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Michael Lipinski  
Office of Policy, Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
Mary E. Switzer Building, Mail Stop: 7033A  
330 C Street SW, Washington, DC 20201

RE: Comment RIN 0955-AA06  
Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability - 45 CFR Parts 170, 171, and 172

Dear Michael,

The National Association of Emergency Medical Technicians (NAEMT) represents over 92,000 members and is the only national association representing the professional interests of paramedics, advanced emergency medical technicians, emergency medical technicians, emergency medical responders, and other professionals providing prehospital and out-of-hospital emergent, urgent or preventive medical care.

We commend Health and Human Services (HHS) and the Office of the National Coordinator for Health Information Technology (ONC) on drafting a very comprehensive update to the Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability standards. We strongly support the ability for care delivery systems across the healthcare spectrum to share data for clinical and operational quality improvement, as well as increasing the patient's experience of care through provider data sharing.

Emergency Medical Services (EMS) agencies serve a unique role in the healthcare system, specifically, providing immediate response to medical emergencies in the out of hospital setting, often in remote areas, with limited access to reliable data networks. Further, many EMS agencies rely on volunteer staffing in rural and frontier communities. As such, EMS agencies may have limited human resource and technology capacity to meet some of the data security and interoperability requirements. Finally, wireless, field-based platforms that are used by EMS agencies in the field are not as robust, reliable, or even available to facilitate several of the interoperability functions contemplated by the Proposed Rule.

Therefore, we request that EMS agencies not be immediately required to comply with the provisions of the proposed rule modifying 45 CFR Parts 170, 171, and 172 that may be technologically not possible, or would require significant investment of financial resources, time and infrastructure to become compliant with the Proposed Rule.

We recommend that HHS and ONC convene a working group consisting of representatives from HHS/ONC, EMS agencies, EMS patient care documentation software vendors, wireless data transmission experts, hospital and healthcare system experts, and EMS data security and interoperability experts to determine a logical path forward for EMS to be able to attain compliance with these standards in the future.

Respectfully,

A handwritten signature in black ink that reads "Susan F. Bailey". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Susan F. Bailey, MSEM, NRP  
NAEMT President