

LEGISLATURE OF NEBRASKA
ONE HUNDRED SIXTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 1002

FINAL READING

Introduced by Bostelman, 23.

Read first time January 15, 2020

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to public health and welfare; to amend
2 sections 13-1801, 23-1821, 28-907, 28-929, 28-929.01, 28-930,
3 28-931, 28-931.01, 38-1202, 38-1203, 38-1209, 38-1210, 38-1211,
4 38-1213, 38-1226, 38-1228, 38-1233, 38-1234, 38-1813, 48-115,
5 71-507, 71-509, 71-7436, 71-7444, 71-8226, 71-8227, 71-8236,
6 71-8237, 71-8240, 71-8248, 71-8249, 71-8251, and 71-8253, Reissue
7 Revised Statutes of Nebraska, sections 13-303, 28-934, 38-1201,
8 38-1204, 38-1204.01, 38-1206.01, 38-1207.01, 38-1207.02, 38-1208,
9 38-1208.01, 38-1208.02, 38-1215, 38-1216, 38-1217, 38-1218, 38-1224,
10 38-1225, 38-1232, and 38-1237, Revised Statutes Cumulative
11 Supplement, 2018, and sections 38-1220 and 68-901, Revised Statutes
12 Supplement, 2019; to define and redefine terms; to provide for
13 community paramedic and critical care paramedic practice and
14 discipline of training agencies; to change the scope of practice of
15 emergency care providers; to change provisions relating to the State
16 Trauma Advisory Board; to eliminate powers and duties; to eliminate
17 obsolete provisions; to provide for the independent provision of a
18 therapeutic diet order pursuant to the Medical Nutrition Therapy
19 Practice Act; to require standards for inpatient psychiatric units
20 and psychiatric residential treatment facilities under the Medical
21 Assistance Act as prescribed; to change provisions relating to
22 wholesale drug distribution for emergency medical services; to

1 harmonize provisions; to provide operative dates; to repeal the
2 original sections; and to declare an emergency.
3 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 13-303, Revised Statutes Cumulative Supplement,
2 2018, is amended to read:

3 13-303 The county boards of counties and the governing bodies of
4 cities and villages may establish an emergency medical service, including
5 the provision of scheduled and unscheduled ambulance service, as a
6 governmental service either within or without the county or municipality,
7 as the case may be. The county board or governing body may contract with
8 any city, person, firm, or corporation licensed as an emergency medical
9 service for emergency medical care by ~~out-of-hospital~~ emergency care
10 providers. Each may enter into an agreement with the other under the
11 Interlocal Cooperation Act or Joint Public Agency Act for the purpose of
12 establishing an emergency medical service or may provide a separate
13 service for itself. Public funds may be expended therefor, and a
14 reasonable service fee may be charged to the user. Before any such
15 service is established under the authority of this section, the county
16 board or the governing bodies of cities and villages shall hold a public
17 hearing after giving at least ten days' notice thereof, which notice
18 shall include a brief summary of the general plan for establishing such
19 service, including an estimate of the initial cost and the possible
20 continuing cost of operating such service. If the board or governing body
21 after such hearing determines that an emergency medical service for
22 emergency medical care by ~~out-of-hospital~~ emergency care providers is
23 needed, it may proceed as authorized in this section. The authority
24 granted in this section shall be cumulative and supplementary to any
25 existing powers heretofore granted. Any county board of counties and the
26 governing bodies of cities and villages may pay their cost for such
27 service out of available general funds or may levy a tax for the purpose
28 of providing the service, which levy shall be in addition to all other
29 taxes and shall be in addition to restrictions on the levy of taxes
30 provided by statute, except that when a rural or suburban fire protection
31 district provides the service, the county shall pay the cost for the

1 county service by levying a tax on that property not in the rural or
2 suburban fire protection district providing the service. The levy shall
3 be subject to subsection (10) of section 77-3442 or section 77-3443, as
4 applicable.

5 Sec. 2. Section 13-1801, Reissue Revised Statutes of Nebraska, is
6 amended to read:

7 13-1801 If any legal action shall be brought against any municipal
8 police officer, constable, county sheriff, deputy sheriff, firefighter,
9 ~~out-of-hospital~~ emergency care provider, or other elected or appointed
10 official of any political subdivision, who is an employee as defined in
11 section 48-115, whether such person is a volunteer or partly paid or
12 fully paid, based upon the negligent error or omission of such person
13 while in the performance of his or her lawful duties, the political
14 subdivision which employs, appoints, or otherwise designates such person
15 an employee as defined in section 48-115 shall defend him or her against
16 such action, and if final judgment is rendered against such person, such
17 political subdivision shall pay such judgment in his or her behalf and
18 shall have no right to restitution from such person.

19 A political subdivision shall have the right to purchase insurance
20 to indemnify itself in advance against the possibility of such loss under
21 this section, and the insurance company shall have no right of
22 subrogation against the person. This section shall not be construed to
23 permit a political subdivision to pay for a judgment obtained against a
24 person as a result of illegal acts committed by such person.

25 Sec. 3. Section 23-1821, Reissue Revised Statutes of Nebraska, is
26 amended to read:

27 23-1821 (1) Every hospital, emergency care facility, physician,
28 nurse, ~~out-of-hospital~~ emergency care provider, or law enforcement
29 officer shall immediately notify the county coroner in all cases when it
30 appears that an individual has died while being apprehended by or while
31 in the custody of a law enforcement officer or detention personnel.

1 (2) Any person who violates this section shall be guilty of a Class
2 IV misdemeanor.

3 Sec. 4. Section 28-907, Reissue Revised Statutes of Nebraska, is
4 amended to read:

5 28-907 (1) A person commits the offense of false reporting if he or
6 she:

7 (a) Furnishes material information he or she knows to be false to
8 any peace officer or other official with the intent to instigate an
9 investigation of an alleged criminal matter or to impede the
10 investigation of an actual criminal matter;

11 (b) Furnishes information he or she knows to be false alleging the
12 existence of the need for the assistance of an emergency medical service
13 or ~~out-of-hospital~~ emergency care provider or an emergency in which human
14 life or property are in jeopardy to any hospital, emergency medical
15 service, or other person or governmental agency;

16 (c) Furnishes any information, or causes such information to be
17 furnished or conveyed by electric, electronic, telephonic, or mechanical
18 means, knowing the same to be false concerning the need for assistance of
19 a fire department or any personnel or equipment of such department;

20 (d) Furnishes any information he or she knows to be false concerning
21 the location of any explosive in any building or other property to any
22 person; or

23 (e) Furnishes material information he or she knows to be false to
24 any governmental department or agency with the intent to instigate an
25 investigation or to impede an ongoing investigation and which actually
26 results in causing or impeding such investigation.

27 (2)(a) False reporting pursuant to subdivisions (1)(a) through (d)
28 of this section is a Class I misdemeanor. ~~and~~

29 (b) False reporting pursuant to subdivision (1)(e) of this section
30 is an infraction.

31 Sec. 5. Section 28-929, Reissue Revised Statutes of Nebraska, is

1 amended to read:

2 28-929 (1) A person commits the offense of assault on an officer, an
3 emergency responder, a state correctional employee, a Department of
4 Health and Human Services employee, or a health care professional in the
5 first degree if:

6 (a) He or she intentionally or knowingly causes serious bodily
7 injury:

8 (i) To a peace officer, a probation officer, a firefighter, an ~~out-~~
9 ~~of-hospital~~ emergency care provider, or an employee of the Department of
10 Correctional Services;

11 (ii) To an employee of the Department of Health and Human Services
12 if the person committing the offense is committed as a dangerous sex
13 offender under the Sex Offender Commitment Act; or

14 (iii) To a health care professional; and

15 (b) The offense is committed while such officer, firefighter, ~~out-~~
16 ~~of-hospital~~ emergency care provider, or employee is engaged in the
17 performance of his or her official duties or while the health care
18 professional is on duty at a hospital or a health clinic.

19 (2) Assault on an officer, an emergency responder, a state
20 correctional employee, a Department of Health and Human Services
21 employee, or a health care professional in the first degree shall be a
22 Class ID felony.

