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**Barbara Sauers
Acting Associate Administrator
Regional Operations and Program Delivery
National Highway Traffic Safety Administration
1200 New Jersey Ave, SE
Washington DC 20590**

**SUBJECT: NHTSA- 2022-0036 Uniform Procedures for
State Highway Safety Grant Programs**

Dear Ms. Sauer:

Congratulations! The Department of Transportation's National Roadway Safety Strategy comprehensively and concisely addresses the many safety issues on our nation's roadways. The use of the *Safe System Approach* and its five key objectives will help to focus and coordinate the resources of the Department's Operating Administrations to "attack" this complex problem.

As a retired Director of NHTSA's Office of Emergency Medical Services and a long-time (31 years) State EMS Director with public health responsibilities, my comments have a 911, EMS, and public health focus

and more traditional highway safety implications. There are many exciting opportunities for DOT-wide collaboration and nationwide coordination.

Comments on Post-Crash Care Action Items

Some limited explanation of NHTSA's history in the development of EMS in the United States provides important contextual information to understand the proposed changes to the Post Crash Care Action items.

Accidental Death and Disability, published by the National Academies and others in 1966, illustrated the challenges of inadequate prehospital emergency care in the United States - particularly trauma care. This publication set the stage for NHTSA's prominent role in guiding the development of standards of prehospital EMS care and the writing of educational programs for our nation's EMS providers. In collaboration with the National EMS community, NHTSA still develops national EMS education standards and is directly involved with other projects related to highway safety improvement and EMS system development.

Most Federal and non-Federal EMS customers consider NHTSA as the Federal EMS coordinating agency. The Federal Interagency Committee on EMS (FICEMS) and Congress created the National EMS Advisory Council (NEMSAC), and the administration of both groups was placed with NHTSA.

NHTSA funds EMS projects of national significance to develop education standards for all levels of EMS providers, establish the EMS Agenda for the Future, and manage the National EMS Information System, among others. NHTSA manages the National 911 program, including establishing a grant program for 911 agencies, working with other Federal agencies to promote interoperability, providing technical assistance to PSAPs, and providing public information and education.

The Infographic under "Post-Crash Care" (page 29) illustrates some of the challenges that NHTSA is addressing:

1. More than one-third of seriously injured victims ARE NOT taken directly to a level 1 or II trauma center.
2. 2 out of 5 (patients) were alive when first responders arrived, but later died.
3. There is a 25% increase in the odds of survival for severely injured patients if treated in a hospital that is a level I trauma center.

While each of these statements is accurate, the suggested “Key Departmental Actions to Enable Safer Post-Crash Care” (page 30) could be enhanced for a more significant impact on traffic crash morbidity and mortality. Enhancements are suggested and explained:

3. Expand the use of and support for the National Emergency Medical Services Information System - the national database that is used to store EMS data from the U.S. States and Territories -- by funding applied research, evidence-based guidelines, data, and system quality improvement. Ask FICEMS and NEMSAC to use the information to develop action strategies for EMS and trauma system improvements.

Explanatory note:

Beginning in 2012, NHTSA, HRSA and FICEMS supported a model process for the development of Evidence-based Guidelines (EBGs) which has now generated numerous guidelines. These proposed changes would help to ensure that the NEMSIS data would also be used to support EBGs. Reducing the morbidity and mortality of the automobile crash “victims” who survive the crash is dependent on an excellent EMS and trauma care system which includes expeditious response to and from the scene, excellent up-to-date care at the scene and prompt transport to an appropriately designated trauma center.

4. Improve the delivery of EMS throughout the nation in collaboration with the Federal Interagency Committee on Emergency Medical

Services and the National Emergency Medical Services Advisory Council by focusing on the development of excellent data-driven local, state and regional EMS and trauma systems that are medically-directed and guided by national evidence-based guidelines.

Explanatory note:

In some cases, shorter scene time is better, but not always. From an EMS standpoint, this is complicated, but improved APPROPRIATE care at the scene, good trauma care systems, and expeditious transport to an appropriate trauma hospital are all essential to saving lives. A system of trauma care involves the medical community, the transport community, the political community, and others. Good data is critical, for sure. You can't manage what you don't know.

See the explanatory note for Action item # 3 regarding the importance of state and regional EMS and trauma system development.

Response to Request for Comments on changes to Highway Safety Grant Program

- 1. How can NHTSA, States, and their partners successfully implement NRSS and the SSA within the formula grant program to support the requirements in the Bipartisan Infrastructure Investment and Jobs Act (Pub.L.117-58)?*

No comment.

