost to the Federal government.

The costs of this information collection to the Federal government are included in the Contract for operation of the NEMSIS Technical Assistance Center at an annual cost of \$1,500,000. This Contract also covers a wide range of Technical Assistance, vendor compliance testing, maintenance of National EMS Reporting System, and many other tasks. Currently, there are no other costs to the government related to this information collection.

¹ Estimated based on the total compensation costs for state and local government workers averaged \$43.95/hour worked in December 2014, as reported by Bureau of Labor Statistics in March, 2015. <http://www.bls.gov/news.release/ecec.nr0.htm>, as well as estimates provided by 5 State EMS Data Managers.

15. Explain the reasons for any program changes or adjustments.

This new information collection results in a program change of adding the total estimated burden hours (1008 hours) for this information collection to NHTSA's overall agency total.

16. For collections whose results will be published, outline the plans for tabulation and publication.

Aggregate data for the country will be available in the National EMS Database and on-line National EMS Reporting System. The national data does not reflect State or locality of origin. Also, there is no personally identifiable information (PII) in any of the data submitted nationally. In addition, Annual Public Release Research Datasets are made available to researchers.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons why display would be inappropriate.

NHTSA is not seeking such approval.

18. Explain each exception to the certification statement.

There are no exceptions.