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SPECIALIZED MEDICAL SERVICES
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September 29, 2025

To: EMS Service Providers

From: Laurent Repass, NRP
          EMS Information and Analytics Chief

Subject: Patient Care Reporting System Update – Transition to NEMSIS v3.5.1

Pursuant to OCEMS Policy 300.30 and California Code of Regulations, Title 22, Division 9, Chapter(s) 3.1 and 3.3 (§100097.01), EMS providers must complete and submit Patient Care Reports (PCR) using a Patient Care Reporting System (PCRS) that is *certified* compliant with the current version of the National EMS Information System (NEMSIS) and the California EMS Information System (CEMSIS).

The California EMS Authority has confirmed in a letter to EMS stakeholders (attachment) that all data submitted to CEMSIS be compliant with NEMSIS v3.5.1 by **January 1, 2026**. The Orange County Medical Emergency Data System (OC-MEDS) meets NEMSIS v3.5.1 requirements and can receive and send data to CEMSIS in the required format now. EMS Providers who use the OC-MEDS PCRS are compliant and no further action is needed.

EMS providers who use a *third-party* PCRS must ensure their system is updated and certified compliant by the NEMSIS Technical Assistance Center (TAC) to ensure continued compliance. Providers are encouraged to monitor their vendor's compliance on the NEMSIS website at: https://nemsis.org/technical-resources/version-3/v3-compliant-software-and-compliance-testing-status/.

Providers whose PCRS is certified v3.5.1 compliant are encouraged to begin submitting data to OC-MEDS as soon as possible. Failure to submit EMS data in the required format by **January 1, 2026** may result in suspension or revocation of your license to operate.

If you have questions, please contact the OC-MEDS System Administrator on-duty at oc-meds@ochca.com.

Copy: Carl Schultz, MD, FACEP
        EMS Medical Director

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DATE: September 16, 2025

TO: Local Emergency Medical Services Agency Administrators
                  Local Emergency Medical Services Medical Directors
                  Emergency Medical Services Providers
                  Emergency Medical Services System Partners

FROM: Elizabeth Basnett, Director
                  Hernando Garzon, MD, Chief Medical Officer

SUBJECT: National EMS Information System Version 3.5.1 Transition

On January 15, 2025, NEMSIS Technical Advisory Committee finalized and published
the National Emergency Medical Services Information System (NEMSIS) version 3.5.1.
This transition will include changes to the NEMSIS data dictionary. NEMSIS will start
accepting version (V)3.5.1 data on September 30, 2025.

It is the Emergency Medical Services Authority (EMSA)'s intent to have all entities
submitting data into the California Emergency Medical Services Information System
(CEMSIS) be NEMSIS V3.5.1 compliant by the end of 2025. ImageTrend, the vendor
that maintains the CEMSIS data repository, is ready to accept V3.5.1 Demographic
(DEM) files from all software vendors and EMSA asks all vendors to send V3.5.1 DEM
files before sending V3.5.1 data to CEMSIS. CEMSIS will be able to receive V3.5.1 data
on September 30, 2025.

EMSA will accept V3.5 and V3.5.1 data until December 31, 2025. Beginning January 1,
2026, EMSA will only accept NEMSIS V3.5.1.

Health and Safety Code (HSC) section 1797.227 requires:
1. Each emergency medical care provider uses an electronic health record
   system when collecting and submitting Emergency Medical Services (EMS)
   data to a Local EMS Agency (LEMSA).
   a. For the purposes of interpreting the provisions of HSC section 1797.227,
      EMSA recognizes that "electronic health record" means electronic
      patient care record (ePCR). An electronic health record (EHR), as
      defined by the Office of the National Coordinator for Health Information
      Technology (ONC), is a digital version of a patient's paper chart.
   b. The electronic health record must have the capability of mobile entry at
      the patient's bedside and incorporate workflow for real-time entry of

information. This also means that all EHR systems should be interoperable with other systems, including the functionality to exchange (send and receive) electronic patient health information with other entities, including hospitals, in an Health Level 7 (HL7) format, using ONC standards. NEMSIS incorporates these format standards.

2. The electronic health record system must be compliant with the current version of NEMSIS and CEMSIS.
   a. "Compliant" refers to an EHR system that has been tested and certified by NEMSIS; the certification information is posted on the NEMSIS website. EMS providers shall use a NEMSIS-compliant vendor in the submission of data to the LEMSA.
   b. NEMSIS National/State or State-only elements and value sets shall be used as defined in the mandatory, required, recommended, and optional lists as published in Version 3.4.0 or most current version, except as listed below under 3a.
3. The electronic health record system must be compliant with the current California data standard for EMS data.
   a. Data Compliance with CEMSIS is further determined by meeting any additional requirements set by EMSA, including California-specific criteria that expand or limit the responses for any NEMSIS elements. Emergency medical care providers shall use California-specific value sets for the following elements as defined on the CEMSIS page of EMSA's website:
      - Provider Agency List (dAgency.01). Providers shall only use their EMSA-assigned CEMSIS identification number as noted on the Provider Agency List (dAgency.01).
      - Facility Identification (dFacility.02/dFacility.03)
      - Cause of Injury (eInjury.01.)
      - Symptom List (eSituation.09).
      - Provider Primary/Secondary Impression (eSituation.11/eSituation.12).
      - Location Type (eScene.09).
      - Medication Administered (eMedication.03).
      - Procedure (eProcdure.03).
   b. Compliance is achieved when a provider submits data to the LEMSA from a NEMSIS-compliant software vendor including fields identified in the NEMSIS standard as mandatory, required, recommended, optional, and the California-specific value sets. Compliant data submission to the LEMSA shall utilize descriptive values and contain minimal use of "NOT" and "null" values, limited only to situations where no other value is appropriate for documentation of a given situation.
   c. The time period for submission to CEMSIS shall be defined by the LEMSA and shall not exceed 72 hours after completion of the patient

encounter. Data consistent with CCR Title 22, Division 9, Chapter 3.3. Emergency Medical Technician-Paramedic, Section 100097.01, (e) and (f) shall also be submitted to the LEMSA, as required.

Thank you for your help to ensure the quality of data, data submission, and analysis. If there are any questions or comments, please contact the Quality and Planning Division by emailing EMSData@emsa.ca.gov.