November 5, 2026

Angie Wang
Acting Associate Administrator, Research and Program Development
National Highway Traffic Safety Administration
1200 New Jersey Avenue, SE
Washington, DC 20590

Re: Docket No. NHTSA-2026-2113; Request for Information: Nationwide Implementation of Prehospital Blood Transfusion

Dear Associate Administrator Wang:

Alliance for Automotive Innovation ("Auto Innovators")[1] appreciates the opportunity to respond to the National Highway Traffic Safety Administration's ("NHTSA") request for Information regarding nationwide implementation of prehospital blood transfusion.[2] Auto Innovators supports a comprehensive approach to reducing roadway fatalities and serious injuries that includes effective post-crash care alongside safer vehicles, road users, speeds, and roads. Our comments focus on the potential role of vehicle technologies and the coordination necessary to connect those technologies with the broader emergency-response system.

As NHTSA's data indicates, severe bleeding is a leading cause of preventable death following traumatic injury, and timely emergency medical care remains critical when serious crashes occur. NHTSA has reported that 43 percent of individuals killed in crashes between 2019 and 2023 were still alive when first responders arrived on scene, highlighting a significant opportunity to improve survivability through faster post-crash intervention. Advanced Automatic Crash Notification (AACN) can support post-crash care by rapidly notifying emergency services and providing available information that may help responders assess the crash, identify patients at elevated risk of serious injury and, in turn, deploy appropriate resources. Prehospital blood transfusion represents one of the most promising advancements in post-crash care in recent years, building on decades of military and civilian trauma experience and enabling appropriately trained EMS professionals to begin lifesaving treatment at the scene or *en route* to definitive care.

[1] Auto Innovators represents the full auto industry, including the manufacturers producing most vehicles sold in the U.S., equipment suppliers, battery producers, semiconductor makers, technology companies, and autonomous vehicle developers. Our mission is to work with policymakers to realize a cleaner, safer, and smarter transportation future and to ensure a healthy and competitive auto industry that supports U.S. economic and national security. Representing over 5 percent of the country's GDP, responsible for supporting nearly 11 million jobs, and driving $1.5 trillion in annual economic activity, the automotive industry is the nation's largest manufacturing sector.

[2] https://www.federalregister.gov/documents/2026/10/06/2026-20426/request-for-information-nationwide-implementation-of-prehospital-blood-transfusion

Auto Innovators supports NHTSA and the Federal Interagency Committee on Emergency Medical Services ("FICEMS") efforts to address practical barriers to prehospital blood transfusion. Federal leadership can expand access by convening stakeholders, sharing implementation models, supporting research, and reducing unnecessary administrative and regulatory barriers. Any national strategy, however, should preserve appropriate State and local flexibility. What is more, it accounts for significant differences among EMS systems in governance, resources, geography, medical oversight, and operational needs.

Auto Innovators encourages NHTSA to coordinate this initiative with its broader work on post-crash care and roadway safety, including rapid crash notification, effective 911 dispatch, timely EMS deployment, appropriate clinical care, and efficient transport to the right trauma facility. Against this background, Auto Innovators offers the following responses to the RFI questions most relevant to the automotive industry's experience with vehicle technologies, crash notification, emergency response, and post-crash care.

(Question 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?

The automotive industry developed and continues to deploy Automatic Crash Notification (ACN) and AACN. These technologies can strengthen post-crash care by enabling earlier crash notification and supporting a more informed emergency response.

Realizing the full benefits of automatic crash notification technologies depends on a complex and uneven ecosystem that includes telecommunications networks, 911 centers, EMS agencies, trauma systems, and State and local authorities. Vehicle manufacturers control only the in-vehicle portion of this broader response chain, making coordination and investment across the ecosystem essential.

Although limited real-world evidence current exists specifically linking AACN-informed response to the timely delivery or administration of prehospital blood, AACN provides a promising foundation for evaluating whether earlier notification and objective crash information can improve the deployment of blood-capable resources, reduce time to care, and ultimately help improve outcomes for patients with severe traumatic injuries.