23 Sec. 6. Section 28-929.01, Reissue Revised Statutes of Nebraska, is
24 amended to read:

25 28-929.01 For purposes of sections 28-929, 28-929.02, 28-930,
26 28-931, and 28-931.01:

27 (1) Emergency care provider means (a) an emergency medical
28 responder; (b) an emergency medical technician; (c) an advanced emergency
29 medical technician; (d) a community paramedic; (e) a critical care
30 paramedic; or (f) a paramedic, as those persons are licensed and
31 classified under the Emergency Medical Services Practice Act;

1 (2) ~~(1)~~ Health care professional means a physician or other health
2 care practitioner who is licensed, certified, or registered to perform
3 specified health services consistent with state law who practices at a
4 hospital or a health clinic;

5 (3) ~~(2)~~ Health clinic has the definition found in section 71-416;
6 and

7 (4) ~~(3)~~ Hospital has the definition found in section 71-419. ~~;~~ and

8 ~~(4) Out-of-hospital emergency care provider means (a) an emergency~~
9 ~~medical responder; (b) an emergency medical technician; (c) an advanced~~
10 ~~emergency medical technician; or (d) a paramedic, as those persons are~~
11 ~~licensed and classified under the Emergency Medical Services Practice~~
12 ~~Act.~~

13 Sec. 7. Section 28-930, Reissue Revised Statutes of Nebraska, is
14 amended to read:

15 28-930 (1) A person commits the offense of assault on an officer, an
16 emergency responder, a state correctional employee, a Department of
17 Health and Human Services employee, or a health care professional in the
18 second degree if:

19 (a) He or she:

20 (i) Intentionally or knowingly causes bodily injury with a dangerous
21 instrument:

22 (A) To a peace officer, a probation officer, a firefighter, an ~~out-~~
23 ~~of-hospital~~ emergency care provider, or an employee of the Department of
24 Correctional Services;

25 (B) To an employee of the Department of Health and Human Services if
26 the person committing the offense is committed as a dangerous sex
27 offender under the Sex Offender Commitment Act; or

28 (C) To a health care professional; or

29 (ii) Recklessly causes bodily injury with a dangerous instrument:

30 (A) To a peace officer, a probation officer, a firefighter, an ~~out-~~
31 ~~of-hospital~~ emergency care provider, or an employee of the Department of

1 Correctional Services;

2 (B) To an employee of the Department of Health and Human Services if
3 the person committing the offense is committed as a dangerous sex
4 offender under the Sex Offender Commitment Act; or

5 (C) To a health care professional; and

6 (b) The offense is committed while such officer, firefighter, ~~out-~~
7 ~~of-hospital~~ emergency care provider, or employee is engaged in the
8 performance of his or her official duties or while the health care
9 professional is on duty at a hospital or a health clinic.

10 (2) Assault on an officer, an emergency responder, a state
11 correctional employee, a Department of Health and Human Services
12 employee, or a health care professional in the second degree shall be a
13 Class II felony.

14 Sec. 8. Section 28-931, Reissue Revised Statutes of Nebraska, is
15 amended to read:

16 28-931 (1) A person commits the offense of assault on an officer, an
17 emergency responder, a state correctional employee, a Department of
18 Health and Human Services employee, or a health care professional in the
19 third degree if:

20 (a) He or she intentionally, knowingly, or recklessly causes bodily
21 injury:

22 (i) To a peace officer, a probation officer, a firefighter, an ~~out-~~
23 ~~of-hospital~~ emergency care provider, or an employee of the Department of
24 Correctional Services;

25 (ii) To an employee of the Department of Health and Human Services
26 if the person committing the offense is committed as a dangerous sex
27 offender under the Sex Offender Commitment Act; or

28 (iii) To a health care professional; and

29 (b) The offense is committed while such officer, firefighter, ~~out-~~
30 ~~of-hospital~~ emergency care provider, or employee is engaged in the
31 performance of his or her official duties or while the health care

1 professional is on duty at a hospital or a health clinic.

2 (2) Assault on an officer, an emergency responder, a state
3 correctional employee, a Department of Health and Human Services
4 employee, or a health care professional in the third degree shall be a
5 Class IIIA felony.

6 Sec. 9. Section 28-931.01, Reissue Revised Statutes of Nebraska, is
7 amended to read:

8 28-931.01 (1) A person commits the offense of assault on an officer,
9 an emergency responder, a state correctional employee, a Department of
10 Health and Human Services employee, or a health care professional using a
11 motor vehicle if:

12 (a) By using a motor vehicle to run over or to strike an officer, an
13 emergency responder, a state correctional employee, a Department of
14 Health and Human Services employee, or a health care professional or by
15 using a motor vehicle to collide with an officer's, an emergency
16 responder's, a state correctional employee's, a Department of Health and
17 Human Services employee's, or a health care professional's motor vehicle,
18 he or she intentionally and knowingly causes bodily injury:

19 (i) To a peace officer, a probation officer, a firefighter, an ~~out-~~
20 ~~of-hospital~~ emergency care provider, or an employee of the Department of
21 Correctional Services;

22 (ii) To an employee of the Department of Health and Human Services
23 if the person committing the offense is committed as a dangerous sex
24 offender under the Sex Offender Commitment Act; or

25 (iii) To a health care professional; and

26 (b) The offense is committed while such officer, firefighter, ~~out-~~
27 ~~of-hospital~~ emergency care provider, or employee is engaged in the
28 performance of his or her official duties or while the health care
29 professional is on duty at a hospital or a health clinic.

30 (2) Assault on an officer, an emergency responder, a state
31 correctional employee, a Department of Health and Human Services

1 employee, or a health care professional using a motor vehicle shall be a
2 Class IIIA felony.

3 Sec. 10. Section 28-934, Revised Statutes Cumulative Supplement,
4 2018, is amended to read:

5 28-934 (1) Any person who knowingly and intentionally strikes any
6 public safety officer with any bodily fluid is guilty of assault with a
7 bodily fluid against a public safety officer.

8 (2) Except as provided in subsection (3) of this section, assault
9 with a bodily fluid against a public safety officer is a Class I
10 misdemeanor.

11 (3) Assault with a bodily fluid against a public safety officer is a
12 Class IIIA felony if the person committing the offense strikes with a
13 bodily fluid the eyes, mouth, or skin of a public safety officer and knew
14 the source of the bodily fluid was infected with the human
15 immunodeficiency virus, hepatitis B, or hepatitis C at the time the
16 offense was committed.

17 (4) Upon a showing of probable cause by affidavit to a judge of this
18 state that an offense as defined in subsection (1) of this section has
19 been committed and that identifies the probable source of the bodily
20 fluid or bodily fluids used to commit the offense, the judge shall grant
21 an order or issue a search warrant authorizing the collection of any
22 evidence, including any bodily fluid or medical records or the
23 performance of any medical or scientific testing or analysis, that may
24 assist with the determination of whether or not the person committing the
25 offense or the person from whom the person committing the offense
26 obtained the bodily fluid or bodily fluids is infected with the human
27 immunodeficiency virus, hepatitis B, or hepatitis C.

28 (5) As used in this section:

29 (a) Bodily fluid means any naturally produced secretion or waste
30 product generated by the human body and shall include, but not be limited
31 to, any quantity of human blood, urine, saliva, mucus, vomitus, seminal

1 fluid, or feces; and

2 (b) Public safety officer includes any of the following persons who
3 are engaged in the performance of their official duties at the time of
4 the offense: A peace officer; a probation officer; a firefighter; an ~~out-~~
5 ~~of-hospital~~ emergency care provider as defined in section 28-929.01; a
6 health care professional as defined in section 28-929.01; an employee of
7 a county, city, or village jail; an employee of the Department of
8 Correctional Services; an employee of the secure youth confinement
9 facility operated by the Department of Correctional Services, if the
10 person committing the offense is committed to such facility; an employee
11 of the Youth Rehabilitation and Treatment Center-Geneva or the Youth
12 Rehabilitation and Treatment Center-Kearney; or an employee of the
13 Department of Health and Human Services if the person committing the
14 offense is committed as a dangerous sex offender under the Sex Offender
15 Commitment Act.

