## AMENDMENTS TO LB543

Introduced by Harr, 8.

Strike the original sections and insert the following new
 sections:

3 Section 1. Section 38-1201, Reissue Revised Statutes of Nebraska, is4 amended to read:

38-1201 Sections 38-1201 to 38-1237 and section 3 of this act shall
be known and may be cited as the Emergency Medical Services Practice Act.
Sec. 2. Section 38-1217, Revised Statutes Cumulative Supplement,
2014, is amended to read:

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38-1217 The board shall adopt rules and regulations necessary to:

(1)(a) For licenses issued prior to September 1, 2010, create the 10 following licensure classifications of out-of-hospital emergency care 11 providers: (i) First responder; (ii) emergency medical technician; (iii) 12 13 emergency medical technician-intermediate; and (iv) emergency medical technician-paramedic; and (b) for licenses issued on or after September 14 1, 2010, create the following licensure classifications of out-of-15 hospital emergency care providers: (i) Emergency medical responder; (ii) 16 medical technician; (iii) advanced 17 emergency emergency medical technician; and (iv) paramedic. The rules and regulations creating the 18 classifications shall include the practices and procedures authorized for 19 20 each classification, training and testing requirements, renewal and reinstatement requirements, and other criteria and qualifications for 21 each classification determined to be necessary for protection of public 22 health and safety. A person holding a license issued prior to September 23 1, 2010, shall be authorized to practice in accordance with the laws, 24 rules, and regulations governing the license for the term of the license; 25 (2) Provide for temporary licensure of an out-of-hospital emergency 26 27 care provider who has completed the educational requirements for a

-1-

licensure classification enumerated in subdivision (1)(b) of this section 1 2 but has not completed the testing requirements for licensure under such 3 subdivision. Temporary licensure shall be valid for one year or until a license is issued under such subdivision and shall not be subject to 4 5 renewal. The rules and regulations shall include gualifications and 6 training necessary for issuance of a temporary license, the practices and 7 procedures authorized for a temporary licensee, and supervision required 8 for a temporary licensee;

9 (3) Set standards for the licensure of basic life support services 10 and advanced life support services. The rules and regulations providing 11 for licensure shall include standards and requirements for: Vehicles, 12 equipment, maintenance, sanitation, inspections, personnel, training, 13 medical direction, records maintenance, practices and procedures to be 14 provided by employees or members of each classification of service, and 15 other criteria for licensure established by the board;

16 (4) Authorize emergency medical services to provide differing 17 practices and procedures depending upon the qualifications of out-of-18 hospital emergency care providers available at the time of service 19 delivery. No emergency medical service shall be licensed to provide 20 practices or procedures without the use of personnel licensed to provide 21 the practices or procedures;

(5) Authorize out-of-hospital emergency care providers to perform any practice or procedure which they are authorized to perform with an emergency medical service other than the service with which they are affiliated when requested by the other service and when the patient for whom they are to render services is in danger of loss of life;

27 (6) Provide for the approval of training agencies and establish
 28 minimum standards for services provided by training agencies;

(7) Provide for the minimum qualifications of a physician medical
director in addition to the licensure required by section 38-1212;

31 (8) Provide for the use of physician medical directors, qualified

-2-

model protocols, standing orders, 1 physician surrogates, operating procedures, and guidelines which may be necessary or appropriate to carry 2 3 out the purposes of the Emergency Medical Services Practice Act. The model protocols, standing orders, operating procedures, and guidelines 4 5 may be modified by the physician medical director for use by any out-of-6 hospital emergency care provider or emergency medical service before or 7 after adoption;

8 (9) Establish criteria for approval of organizations issuing 9 cardiopulmonary resuscitation certification which shall include criteria 10 for instructors, establishment of certification periods and minimum 11 curricula, and other aspects of training and certification;

12 (10) Establish renewal and reinstatement requirements for out-ofhospital emergency care providers and emergency medical services and 13 14 establish continuing competency requirements. Continuing education is 15 sufficient to meet continuing competency requirements. The requirements may also include, but not be limited to, one or more of the continuing 16 17 competency activities listed in section 38-145 which a licensed person may select as an alternative to continuing education. The requirements 18 shall include twelve additional hours of continuing education in clinical 19 20 topics for community paramedics. A person who is licensed under a 21 licensure classification in subdivision (1)(b) of this section may 22 practice as a community paramedic as provided in section 3 of this act. 23 The reinstatement requirements for out-of-hospital emergency care 24 providers shall allow reinstatement at the same or any lower level of licensure for which the out-of-hospital emergency care provider is 25 26 determined to be qualified;