- 2. What non-traditional partners and safety stakeholders can the States work with to implement NRSS and SSA?*

- 1. National 911 partner organizations whose contact information is available from the National 911 Office in the NHTSA Office of Emergency Medical Services**

2. Local Public Safety Answering Points
 3. Local child care providers and organizations
 4. Parent-Teacher Organizations
 5. State Offices of EMS
 6. State Office of Rural Health
 7. State and county offices of economic development (safe highways can be an economic development incentive)
 8. Associations of attorneys: county attorneys, trial lawyers, defense attorneys
3. *How can the Sections 402,403, and 1906 formula grant programs contribute to positive equitable safety outcomes for all? How can states obtain meaningful public participation and engagement from affected communities impacted by traffic crashes resulting in injuries and fatalities?*
1. Coordinating, at a State level, with State agencies leading Community Development Block Grant technical assistance such as: Community Master Plans, Downtown Master Plans, Downtown Revitalization, etc.
 2. Consider using local or regional emergency medical organizations, hospital organizations, physicians, and particularly surgical organizations to assist in public outreach. The State Chair of the American College of Surgeons Committee on Trauma is generally a good contact.
4. *How can the formula grant program require practices to ensure affected communities have a meaningful voice in highway safety planning process?*
1. Publish notices in affected communities that the highway safety planning process is underway and explain how to provide input.
 2. Consider regional meetings, perhaps in conjunction with regional public health or EMS authorities, to explain the highway safety planning process and to provide an opportunity for input.

5. *What varied data sources, in addition to crash-causation data, should States be required to consult as part of their Highway Safety Plan problem identification and planning processes to inform the degree to which traffic disparities exist on their roadways?*

1. State-wide National EMS System (NEMSIS) Motor Vehicle crash data
2. NEMSIS data sets linked with crash data and trauma register data (providing patient outcome data)
3. A variety of public health data sets may provide useful overlays for analyzing health disparities.
4. Data sets and mapping from the Indian Health Service and the Bureau of Indian Affairs

6. *How can the triennial cycle best assess long-term behavior modification progress and connect year-to-year activities in a meaningful way?*

No comment

7. *How can the triennial HSP account for strategies that are proportional to the State's highway safety challenges?*

8. *What information is needed to ensure the HSP provides comprehensive, longer-term, and data-driven strategies to reduce roadway fatalities and serious injuries?*

1. Each state's HSP could contain a specific strategy for who regularly assesses what specific data sources (single sources and aggregated or linked sources) from what sources (e.g. crash data, EMS and trauma, public health, highway data, other) at what time intervals (daily, weekly, monthly quarterly?). This could include routine performance indicators and crisis indicators (e.g. a specific problem curve, a public health problem in a community). There could be targets for activating various local or state response teams.

9. *What data elements should States submit to NHTSA in their annual grant application to allow for full transparency in the use of funds?*

No comment

10. *What types of data can be included in the annual grant application to ensure that projects are being funded in areas that include those of most significant need?*

1. At Headquarters, the Office of Emergency Medical Services (including the National 911 Office) and the Regional Program Office should complete work on an EMS component of *Countermeasures that Work* or its successor document.
2. The already-approved Evidence-Based Guidelines should be included to the extent practical in the *Countermeasures that Work*.
3. There should be the continued evolution of the two-way coordination and communication between the NHTSA Office of Emergency Medical Services and the Regional Program Office to develop guidance about approving EMS and 911 funding requests. The State Highway Safety Offices, State EMS Offices, and their respective national organizations should be involved.
4. Projects should be consistent with national strategies, Evidence-Based Guidelines, *Countermeasures That Work* or its successor document, and approved national guidelines.

11. *Should these measures be revised? If so, what changes should be made?*

No comment. I don't understand the question.

12. *Section 24102 of the Bipartisan Law requires performance targets "that demonstrate constant or improved performance." What*

information should NHTSA consider in implementing this requirement?

NHTSA should consider the NEMSIS information available from the NEMSIS technical assistance center, the NEMSIS website, and the NEMSIS performance improvement project. The NASEMSO Performance Measures Project should be reviewed,

13. *What should be provided in the Annual Report to ensure performance target progress is assessed and that projects funded in the past fiscal year contributed to meeting the performance targets?*

No comment

14. *How can the Annual Report best inform future HSP?*

No comment

Thank you very much for your good work on this project. As you know, EMS is an integral component of Highway Traffic Safety. On behalf of EMS providers, we would appreciate all you can do to help ensure an equitable amount of support for EMS system development - the important and long-standing partner in keeping our highways (and communities) safe!

Thanks again. If there is anything I can do personally to help you with this important work, just say the word.

Sincerely,



Drew Dawson

Cc: Gamunu Wijetunge, Director
NHTSA Office of Emergency Medical Services