16 Sec. 11. Section 38-1201, Revised Statutes Cumulative Supplement,
17 2018, is amended to read:

18 38-1201 Sections 38-1201 to 38-1237 and sections 16 to 18 of this
19 act shall be known and may be cited as the Emergency Medical Services
20 Practice Act.

21 Sec. 12. Section 38-1202, Reissue Revised Statutes of Nebraska, is
22 amended to read:

23 38-1202 It is the intent of the Legislature in enacting the
24 Emergency Medical Services Practice Act to (1) effectuate the delivery of
25 quality ~~out-of-hospital~~ emergency medical care in the state, (2)
26 ~~eliminate duplication of statutory requirements,~~ (3) ~~merge the former~~
27 ~~boards responsible for regulating ambulance services and emergency~~
28 ~~medical care,~~ (4) ~~replace the former law regulating providers of and~~
29 ~~services delivering emergency medical care,~~ (5) provide for the
30 appropriate licensure of persons providing emergency ~~out-of-hospital~~
31 medical care and licensure of organizations providing emergency medical

1 services, (3) ~~(6)~~ provide for the establishment of educational
2 requirements and permitted practices for persons providing ~~out-of-~~
3 ~~hospital~~ emergency medical care, (4) ~~(7)~~ provide a system for regulation
4 of ~~out-of-hospital~~ emergency medical care which encourages ~~out-of-~~
5 ~~hospital~~ emergency care providers and emergency medical services to
6 provide the highest degree of care which they are capable of providing,
7 and (5) ~~(8)~~ provide a flexible system for the regulation of ~~out-of-~~
8 ~~hospital~~ emergency care providers and emergency medical services that
9 protects public health and safety.

10 The act shall be liberally construed to effect the purposes of,
11 carry out the intent of, and discharge the responsibilities prescribed in
12 the act.

13 Sec. 13. Section 38-1203, Reissue Revised Statutes of Nebraska, is
14 amended to read:

15 38-1203 The Legislature finds:

16 (1) That ~~out-of-hospital~~ emergency medical care is a primary and
17 essential health care service and that the presence of an adequately
18 equipped ambulance and trained ~~out-of-hospital~~ emergency care providers
19 may be the difference between life and death or permanent disability to
20 those persons in Nebraska making use of such services in an emergency;

21 (2) That effective delivery of ~~out-of-hospital~~ emergency medical
22 care may be assisted by a program of training and licensure of ~~out-of-~~
23 ~~hospital~~ emergency care providers and licensure of emergency medical
24 services in accordance with rules and regulations adopted by the board;

25 (3) That the Emergency Medical Services Practice Act is essential to
26 aid in advancing the quality of care being provided by ~~out-of-hospital~~
27 emergency care providers and by emergency medical services and the
28 provision of effective, practical, and economical delivery of ~~out-of-~~
29 ~~hospital~~ emergency medical care in the State of Nebraska;

30 (4) That the services to be delivered by ~~out-of-hospital~~ emergency
31 care providers are complex and demanding and that training and other

1 requirements appropriate for delivery of the services must be constantly
2 reviewed and updated; and

3 (5) That the enactment of a regulatory system that can respond to
4 changing needs of patients and ~~out-of-hospital~~ emergency care providers
5 and emergency medical services is in the best interests of the residents
6 ~~citizens~~ of Nebraska.

7 Sec. 14. Section 38-1204, Revised Statutes Cumulative Supplement,
8 2018, is amended to read:

9 38-1204 For purposes of the Emergency Medical Services Practice Act
10 and elsewhere in the Uniform Credentialing Act, unless the context
11 otherwise requires, the definitions found in sections 38-1205 to 38-1214
12 and sections 16 to 18 of this act apply.

13 Sec. 15. Section 38-1204.01, Revised Statutes Cumulative Supplement,
14 2018, is amended to read:

15 38-1204.01 Advanced emergency medical technician practice of ~~out-of-~~
16 ~~hospital~~ emergency medical care means care provided in accordance with
17 the knowledge and skill acquired through successful completion of an
18 approved program for an advanced emergency medical technician. Such care
19 includes, but is not limited to, (1) all of the acts that an emergency
20 medical technician is authorized to perform and (2) complex
21 interventions, treatments, and pharmacological interventions.

22 Sec. 16. Community paramedic practice of emergency medical care
23 means care provided by an advanced emergency medical technician,
24 emergency medical technician, emergency medical technician-intermediate,
25 or paramedic in accordance with the knowledge and skill acquired through
26 successful completion of an approved program for a community paramedic at
27 the respective licensure classification of the emergency care provider
28 except for an emergency medical responder. Such care includes, but is not
29 limited to, (1) the provision of telephone triage, advice, or other
30 assistance to nonurgent 911 calls, (2) the provision of assistance or
31 education to patients with chronic disease management, including

1 posthospital discharge followup to prevent hospital admission or
2 readmission, and (3) all of the acts that the respective licensure
3 classification of an emergency care provider is authorized to perform.

4 Sec. 17. Critical care paramedic practice of emergency medical care
5 means care provided by a paramedic in accordance with the knowledge and
6 skill acquired through successful completion of an approved program for a
7 critical care paramedic. Such care includes, but is not limited to, (1)
8 all of the acts that a paramedic is licensed to perform, (2) advanced
9 clinical patient assessment, (3) intravenous infusions, and (4) complex
10 interventions, treatments, and pharmacological interventions used to
11 treat critically ill or injured patients within the critical care
12 environment, including transport.

13 Sec. 18. Section 38-1208, Revised Statutes Cumulative Supplement,
14 2018, is amended to read:

15 ~~38-1208~~ Emergency ~~Out-of-hospital~~ emergency care provider includes
16 all licensure classifications of emergency care providers established
17 pursuant to the Emergency Medical Services Practice Act. Prior to
18 December 31, 2025, ~~out-of-hospital~~ emergency care provider includes ~~out-~~
19 ~~of-hospital~~ advanced emergency medical technician, community paramedic,
20 critical care paramedic, emergency medical responder, emergency medical
21 technician, emergency medical technician-intermediate, and paramedic. On
22 and after December 31, 2025, ~~out-of-hospital~~ emergency care provider
23 includes advanced emergency medical technician, community paramedic,
24 critical care paramedic, emergency medical responder, emergency medical
25 technician, and paramedic.

26 Sec. 19. Section 38-1206.01, Revised Statutes Cumulative Supplement,
27 2018, is amended to read:

28 38-1206.01 Emergency medical responder practice of ~~out-of-hospital~~
29 emergency medical care means care provided in accordance with the
30 knowledge and skill acquired through successful completion of an approved
31 program for an emergency medical responder. Such care includes, but is

1 not limited to, (1) contributing to the assessment of the health status
2 of an individual, (2) simple, noninvasive interventions, and (3)
3 minimizing secondary injury to an individual.

4 Sec. 20. Section 38-1207.01, Revised Statutes Cumulative Supplement,
5 2018, is amended to read:

6 38-1207.01 Emergency medical technician practice of ~~out-of-hospital~~
7 emergency medical care means care provided in accordance with the
8 knowledge and skill acquired through successful completion of an approved
9 program for an emergency medical technician. Such care includes, but is
10 not limited to, (1) all of the acts that an emergency medical responder
11 can perform, and (2) simple invasive interventions, management and
12 transportation of individuals, and nonvisualized intubation.

13 Sec. 21. Section 38-1207.02, Revised Statutes Cumulative Supplement,
14 2018, is amended to read:

15 38-1207.02 Emergency medical technician-intermediate practice of
16 ~~out-of-hospital~~ emergency medical care means care provided in accordance
17 with the knowledge and skill acquired through successful completion of an
18 approved program for an emergency medical technician-intermediate. Such
19 care includes, but is not limited to, (1) all of the acts that an
20 advanced emergency medical technician can perform, and (2) visualized
21 intubation. This section terminates on December 31, 2025.

22 Sec. 22. Section 38-1208.01, Revised Statutes Cumulative Supplement,
23 2018, is amended to read:

24 38-1208.01 Paramedic practice of ~~out-of-hospital~~ emergency medical
25 care means care provided in accordance with the knowledge and skill
26 acquired through successful completion of an approved program for a
27 paramedic. Such care includes, but is not limited to, (1) all of the acts
28 that an emergency medical technician-intermediate can perform, and (2)
29 surgical cricothyrotomy.

