



National Association of State EMS Officials

THE COLLECTIVE VOICE OF THE NATION'S EMS SYSTEMS

Guidance Document

Requesting EMS Data Across States: Key Considerations and Guidance

This guidance document was created by the Data Managers Council and approved by the NASEMSO Board of Directors on December 4, 2025.

INTENDED AUDIENCE: Researchers, public health practitioners, and emergency medical services (EMS) stakeholders

SUMMARY: Requesting EMS data from multiple states can support vital work in system improvement, public health, research, and commercial innovation. However, EMS data access is governed by state-specific policies, privacy standards, and legal requirements. This document offers essential guidance to help you navigate state EMS data requests responsibly and effectively.

Recommendations

Understand the Data Types and Sensitivities

- Personally Identifiable Information (PII): Direct identifiers like names, addresses, or Social Security numbers. Rarely released, and only with an approved data use agreement (DUA) and Institutional Review Board (IRB) review.
- Protected Health Information (PHI): Health data linked to individuals (e.g., incident location, EMS timestamps, patient condition). Subject to Health Insurance Portability and Accountability Act (HIPAA) protections; typically only released for public health or research with proper safeguards. May require an IRB review.
- De-identified Data: Data with all identifiers removed. States may follow HIPAA's Safe Harbor or Expert Determination standards. De-identified data often requires fewer approvals but may still be restricted depending on content and use.
- Aggregate Data: Summary-level information (e.g., total calls by region, average response times). Typically not considered PHI or PII, and may be publicly available

or shared with fewer restrictions. To protect individual privacy and maintain confidentiality, low counts may be suppressed in aggregate reporting.

Clarify the Purpose of Your Request

Clearly define the intended use of the data. This determines what can be shared and under what conditions:

- **Public Health Practice:** For surveillance, planning, or system improvement. May qualify for access to PHI under state public health authority.
- **Research:** Requires IRB review and often formal agreements. Even de-identified data may be subject to approval based on study scope.
- **Commercial Use:** For tools, services, or products with commercial intent. Access to identifiable or sensitive data is often more restricted. Clearly explain the public benefit, intended outcomes, and privacy safeguards.

Review the National EMS Information System's Data Standard

The National EMS Information System (NEMSIS) is a comprehensive data collection platform that standardizes the reporting of EMS data across the United States. It serves as the national repository for EMS data, enabling agencies to submit, track, and analyze electronic patient care reports (ePCRs). The NEMSIS data dictionary contains detailed information about the data collected in the NEMSIS repository including element names, numbers, allowed values, constraints and validation rules and can be found here:

<https://nemsis.org/technical-resources/version-3/version-3-data-dictionaries/>.

- Request **NEMSIS-compliant elements** to support consistent cross-state analysis.
- **Data elements vary in their usage and completeness:**
 - **Mandatory** = Must be completed and does not allow for NOT values
 - **Required** = Must be completed and allows NOT values
 - **Recommended** = Does not need to be completed and allows NOT values
 - **Optional** = Does not need to be completed and does not allow for NOT values
- National custom elements may or may not be collected by individual reporting states.
- EMS data dictionaries vary by state, and not all elements are required uniformly. To understand which elements are collected by each state, a collection of state-specific dictionaries is available through the NEMSIS State Resources page at <https://nemsis.org/state-data-managers/state-map-v3/>.
- Collection of a data element does not ensure that this data element is reported on in every scenario; further analysis might be needed. Some elements are only conditionally required depending on the incident scenario or state reporting requirements.
- **Data Elements may change with NEMSIS version updates.** As a result, data available may be impacted by the date range of your request, and individual states

data systems are upgraded to new NEMSIS standards at different times—which also impacts data availability.

- **Requests for NEMSIS national elements only may be fulfilled by the NEMSIS Technical Assistance Center** by completing a Help Desk Request at: <https://nemsis.atlassian.net/servicedesk/customer/portals>.

Apply the Minimum Necessary Requirement

The **Minimum Necessary Requirement** is a key standard under HIPAA and widely adopted by states. It requires that data requests be limited to **only the information needed** to accomplish the stated purpose—no more, no less.

To follow this principle:

- **Be specific** about data elements (e.g., request ZIP code rather than full address, date ranges instead of full date of birth). Review the [NEMSIS data dictionary](#) and provide specific NEMSIS data element name and number (e.g. Type of Service Requested – eResponse.05).
- **Justify each element** requested based on your objectives.
- Avoid blanket or overly broad requests (e.g., “all EMS data for the last 5 years”).
- Consider whether **aggregate or de-identified data** will meet your needs before requesting PHI or PII.

Understand Differing State Data Release Practices

Each state manages its own EMS data and has its own:

- Request fulfillment processes
- Legal and regulatory review
- Timeframes for release
- Potential costs for data release

Be prepared to:

- Provide a detailed purpose statement.
- Submit IRB or ethics approval (if applicable).
- Sign a Data Use Agreement (DUA) or Data Sharing Agreement (DSA) outlining data security and allowable use (if applicable).

Final Tip: Start early. Requests involving PHI, commercial use, or multistate coordination often require extended review and communication.