(11) Establish criteria for deployment and use of automated external
defibrillators as necessary for the protection of the public health and
safety;

30 (12) Create licensure, renewal, and reinstatement requirements for
 31 emergency medical service instructors. The rules and regulations shall

-3-

1 include the practices and procedures for licensure, renewal, and 2 reinstatement;

Establish criteria for emergency 3 (13) medical techniciansintermediate, advanced emergency medical technicians, emergency medical 4 5 technicians-paramedic, or paramedics performing activities within their 6 scope of practice at a hospital or health clinic under subsection (3) of 7 section 38-1224. Such criteria shall include, but not be limited to: (a) 8 Requirements for the orientation of registered nurses, physician 9 assistants, and physicians involved in the supervision of such personnel; (b) supervisory and training requirements for the physician medical 10 11 director or other person in charge of the medical staff at such hospital 12 or health clinic; and (c) a requirement that such activities shall only be performed at the discretion of, and with the approval of, the 13 14 governing authority of such hospital or health clinic. For purposes of 15 this subdivision, health clinic has the definition found in section 71-416 and hospital has the definition found in section 71-419; and 16

(14) Establish criteria and requirements for emergency medical 17 technicians-intermediate to renew licenses issued prior to September 1, 18 2010, and continue to practice after such classification has otherwise 19 20 terminated under subdivision (1) of this section. The rules and 21 regulations shall include the qualifications necessary to renew emergency 22 medical technicians-intermediate licenses after September 1, 2010, the 23 practices and procedures authorized for persons holding and renewing such 24 licenses, and the renewal and reinstatement requirements for holders of 25 such licenses.

Sec. 3. <u>A community paramedic shall practice in accordance with</u> protocols and supervisory standards established by the physician medical director in accordance with section 38-1217. A community paramedic may provide services as directed by a patient care plan if the plan has been developed by the patient's primary physician or by an advanced practice registered nurse or a physician assistant, in conjunction with the

-4-

physician medical director and relevant local health care providers. The 1 2 care plan shall ensure that the services provided by the community 3 paramedic are consistent with the services offered by the patient's health care home, if one exists, that the patient receives the necessary 4 services, and that there is no duplication of services to the patient. 5 6 Sec. 4. Section 68-901, Revised Statutes Cumulative Supplement, 7 2014, is amended to read: 8 68-901 Sections 68-901 to 68-974 and section 5 of this act shall be 9 known and may be cited as the Medical Assistance Act. (1) The department shall apply for a waiver to implement 10 Sec. 5. this section. 11 12 (2) For purposes of this section: (a) Community paramedic means a person licensed under a licensure 13 14 classification in subdivision (1)(b) of section 38-1217 and providing 15 community paramedic services in accordance with section 3 of this act; 16 (b) Community paramedic services includes health assessment, chronic disease monitoring and education, medication compliance, immunizations 17 and vaccinations, laboratory specimen collection, hospital discharge 18 19 followup care, and minor medical procedures approved by the physician medical director of the emergency medical service licensed under the 20 21 Emergency Medical Services Practice Act; and 22 (c) Eligible recipient means an individual who has received services 23 at a hospital emergency department three or more times in a period of 24 four consecutive months in the past twelve months or an individual who 25 has been identified by the individual's primary health care provider for 26 whom community paramedic services would likely prevent admission to or 27 would allow discharge from a nursing facility as defined in section 71-424 or would likely prevent readmission to a hospital as defined in 28 29 section 71-419 or a nursing facility. 30 (3) The medical assistance program shall cover community paramedic

31 services provided by community paramedics when the community paramedic

1 services are provided in accordance with this section and section 3 of 2 this act to an eligible recipient.

3 (4) Payment for community paramedic services provided by a community 4 paramedic under this section shall be a part of a care plan ordered by a 5 primary health care provider in consultation with the physician medical 6 director of an emergency medical service licensed under the Emergency 7 Medical Services Practice Act and shall be billed by an eligible provider enrolled in the medical assistance program that employs or contracts with 8 9 the community paramedic. The care plan shall ensure that the community 10 paramedic services provided by a community paramedic are coordinated with 11 other community health providers and local public health agencies and 12 that community paramedic services do not duplicate services already provided to the patient, including home health and waiver services. 13

14 (5) Community paramedic services provided by a community paramedic 15 to an eligible recipient who is also receiving care coordination services 16 shall be in consultation with the providers of the recipient's care 17 coordination services.

18 Sec. 6. Original section 38-1201, Reissue Revised Statutes of 19 Nebraska, and sections 38-1217 and 68-901, Revised Statutes Cumulative 20 Supplement, 2014, are repealed.

-6-