30 Sec. 23. Section 38-1208.02, Revised Statutes Cumulative Supplement,
31 2018, is amended to read:

1 38-1208.02 Practice of ~~out-of-hospital~~ emergency medical care means
2 the performance of any act using judgment or skill based upon the United
3 States Department of Transportation education standards and guideline
4 training requirements, the National Highway Traffic Safety
5 Administration's National Emergency Medical Service Scope of Practice
6 Model and National Emergency Medical Services Education Standards, an
7 education program for a community paramedic or a critical care paramedic
8 that is approved by the board and the Department of Health and Human
9 Services, and permitted practices and procedures for the level of
10 licensure listed in section 38-1217. Such acts include the identification
11 of and intervention in actual or potential health problems of individuals
12 and are directed toward addressing such problems based on actual or
13 perceived traumatic or medical circumstances ~~prior to or during~~
14 ~~transportation to a hospital or for routine transportation between health~~
15 ~~care facilities or services.~~ Such acts are provided under therapeutic
16 regimens ordered by a physician medical director or through protocols as
17 provided by the Emergency Medical Services Practice Act.

18 Sec. 24. Section 38-1209, Reissue Revised Statutes of Nebraska, is
19 amended to read:

20 38-1209 Patient means an individual who either identifies himself or
21 herself as being in need of medical attention or upon assessment by an
22 ~~out-of-hospital~~ emergency care provider has an injury or illness
23 requiring treatment.

24 Sec. 25. Section 38-1210, Reissue Revised Statutes of Nebraska, is
25 amended to read:

26 38-1210 Physician medical director means a qualified physician who
27 is responsible for the medical supervision of ~~out-of-hospital~~ emergency
28 care providers and verification of skill proficiency of ~~out-of-hospital~~
29 emergency care providers pursuant to section 38-1217.

30 Sec. 26. Section 38-1211, Reissue Revised Statutes of Nebraska, is
31 amended to read:

1 38-1211 Protocol means a set of written policies, procedures, and
2 directions from a physician medical director to an ~~out-of-hospital~~
3 emergency care provider concerning the medical procedures to be performed
4 in specific situations.

5 Sec. 27. Section 38-1213, Reissue Revised Statutes of Nebraska, is
6 amended to read:

7 38-1213 Qualified physician surrogate means a qualified, trained
8 medical person designated by a qualified physician in writing to act as
9 an agent for the physician in directing the actions or renewal of
10 licensure of ~~out-of-hospital~~ emergency care providers.

11 Sec. 28. Section 38-1215, Revised Statutes Cumulative Supplement,
12 2018, is amended to read:

13 38-1215 (1) The board shall have seventeen members appointed by the
14 Governor with the approval of a majority of the Legislature. The
15 appointees may begin to serve immediately following appointment and prior
16 to approval by the Legislature.

17 (2)(a) Seven members of the board shall be active ~~out-of-hospital~~
18 emergency care providers at the time of and for the duration of their
19 appointment, and each shall have at least five years of experience in his
20 or her level of licensure at the time of his or her appointment or
21 reappointment. Of the seven members who are ~~out-of-hospital~~ emergency
22 care providers, two shall be emergency medical responders, two shall be
23 emergency medical technicians, one shall be an advanced emergency medical
24 technician, and two shall be paramedics.

25 (b) Three of the members shall be qualified physicians actively
26 involved in emergency medical care. At least one of the physician members
27 shall be a board-certified emergency physician, and at least one of the
28 physician members shall specialize in pediatrics.

29 (c) Five members shall be appointed to include one member who is a
30 representative of an approved training agency, one member who is a
31 physician assistant with at least five years of experience and active in

1 ~~out-of-hospital~~ emergency medical care education, one member who is a
2 registered nurse with at least five years of experience and active in
3 ~~out-of-hospital~~ emergency medical care education, and two public members
4 who meet the requirements of section 38-165 and who have an expressed
5 interest in the provision of ~~out-of-hospital~~ emergency medical care.

6 (d) The remaining two members shall have any of the qualifications
7 listed in subdivision (a), (b), or (c) of this subsection.

8 (e) In addition to any other criteria for appointment, among the
9 members of the board appointed after January 1, 2017, there shall be at
10 least three members who are volunteer emergency medical care providers,
11 at least one member who is a paid emergency medical care provider, at
12 least one member who is a firefighter, at least one member who is a law
13 enforcement officer, and at least one member who is active in the
14 Critical Incident Stress Management Program. If a person appointed to the
15 board is qualified to serve as a member in more than one capacity, all
16 qualifications of such person shall be taken into consideration to
17 determine whether or not the diversity in qualifications required in this
18 subsection has been met.

19 (f) At least five members of the board shall be appointed from each
20 congressional district, and at least one of such members shall be a
21 physician member described in subdivision (b) of this subsection.

22 (3) Members shall serve five-year terms beginning on December 1 and
23 may serve for any number of such terms. The terms of the members of the
24 board appointed prior to December 1, 2008, shall be extended by two years
25 and until December 1 of such year. Each member shall hold office until
26 the expiration of his or her term. Any vacancy in membership, other than
27 by expiration of a term, shall be filled within ninety days by the
28 Governor by appointment as provided in subsection (2) of this section.

29 (4) Special meetings of the board may be called by the department or
30 upon the written request of any six members of the board explaining the
31 reason for such meeting. The place of the meetings shall be set by the

1 department.

2 (5) The Governor upon recommendation of the department shall have
3 power to remove from office at any time any member of the board for
4 physical or mental incapacity to carry out the duties of a board member,
5 for continued neglect of duty, for incompetency, for acting beyond the
6 individual member's scope of authority, for malfeasance in office, for
7 any cause for which a professional credential may be suspended or revoked
8 pursuant to the Uniform Credentialing Act, or for a lack of license
9 required by the Emergency Medical Services Practice Act.

10 (6) Except as provided in subsection (5) of this section and
11 notwithstanding subsection (2) of this section, a member of the board who
12 changes his or her licensure classification after appointment or has a
13 licensure classification which is terminated under section 38-1207.02 or
14 38-1217 when such licensure classification was a qualification for
15 appointment shall be permitted to continue to serve as a member of the
16 board until the expiration of his or her term.

17 Sec. 29. Section 38-1216, Revised Statutes Cumulative Supplement,
18 2018, is amended to read:

19 38-1216 In addition to any other responsibilities prescribed by the
20 Emergency Medical Services Practice Act, the board shall:

21 (1) Promote the dissemination of public information and education
22 programs to inform the public about ~~out-of-hospital~~ emergency medical
23 service care and other ~~out-of-hospital~~ medical information, including
24 appropriate methods of medical self-help, first aid, and the availability
25 of ~~out-of-hospital~~ emergency medical services training programs in the
26 state;

27 (2) Provide for the collection of information for evaluation of the
28 availability and quality of ~~out-of-hospital~~ emergency medical care,
29 evaluate the availability and quality of ~~out-of-hospital~~ emergency
30 medical care, and serve as a focal point for discussion of the provision
31 of ~~out-of-hospital~~ emergency medical care;

1 (3) Establish model procedures for patient management in ~~out-of-~~
2 ~~hospital~~ medical emergencies that do not limit the authority of law
3 enforcement and fire protection personnel to manage the scene during a an
4 ~~out-of-hospital~~ medical emergency;

5 (4) Not less than once each five years, undertake a review and
6 evaluation of the act and its implementation together with a review of
7 the ~~out-of-hospital~~ emergency medical care needs of the residents
8 ~~citizens~~ of the State of Nebraska and submit electronically a report to
9 the Legislature with any recommendations which it may have; and

10 (5) Identify communication needs of emergency medical services and
11 make recommendations for development of a communications plan for a
12 communications network for ~~out-of-hospital~~ emergency care providers and
13 emergency medical services.

