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E 4910-59-P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[Docket No. NHTSA-2026-2113]

Request for Information: Nationwide Implementation of Prehospital Blood Transfusion

AGENCY: National Highway Traffic Safety Administration (NHTSA), Department of Transportation (DOT).

ACTION: Notice; Request for Information (RFI).

SUMMARY: The National Highway Traffic Safety Administration (NHTSA), on behalf of the Federal Interagency Committee on Emergency Medical Services (FICEMS), is seeking comments from all sources (public, private, governmental, academic, professional, public interest groups, and other interested parties) on the nationwide implementation of prehospital blood transfusion. The purpose of this notice is to solicit comments on strategies, barriers, and solutions to advance prehospital blood transfusion capabilities across State, local, tribal, and territorial emergency medical services (EMS) and 911 systems, and to request responses to specific questions provided below. This notice is an information-gathering inquiry and is neither a request for proposals nor an invitation for bids.

DATES: Comments on this announcement must be submitted on or before **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE FEDERAL REGISTER]**.

ADDRESSES: You may submit comments, identified by Docket No. NHTSA-2026-2113, by any of the following methods:

- **Federal eRulemaking Portal:** Go to http://www.regulations.gov. Follow the online instructions for submitting comments.
- **Mail:** Docket Management Facility, M-30, U.S. Department of Transportation, West Building, Ground Floor, Room W12-140, 1200 New Jersey Avenue SE, Washington, DC 20590.
- **Hand Delivery or Courier:** West Building, Ground Floor, Room W12-140, 1200 New Jersey Avenue SE, Washington, DC, between 9 a.m. and 5 p.m. Eastern Time, Monday through Friday, except Federal holidays.

Instructions: Regardless of how you submit your comments, you must include the docket number identified in the heading of this document. Note that all comments received, including any personal information provided, will be posted without change to http://www.regulations.gov. Please see the Privacy Act heading below.

Privacy Act: In accordance with 5 U.S.C. 553(c), DOT solicits comments from the public to inform its decision-making process. DOT posts these comments, without editing, including any personal information the commenter provides, to http://www.regulations.gov, as described in the system of records notice (DOT/ALL-14 FDMS), which can be reviewed at https://www.transportation.gov/privacy. Anyone is able to search the electronic form of all

comments received into any of our dockets by the name of the individual submitting the comment (or signing the comment, if submitted on behalf of an association, business, labor union, etc.). You may review DOT's complete Privacy Act Statement in the Federal Register published on April 11, 2000 (65 FR 19477-78).

FOR FURTHER INFORMATION CONTACT: Office of Emergency Medical Services, National Highway Traffic Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue SE, Washington, DC 20590; email: FICEMS@dot.gov.

SUPPLEMENTARY INFORMATION:

I. Background and Statutory Authority

FICEMS was created (42 U.S.C. 300d-4) by the Secretaries of Transportation, Health and Human Services and Homeland Security to, in part, ensure coordination among the Federal agencies involved with State, local, tribal or regional emergency medical services and 9-1-1 systems. FICEMS has statutory authority to identify State and local Emergency Medical Services (EMS) and 9-1-1 needs, to recommend new or expanded programs and to identify the ways in which Federal agencies can streamline their processes for support of EMS. FICEMS includes representatives from the Department of Defense (DoD) Office of the Assistant Secretary of Defense for Health Affairs, the Department of Health and Human Services (HHS) Office of the Administration for Strategic Preparedness and Response (ASPR), HHS Indian Health Service (IHS), HHS Centers for Disease Control and Prevention (CDC), HHS Health Resources and Services Administration (HRSA), HHS Centers for Medicare and Medicaid Services (CMS), the Department of Homeland Security (DHS) Office of Health Security (OHS), DHS U.S. Fire Administration (USFA), NHTSA, the Federal Communications Commission (FCC) and a State EMS Director appointed by the Secretary of Transportation.

Severe hemorrhage remains a leading cause of preventable death following traumatic injury. To address systemic challenges and improve clinical outcomes nationwide, FICEMS is prioritizing the implementation of prehospital blood transfusion in its strategic planning process. By focusing national efforts on this critical clinical intervention, FICEMS aims to support EMS systems in preventing up to 10,000 deaths annually and achieving a 5% reduction in overall mortality from severe bleeding by 2028.

On June 11, 2025, FICEMS convened a national Prehospital Blood Transfusion Summit in Washington, DC, bringing together nearly 900 in-person and virtual stakeholders across EMS, 911 dispatch, trauma surgery, blood banking, public health, and regulatory entities.

II. Questions Regarding Nationwide Implementation of Prehospital Blood Transfusion

Responses to the following questions are requested. Please provide references as appropriate.

1. What are the current impediments to possible solutions for achieving the following national goals by the end of calendar year 2028?

    a. Increasing the number of EMS agencies nationwide with active prehospital blood transfusion programs to 2,028;

b. Providing 911 pre-arrival instructions to 25% of pediatric patients with life-threatening bleeding;

c. Providing 911 pre-arrival instructions to 25% of all patients with life-threatening bleeding;

d. Administering a prehospital blood transfusion to 28% of pediatric patients with life-threatening bleeding;

e. Administering a prehospital blood transfusion to 16% of all patients with life-threatening bleeding;

f. Capturing outcomes data in the National EMS Information System (NEMSIS) for 10% of all children transfused prehospitally;

g. Capturing outcomes data in NEMSIS for 10% of all patients transfused prehospitally;

h. Participation from at least 51 states and territories in the National EMS Licensure Compact; and

i. Establishing 10,000 prehospital pediatric emergency care coordinators (PECCs) across the nation.

2. What role can technology such as Advanced Automatic Crash Notification (AACN) play in improving timely delivery of prehospital blood transfusion to patients injured in crashes?

3. What is the potential role of structured 911 call-taking protocols, including Emergency Medical Dispatch (EMD), in optimizing call processing, dispatch accuracy, and early bystander intervention for patients with life-threatening bleeding?

3. What mechanisms, technical standards, or policy enhancements are needed to advance data integration and linkage across local, State, and national data systems (e.g., NEMSIS, trauma registries) in support of prehospital blood transfusion surveillance and quality measurement?

4. How might improve military and civilian EMS integration advance prehospital blood transfusion practices, logistics, cold-chain management, and clinical training?

5. What improvements and curriculum enhancements are needed within the EMS education and training system to support transfusion medicine, clinical competency, and other innovative prehospital practices?

6. Do you have any additional comments regarding the nationwide implementation of prehospital blood transfusion programs?

Authority: 42 U.S.C. 300d-4; 44 U.S.C. 3506(c)(2)(A); 23 U.S.C. 403(b)(1)(A)(iv); 49 CFR 1.95; 501.8.

Issued in Washington, DC.

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