AACN can help shorten the time between a crash and an informed EMS response, particularly when occupants cannot call 911 or identify their location. When available, prompt notification, accurate location, relevant crash characteristics, and a predictive indicator of potential occupant injury severity may help dispatchers determine whether to alert blood-capable ground or air medical resources or a trauma center, subject to validated criteria and local protocols.

NHTSA could support a limited pilot program involving vehicle manufacturers, 911 centers, EMS agencies, trauma systems, and other relevant stakeholders to evaluate how AACN information may support timely deployment of blood-capable resources. The pilot could help define data elements and validated alert criteria, evaluate the relationship between AACN-predicted injury risk and severe hemorrhage, and measure intervals from crash occurrence to notification, dispatch, patient contact, and transfusion, as well as false-positive rates, resource utilization, and patient outcomes. Results could help determine whether and under what circumstances AACN information improves timely access to prehospital blood before broader policies or requirements are considered.

The automotive industry supports collaboration with 911, EMS, trauma systems, telecommunications and technology providers, and other relevant stakeholders to identify which information is operationally and clinically useful, establish reliable and interoperable methods for transmitting and receiving it, and evaluate whether its use reduces response times or improves patient outcomes. Federal efforts should also account for differences in communications coverage, 911 capabilities, EMS resources, and State and local protocols.

AACN can inform dispatch, destination, and resource-planning decisions by providing immediate, objective, and data-driven information about crash severity and injury risk before first responders arrive on scene. While crash data alone cannot establish that a particular patient is hemorrhaging or requires transfusion, identification of a crash with a high risk of fatal or serious injury could provide an early indication that significant bleeding may be present and support earlier deployment of blood-capable resources when time-critical decisions must be made with limited information. AACN information should remain one important input to emergency-response decision-making, with treatment decisions ultimately grounded in patient assessment, medical direction, and locally approved EMS clinical protocols.

(Question 4) 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?

The Auto Innovators supports efforts to improve linkage among EMS records, trauma registries, and other relevant data systems to strengthen surveillance and quality measurement for prehospital blood transfusion.

NHTSA should consider enhancing CISS, or linking CISS with NEMSIS and trauma-registry data, to enable evaluation of the full post-crash response continuum, including AACN

notification, EMS dispatch and arrival, patient contact, transport, transfusion and other critical interventions, and patient outcomes. Connecting objective crash and injury-risk

information with this medical-response timeline would enable researchers to evaluate whether AACN-informed decisions actually reduce time to lifesaving care and improve outcomes. Federal efforts should prioritize a common, limited set of standardized data elements, consistent definitions and outcome measures, interoperable exchange methods, and mechanisms that permit records to be linked across the response and care continuum without requiring duplicative data entry. Data collection should build on existing systems such as NEMSIS and State trauma registries, account for differences in State and local capabilities, and minimize burdens on EMS clinicians and agencies.

Any linkage framework should include appropriate privacy, security, governance, and access safeguards and clearly define permissible uses of the data.

Where AACN information is considered, vehicle manufacturers and AACN providers can help identify which data elements are available, reliable, feasible to transmit, and useful for supporting rapid emergency response decisions. Vehicle-generated information can provide early, objective indicators of crash severity and injury risk that may help inform resource deployment and triage decisions. While vehicle-generated information alone cannot establish a patient's condition or need for transfusion, it may complement clinical assessment and other information available to emergency responders.

NHTSA and FICEMS could facilitate voluntary pilot projects to assess record-linkage methods, data quality, and the usefulness of potential measures before considering broader implementation.

Auto Innovators appreciates NHTSA's attention to this potentially lifesaving intervention and supports a collaborative, evidence-based approach to expanding access. We look forward to continued engagement with NHTSA, FICEMS, EMS leaders, states, trauma systems, blood suppliers, and other stakeholders as the Department considers next steps.

Sincerely,



Lauren A. Collins
Senior Director, Safety Policy
Alliance for Automotive Innovation