14 Sec. 30. Section 38-1217, Revised Statutes Cumulative Supplement,
15 2018, is amended to read:

16 38-1217 The board shall adopt rules and regulations necessary to:

17 (1) Create licensure requirements for advanced emergency medical
18 technicians, community paramedics, critical care paramedics, emergency
19 medical responders, emergency medical technicians, and paramedics and,
20 until December 31, 2025, create renewal requirements for emergency
21 medical technicians-intermediate. The rules and regulations shall include
22 all criteria and qualifications for each classification determined to be
23 necessary for protection of public health and safety;

24 (2) Provide for temporary licensure of an ~~out-of-hospital~~ emergency
25 care provider who has completed the educational requirements for a
26 licensure classification enumerated in subdivision (1) of this section
27 but has not completed the testing requirements for licensure under such
28 subdivision. A temporary license shall allow the person to practice only
29 in association with a licensed ~~out-of-hospital~~ emergency care provider
30 under physician medical direction and shall be valid until the date on
31 which the results of the next licensure examination are available to the

1 department. The temporary license shall expire immediately if the
2 applicant has failed the examination. In no case may a temporary license
3 be issued for a period extending beyond one year. The rules and
4 regulations shall include qualifications and training necessary for
5 issuance of such temporary license, the practices and procedures
6 authorized for a temporary licensee under this subdivision, and
7 supervision required for a temporary licensee under this subdivision. The
8 requirements of this subdivision and the rules and regulations adopted
9 and promulgated pursuant to this subdivision do not apply to a temporary
10 license issued as provided in section 38-129.01;

11 (3) Provide for temporary licensure of an ~~out-of-hospital~~ emergency
12 care provider relocating to Nebraska, if such ~~out-of-hospital~~ emergency
13 care provider is lawfully authorized to practice in another state that
14 has adopted the licensing standards of the EMS Personnel Licensure
15 Interstate Compact. Such temporary licensure shall be valid for one year
16 or until a license is issued and shall not be subject to renewal. The
17 requirements of this subdivision do not apply to a temporary license
18 issued as provided in section 38-129.01;

19 (4) Set standards for the licensure of basic life support services
20 and advanced life support services. The rules and regulations providing
21 for licensure shall include standards and requirements for: Vehicles,
22 equipment, maintenance, sanitation, inspections, personnel, training,
23 medical direction, records maintenance, practices and procedures to be
24 provided by employees or members of each classification of service, and
25 other criteria for licensure established by the board;

26 (5) Authorize emergency medical services to provide differing
27 practices and procedures depending upon the qualifications of ~~out-of-~~
28 ~~hospital~~ emergency care providers available at the time of service
29 delivery. No emergency medical service shall be licensed to provide
30 practices or procedures without the use of personnel licensed to provide
31 the practices or procedures;

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

6 (7) Provide for the approval of training agencies, provide for
7 disciplinary or corrective action against training agencies, and
8 establish minimum standards for services provided by training agencies;

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

11 (9) Provide for the use of physician medical directors, qualified
12 physician surrogates, model protocols, standing orders, operating
13 procedures, and guidelines which may be necessary or appropriate to carry
14 out the purposes of the Emergency Medical Services Practice Act. The
15 model protocols, standing orders, operating procedures, and guidelines
16 may be modified by the physician medical director for use by any ~~out-of-~~
17 ~~hospital~~ emergency care provider or emergency medical service before or
18 after adoption;

19 ~~(10) Establish criteria for approval of organizations issuing~~
20 ~~cardiopulmonary resuscitation certification which shall include criteria~~
21 ~~for instructors, establishment of certification periods and minimum~~
22 ~~curricula, and other aspects of training and certification;~~

23 (10) ~~(11)~~ Establish renewal and reinstatement requirements for ~~out-~~
24 ~~of-hospital~~ emergency care providers and establish continuing competency
25 requirements. Continuing education is sufficient to meet continuing
26 competency requirements. The requirements may also include, but not be
27 limited to, one or more of the continuing competency activities listed in
28 section 38-145 which a licensed person may select as an alternative to
29 continuing education. The reinstatement requirements for ~~out-of-hospital~~
30 emergency care providers shall allow reinstatement at the same or any
31 lower level of licensure for which the ~~out-of-hospital~~ emergency care

1 provider is determined to be qualified;

2 (11) ~~(12)~~ Create licensure, renewal, and reinstatement requirements
3 for emergency medical service instructors. The rules and regulations
4 shall include the practices and procedures for licensure, renewal, and
5 reinstatement;

6 (12) ~~(13)~~ Establish criteria for emergency medical technicians-
7 intermediate, advanced emergency medical technicians, emergency medical
8 technicians, community paramedics, critical care paramedics, or
9 paramedics performing activities within their scope of practice and as
10 determined by a licensed health care practitioner as defined in section
11 38-1224 at a hospital or health clinic under section 38-1224. Such
12 criteria shall include, but not be limited to, a requirement that such
13 activities shall only be performed at the discretion of, and with the
14 approval of, the governing authority of such hospital or health clinic.
15 For purposes of this subdivision, health clinic has the definition found
16 in section 71-416 and hospital has the definition found in section
17 71-419; and

18 (13) ~~(14)~~ Establish model protocols for compliance with the Stroke
19 System of Care Act by an emergency medical service and an emergency care
20 provider.

21 Sec. 31. Section 38-1218, Revised Statutes Cumulative Supplement,
22 2018, is amended to read:

23 38-1218 (1) The board may approve curricula for the licensure
24 classifications listed in the Emergency Medical Services Practice Act.

25 (2) The department and the board shall consider the following
26 factors, in addition to other factors required or permitted by the
27 Emergency Medical Services Practice Act, when adopting rules and
28 regulations for a licensure classification:

29 (a) Whether the initial training required for licensure in the
30 classification is sufficient to enable the ~~out-of-hospital~~ emergency care
31 provider to perform the practices and procedures authorized for the

1 classification in a manner which is beneficial to the patient and
2 protects public health and safety;

3 (b) Whether the practices and procedures to be authorized are
4 necessary to the efficient and effective delivery of ~~out-of-hospital~~
5 emergency medical care;

6 (c) Whether morbidity can be reduced or recovery enhanced by the use
7 of the practices and procedures to be authorized for the classification;
8 and

9 (d) Whether continuing competency requirements are sufficient to
10 maintain the skills authorized for the classification.

11 (3) An applicant for licensure for a licensure classification listed
12 in subdivision (1) of section 38-1217 who is a military spouse may apply
13 for a temporary license as provided in section 38-129.01.

14 Sec. 32. Section 38-1220, Revised Statutes Supplement, 2019, is
15 amended to read:

16 38-1220 The following are exempt from the licensing requirements of
17 the Emergency Medical Services Practice Act:

18 (1) The occasional use of a vehicle or aircraft not designated as an
19 ambulance and not ordinarily used in transporting patients or operating
20 emergency care, rescue, or resuscitation services;

21 (2) Vehicles or aircraft rendering services as an ambulance in case
22 of a major catastrophe or emergency when licensed ambulances based in the
23 localities of the catastrophe or emergency are incapable of rendering the
24 services required;

25 (3) Ambulances from another state which are operated from a location
26 or headquarters outside of this state in order to transport patients
27 across state lines, but no such ambulance shall be used to pick up
28 patients within this state for transportation to locations within this
29 state except in case of an emergency;

30 (4) Ambulances or emergency vehicles owned and operated by an agency
31 of the United States Government and the personnel of such agency;

1 (5) Except for the provisions of section 38-1232, physicians,
2 physician assistants, registered nurses, ~~licensed practical nurses,~~ or
3 advanced practice registered nurses, who hold current Nebraska licenses
4 and are exclusively engaged in the practice of their respective
5 professions;

6 (6) Persons authorized to perform ~~out-of-hospital~~ emergency care in
7 other states when incidentally working in Nebraska in response to an
8 emergency situation; and

9 (7) Students under the supervision of (a) a licensed ~~out-of-hospital~~
10 emergency care provider performing emergency medical services that are an
11 integral part of the training provided by an approved training agency or
12 (b) an organization accredited by the Commission on Accreditation of
13 Allied Health Education Programs for the level of training the student is
14 completing.

15 Sec. 33. Section 38-1224, Revised Statutes Cumulative Supplement,
16 2018, is amended to read:

17 38-1224 (1) An ~~out-of-hospital~~ emergency care provider other than an
18 emergency medical responder may not assume the duties incident to the
19 title or practice the skills of an ~~out-of-hospital~~ emergency care
20 provider unless he or she ~~(a)~~ is acting under the supervision of a
21 licensed health care practitioner ~~or under the direction of a registered~~
22 ~~nurse and (b) is employed by or serving as a member of an emergency~~
23 ~~medical service, a hospital, or a health clinic licensed by the~~
24 ~~department.~~

25 (2) An ~~out-of-hospital~~ emergency care provider may only practice the
26 skills he or she is authorized to employ and which are covered by the
27 license issued to such provider pursuant to the Emergency Medical
28 Services Practice Act or as authorized pursuant to the EMS Personnel
29 Licensure Interstate Compact.

30 (3) A registered nurse may provide for the direction of an emergency
31 care provider in any setting other than an emergency medical service.

1 (4) ~~(3)~~ For purposes of this section, licensed health care
2 practitioner means (a) a physician medical director or physician
3 surrogate for purposes of supervision of an ~~out-of-hospital~~ emergency
4 care provider for an emergency medical service or (b) a physician, a
5 physician assistant, or an advanced practice registered nurse for
6 purposes of supervision of an ~~out-of-hospital~~ emergency care provider in
7 a setting other than an emergency medical service for a hospital or
8 health clinic. ~~A registered nurse may direct an out-of-hospital emergency~~
9 ~~care provider in a hospital or health clinic.~~

10 Sec. 34. Section 38-1225, Revised Statutes Cumulative Supplement,
11 2018, is amended to read:

12 38-1225 (1) No patient data received or recorded by an emergency
13 medical service or an ~~out-of-hospital~~ emergency care provider shall be
14 divulged, made public, or released by an emergency medical service or an
15 ~~out-of-hospital~~ emergency care provider, except that patient data may be
16 released for purposes of treatment, payment, and other health care
17 operations as defined and permitted under the federal Health Insurance
18 Portability and Accountability Act of 1996, as such act existed on
19 January 1, 2018, or as otherwise permitted by law. Such data shall be
20 provided to the department for public health purposes pursuant to rules
21 and regulations of the department. For purposes of this section, patient
22 data means any data received or recorded as part of the records
23 maintenance requirements of the Emergency Medical Services Practice Act.

24 (2) Patient data received by the department shall be confidential
25 with release only (a) in aggregate data reports created by the department
26 on a periodic basis or at the request of an individual, (b) as case-
27 specific data to approved researchers for specific research projects, (c)
28 as protected health information to a public health authority, as such
29 terms are defined under the federal Health Insurance Portability and
30 Accountability Act of 1996, as such act existed on January 1, 2018, and
31 (d) as protected health information, as defined under the federal Health

1 Insurance Portability and Accountability Act of 1996, as such act existed
2 on January 1, 2018, to an emergency medical service, to an ~~out-of-~~
3 ~~hospital~~ emergency care provider, or to a licensed health care facility
4 for purposes of treatment. A record may be shared with the emergency
5 medical service or ~~out-of-hospital~~ emergency care provider that reported
6 that specific record. Approved researchers shall maintain the
7 confidentiality of the data, and researchers shall be approved in the
8 same manner as described in section 81-666. Aggregate reports shall be
9 public documents.

10 (3) No civil or criminal liability of any kind or character for
11 damages or other relief or penalty shall arise or be enforced against any
12 person or organization by reason of having provided patient data pursuant
13 to this section.

14 Sec. 35. Section 38-1226, Reissue Revised Statutes of Nebraska, is
15 amended to read:

16 38-1226 No ambulance shall transport any patient upon any street,
17 road, highway, airspace, or public way in the State of Nebraska unless
18 such ambulance, when so transporting patients, is occupied by at least
19 one licensed ~~out-of-hospital~~ emergency care provider. Such requirement
20 shall be met if any of the individuals providing the service is a
21 licensed physician, registered nurse, or licensed physician assistant, ~~or~~
22 ~~licensed practical nurse~~ functioning within the scope of practice of his
23 or her license.

24 Sec. 36. Section 38-1228, Reissue Revised Statutes of Nebraska, is
25 amended to read:

26 38-1228 The department, with the approval of the board, may,
27 whenever it deems appropriate, waive any rule, regulation, or standard
28 relating to the licensure of emergency medical services or ~~out-of-~~
29 ~~hospital~~ emergency care providers when the lack of a licensed emergency
30 medical service in a municipality or other area will create an undue
31 hardship in the municipality or other area in meeting the emergency

1 medical service needs of the residents ~~people~~ thereof.

2 Sec. 37. Section 38-1232, Revised Statutes Cumulative Supplement,
3 2018, is amended to read:

4 38-1232 (1) No ~~out-of-hospital~~ emergency care provider, physician
5 assistant, registered nurse, or licensed practical nurse who provides
6 public emergency care shall be liable in any civil action to respond in
7 damages as a result of his or her acts of commission or omission arising
8 out of and in the course of his or her rendering in good faith any such
9 care. Nothing in this subsection shall be deemed to grant any such
10 immunity for liability arising out of the operation of any motor vehicle,
11 aircraft, or boat or while such person was impaired by alcoholic liquor
12 or any controlled substance enumerated in section 28-405 in connection
13 with such care, nor shall immunity apply to any person causing damage or
14 injury by his or her willful, wanton, or grossly negligent act of
15 commission or omission.

16 (2) No qualified physician or qualified physician surrogate who
17 gives orders, either orally or by communication equipment, to any ~~out-of-~~
18 ~~hospital~~ emergency care provider at the scene of an emergency, no ~~out-of-~~
19 ~~hospital~~ emergency care provider following such orders within the limits
20 of his or her licensure, and no ~~out-of-hospital~~ emergency care provider
21 trainee in an approved training program following such orders, shall be
22 liable civilly or criminally by reason of having issued or followed such
23 orders but shall be subject to the rules of law applicable to negligence.

24 (3) No physician medical director shall incur any liability by
25 reason of his or her use of any unmodified protocol, standing order,
26 operating procedure, or guideline provided by the board pursuant to
27 subdivision (9) of section 38-1217.

28 Sec. 38. Section 38-1233, Reissue Revised Statutes of Nebraska, is
29 amended to read:

30 38-1233 No ~~out-of-hospital~~ emergency care provider shall be subject
31 to civil liability based solely upon failure to obtain consent in

1 rendering emergency medical, surgical, hospital, or health services to
2 any individual regardless of age when the patient is unable to give his
3 or her consent for any reason and there is no other person reasonably
4 available who is legally authorized to consent to the providing of such
5 care.

6 Sec. 39. Section 38-1234, Reissue Revised Statutes of Nebraska, is
7 amended to read:

8 38-1234 No act of commission or omission of any ~~out-of-hospital~~
9 emergency care provider while rendering emergency medical care within the
10 limits of his or her licensure or status as a trainee to a person who is
11 deemed by the provider to be in immediate danger of injury or loss of
12 life shall impose any liability on any other person, and this section
13 shall not relieve the ~~out-of-hospital~~ emergency care provider from
14 personal liability, if any.

15 Sec. 40. Section 38-1237, Revised Statutes Cumulative Supplement,
16 2018, is amended to read:

17 38-1237 It shall be unlawful for any person who has not been
18 licensed pursuant to the Emergency Medical Services Practice Act or
19 authorized pursuant to the EMS Personnel Licensure Interstate Compact to
20 hold himself or herself out as an ~~out-of-hospital~~ emergency care
21 provider, to use any other term to indicate or imply that he or she is an
22 ~~out-of-hospital~~ emergency care provider, or to act as such a provider
23 without a license therefor. It shall be unlawful for any person to
24 operate a training agency for the initial training or renewal or
25 reinstatement of licensure of ~~out-of-hospital~~ emergency care providers
26 unless the training agency is approved pursuant to rules and regulations
27 of the department. It shall be unlawful for any person to operate an
28 emergency medical service unless such service is licensed.

29 Sec. 41. Section 38-1813, Reissue Revised Statutes of Nebraska, is
30 amended to read:

31 38-1813 (1) A person shall be qualified to be a licensed medical

1 nutrition therapist if such person furnishes evidence that he or she:

2 (a) ~~(1)~~ Has met the requirements for and is a registered dietitian
3 by the American Dietetic Association or an equivalent entity recognized
4 by the board;

5 (b)(i) ~~(2)(a)~~ Has satisfactorily passed an examination approved by
6 the board;

7 (ii) ~~(b)~~ Has received a baccalaureate degree from an accredited
8 college or university with a major course of study in human nutrition,
9 food and nutrition, dietetics, or an equivalent major course of study
10 approved by the board; and

11 (iii) ~~(c)~~ Has satisfactorily completed a program of supervised
12 clinical experience approved by the department. Such clinical experience
13 shall consist of not less than nine hundred hours of a planned continuous
14 experience in human nutrition, food and nutrition, or dietetics under the
15 supervision of an individual meeting the qualifications of this section;
16 or

17 (c)(i) ~~(3)(a)~~ Has satisfactorily passed an examination approved by
18 the board; and

19 (ii)(A) ~~(b)(i)~~ Has received a master's or doctorate degree from an
20 accredited college or university in human nutrition, nutrition education,
21 food and nutrition, or public health nutrition or in an equivalent major
22 course of study approved by the board; or

23 (B) ~~(ii)~~ Has received a master's or doctorate degree from an
24 accredited college or university which includes a major course of study
25 in clinical nutrition. Such course of study shall consist of not less
26 than a combined two hundred hours of biochemistry and physiology and not
27 less than seventy-five hours in human nutrition.

28 (2) For purposes of this section, accredited college or university
29 means an institution currently listed with the United States Secretary of
30 Education as accredited. Applicants who have obtained their education
31 outside of the United States and its territories shall have their

1 academic degrees validated as equivalent to a baccalaureate or master's
2 degree conferred by a United States regionally accredited college or
3 university.

4 (3)(a) The practice of medical nutrition therapy shall be performed
5 under the consultation of a physician licensed pursuant to section
6 38-2026 or sections 38-2029 to 38-2033.

7 (b) A licensed medical nutrition therapist may order patient diets,
8 including therapeutic diets, in accordance with this subsection.

9 Sec. 42. Section 48-115, Reissue Revised Statutes of Nebraska, is
10 amended to read:

11 48-115 The terms employee and worker are used interchangeably and
12 have the same meaning throughout the Nebraska Workers' Compensation Act.
13 Such terms include the plural and all ages and both sexes. For purposes
14 of the act, employee or worker shall be construed to mean:

15 (1) Every person in the service of the state or of any governmental
16 agency created by it, including the Nebraska National Guard and members
17 of the military forces of the State of Nebraska, under any appointment or
18 contract of hire, expressed or implied, oral or written;

19 (2) Every person in the service of an employer who is engaged in any
20 trade, occupation, business, or profession as described in section 48-106
21 under any contract of hire, expressed or implied, oral or written,
22 including aliens and also including minors. Minors for the purpose of
23 making election of remedies under the Nebraska Workers' Compensation Act
24 shall have the same power of contracting and electing as adult employees.

25 As used in subdivisions (1) through (11) of this section, the terms
26 employee and worker shall not be construed to include any person whose
27 employment is not in the usual course of the trade, business, profession,
28 or occupation of his or her employer.

29 If an employee subject to the Nebraska Workers' Compensation Act
30 suffers an injury on account of which he or she or, in the event of his
31 or her death, his or her dependents would otherwise have been entitled to

1 the benefits provided by such act, the employee or, in the event of his
2 or her death, his or her dependents shall be entitled to the benefits
3 provided under such act, if the injury or injury resulting in death
4 occurred within this state, or if at the time of such injury (a) the
5 employment was principally localized within this state, (b) the employer
6 was performing work within this state, or (c) the contract of hire was
7 made within this state;

8 (3) Volunteer firefighters of any fire department of any rural or
9 suburban fire protection district, city, village, or nonprofit
10 corporation, which fire department is organized under the laws of the
11 State of Nebraska. Such volunteers shall be deemed employees of such
12 rural or suburban fire protection district, city, village, or nonprofit
13 corporation while in the performance of their duties as members of such
14 department and shall be considered as having entered and as acting in the
15 regular course and scope of their employment from the instant such
16 persons commence responding to a call to active duty, whether to a fire
17 station or other place where firefighting equipment that their company or
18 unit is to use is located or to any activities that the volunteer
19 firefighters may be directed to do by the chief of the fire department or
20 some person authorized to act for such chief. Such volunteers shall be
21 deemed employees of such rural or suburban fire protection district,
22 city, village, or nonprofit corporation until their return to the
23 location from which they were initially called to active duty or until
24 they engage in any activity beyond the scope of the performance of their
25 duties, whichever occurs first.

26 Members of such volunteer fire department, before they are entitled
27 to benefits under the Nebraska Workers' Compensation Act, shall be
28 recommended by the chief of the fire department or some person authorized
29 to act for such chief for membership therein to the board of directors of
30 the rural or suburban fire protection district or nonprofit corporation,
31 the mayor and city commission, the mayor and council, or the chairperson

1 and board of trustees, as the case may be, and upon confirmation shall be
2 deemed employees of such entity. Members of such fire department after
3 confirmation to membership may be removed by a majority vote of the
4 entity's board of directors or governing body and thereafter shall not be
5 considered employees of such entity. Firefighters of any fire department
6 of any rural or suburban fire protection district, nonprofit corporation,
7 city, or village shall be considered as acting in the performance and
8 within the course and scope of their employment when performing
9 activities outside of the corporate limits of their respective districts,
10 cities, or villages, but only if directed to do so by the chief of the
11 fire department or some person authorized to act for such chief;

12 (4) Members of the Nebraska Emergency Management Agency, any city,
13 village, county, or interjurisdictional emergency management
14 organization, or any state emergency response team, which agency,
15 organization, or team is regularly organized under the laws of the State
16 of Nebraska. Such members shall be deemed employees of such agency,
17 organization, or team while in the performance of their duties as members
18 of such agency, organization, or team;

19 (5) Any person fulfilling conditions of probation, or community
20 service as defined in section 29-2277, pursuant to any order of any court
21 of this state who shall be working for a governmental body, or agency as
22 defined in section 29-2277, pursuant to any condition of probation, or
23 community service as defined in section 29-2277. Such person shall be
24 deemed an employee of the governmental body or agency for the purposes of
25 the Nebraska Workers' Compensation Act;

26 (6) Volunteer ambulance drivers and attendants and ~~out-of-hospital~~
27 emergency care providers who are members of an emergency medical service
28 for any county, city, village, rural or suburban fire protection
29 district, nonprofit corporation, or any combination of such entities
30 under the authority of section 13-303. Such volunteers shall be deemed
31 employees of such entity or combination thereof while in the performance

1 of their duties as ambulance drivers or attendants or ~~out-of-hospital~~
2 emergency care providers and shall be considered as having entered into
3 and as acting in the regular course and scope of their employment from
4 the instant such persons commence responding to a call to active duty,
5 whether to a hospital or other place where the ambulance they are to use
6 is located or to any activities that the volunteer ambulance drivers or
7 attendants or ~~out-of-hospital~~ emergency care providers may be directed to
8 do by the chief or some person authorized to act for such chief of the
9 volunteer ambulance service or ~~out-of-hospital~~ emergency care service.
10 Such volunteers shall be deemed employees of such county, city, village,
11 rural or suburban fire protection district, nonprofit corporation, or
12 combination of such entities until their return to the location from
13 which they were initially called to active duty or until they engage in
14 any activity beyond the scope of the performance of their duties,
15 whichever occurs first. Before such volunteer ambulance drivers or
16 attendants or ~~out-of-hospital~~ emergency care providers are entitled to
17 benefits under the Nebraska Workers' Compensation Act, they shall be
18 recommended by the chief or some person authorized to act for such chief
19 of the volunteer ambulance service or ~~out-of-hospital~~ emergency care
20 service for membership therein to the board of directors of the rural or
21 suburban fire protection district or nonprofit corporation, the governing
22 body of the county, city, or village, or combination thereof, as the case
23 may be, and upon such confirmation shall be deemed employees of such
24 entity or combination thereof. Members of such volunteer ambulance or
25 ~~out-of-hospital~~ emergency care service after confirmation to membership
26 may be removed by majority vote of the entity's board of directors or
27 governing body and thereafter shall not be considered employees of such
28 entity. Volunteer ambulance drivers and attendants and ~~out-of-hospital~~
29 emergency care providers for any county, city, village, rural or suburban
30 fire protection district, nonprofit corporation, or any combination
31 thereof shall be considered as acting in the performance and within the

1 course and scope of their employment when performing activities outside
2 of the corporate limits of their respective county, city, village, or
3 district, but only if directed to do so by the chief or some person
4 authorized to act for such chief;

5 (7) Members of a law enforcement reserve force appointed in
6 accordance with section 81-1438. Such members shall be deemed employees
7 of the county or city for which they were appointed;

8 (8) Any offender committed to the Department of Correctional
9 Services who is employed pursuant to section 81-1827. Such offender shall
10 be deemed an employee of the Department of Correctional Services solely
11 for purposes of the Nebraska Workers' Compensation Act;

12 (9) An executive officer of a corporation elected or appointed under
13 the provisions or authority of the charter, articles of incorporation, or
14 bylaws of such corporation who owns less than twenty-five percent of the
15 common stock of such corporation or an executive officer of a nonprofit
16 corporation elected or appointed under the provisions or authority of the
17 charter, articles of incorporation, or bylaws of such corporation who
18 receives annual compensation of more than one thousand dollars from such
19 corporation. Such executive officer shall be an employee of such
20 corporation under the Nebraska Workers' Compensation Act.

21 An executive officer of a corporation who owns twenty-five percent
22 or more of the common stock of such corporation or an executive officer
23 of a nonprofit corporation who receives annual compensation of one
24 thousand dollars or less from such corporation shall not be construed to
25 be an employee of the corporation under the Nebraska Workers'
26 Compensation Act unless such executive officer elects to bring himself or
27 herself within the provisions of the act. Such election shall be in
28 writing and filed with the secretary of the corporation and with the
29 workers' compensation insurer. Such election shall be effective upon
30 receipt by the insurer for the current policy and subsequent policies
31 issued by such insurer and shall remain in effect until the election is

1 terminated, in writing, by the officer and the termination is filed with
2 the insurer or until the insurer ceases to provide coverage for the
3 corporation, whichever occurs first. Any such termination of election
4 shall also be filed with the secretary of the corporation. If insurance
5 is provided through a master policy or a multiple coordinated policy
6 pursuant to the Professional Employer Organization Registration Act on or
7 after January 1, 2012, then such election or termination of election
8 shall also be filed with the professional employer organization. If
9 coverage under the master policy or multiple coordinated policy ceases,
10 then such election shall also be effective for a replacement master
11 policy or multiple coordinated policy obtained by the professional
12 employer organization and shall remain in effect for the new policy as
13 provided in this subdivision. If such an executive officer has not
14 elected to bring himself or herself within the provisions of the Nebraska
15 Workers' Compensation Act pursuant to this subdivision and a health,
16 accident, or other insurance policy covering such executive officer
17 contains an exclusion of coverage if the executive officer is otherwise
18 entitled to workers' compensation coverage, such exclusion is null and
19 void as to such executive officer.

20 It is the intent of the Legislature that the changes made to this
21 subdivision by Laws 2002, LB 417, shall apply to policies of insurance
22 against liability arising under the act with an effective date on or
23 after January 1, 2003, but shall not apply to any such policy with an
24 effective date prior to January 1, 2003;

25 (10) Each individual employer, partner, limited liability company
26 member, or self-employed person who is actually engaged in the individual
27 employer's, partnership's, limited liability company's, or self-employed
28 person's business on a substantially full-time basis who elects to bring
29 himself or herself within the provisions of the Nebraska Workers'
30 Compensation Act. Such election shall be in writing and filed with the
31 workers' compensation insurer. Such election shall be effective upon

1 receipt by the insurer for the current policy and subsequent policies
2 issued by such insurer and shall remain in effect until the election is
3 terminated, in writing, by such person and the termination is filed with
4 the insurer or until the insurer ceases to provide coverage for the
5 business, whichever occurs first. If insurance is provided through a
6 master policy or a multiple coordinated policy pursuant to the
7 Professional Employer Organization Registration Act on or after January
8 1, 2012, then such election or termination of election shall also be
9 filed with the professional employer organization. If coverage under the
10 master policy or multiple coordinated policy ceases, then such election
11 shall also be effective for a replacement master policy or multiple
12 coordinated policy obtained by the professional employer organization and
13 shall remain in effect for the new policy as provided in this
14 subdivision. If any such person who is actually engaged in the business
15 on a substantially full-time basis has not elected to bring himself or
16 herself within the provisions of the Nebraska Workers' Compensation Act
17 pursuant to this subdivision and a health, accident, or other insurance
18 policy covering such person contains an exclusion of coverage if such
19 person is otherwise entitled to workers' compensation coverage, such
20 exclusion shall be null and void as to such person; and

21 (11) An individual lessor of a commercial motor vehicle leased to a
22 motor carrier and driven by such individual lessor who elects to bring
23 himself or herself within the provisions of the Nebraska Workers'
24 Compensation Act. Such election is made if he or she agrees in writing
25 with the motor carrier to have the same rights as an employee only for
26 purposes of workers' compensation coverage maintained by the motor
27 carrier. For an election under this subdivision, the motor carrier's
28 principal place of business must be in this state and the motor carrier
29 must be authorized to self-insure liability under the Nebraska Workers'
30 Compensation Act. Such an election shall (a) be effective from the date
31 of such written agreement until such agreement is terminated, (b) be

1 enforceable against such self-insured motor carrier in the same manner
2 and to the same extent as claims arising under the Nebraska Workers'
3 Compensation Act by employees of such self-insured motor carrier, and (c)
4 not be deemed to be a contract of insurance for purposes of Chapter 44.
5 Section 48-111 shall apply to the individual lessor and the self-insured
6 motor carrier with respect to personal injury or death caused to such
7 individual lessor by accident or occupational disease arising out of and
8 in the course of performing services for such self-insured motor carrier
9 in connection with such lease while such election is effective.

10 Sec. 43. Section 68-901, Revised Statutes Supplement, 2019, is
11 amended to read:

12 68-901 Sections 68-901 to 68-994 and section 44 of this act shall be
13 known and may be cited as the Medical Assistance Act.

14 Sec. 44. The Division of Medicaid and Long-Term Care of the
15 Department of Health and Human Services shall set standards required for
16 direct care staff of inpatient psychiatric units for juveniles and
17 psychiatric residential treatment facilities for juveniles. The standards
18 shall require that each such staff member:

19 (1) Be twenty years of age or older;

20 (2) Be at least two years older than the oldest resident in the unit
21 or facility;

22 (3) Have a high school diploma or its equivalent; and

23 (4) Have appropriate training for basic interaction care such as
24 supervision, daily living care, and mentoring of residents in the unit or
25 facility.

26 Sec. 45. Section 71-507, Reissue Revised Statutes of Nebraska, is
27 amended to read:

28 71-507 For purposes of sections 71-507 to 71-513:

29 (1) Alternate facility means a facility other than a health care
30 facility that receives a patient transported to the facility by an
31 emergency services provider;

1 (2) Department means the Department of Health and Human Services;

2 (3) Designated physician means the physician representing the
3 emergency services provider as identified by name, address, and telephone
4 number on the significant exposure report form. The designated physician
5 shall serve as the contact for notification in the event an emergency
6 services provider believes he or she has had significant exposure to an
7 infectious disease or condition. Each emergency services provider shall
8 designate a physician as provided in subsection (2) of section 71-509;

9 (4) Emergency services provider means an ~~out-of-hospital~~ emergency
10 care provider licensed pursuant to the Emergency Medical Services
11 Practice Act or authorized pursuant to the EMS Personnel Licensure
12 Interstate Compact, a sheriff, a deputy sheriff, a police officer, a
13 state highway patrol officer, a funeral director, a paid or volunteer
14 firefighter, a school district employee, and a person rendering emergency
15 care gratuitously as described in section 25-21,186;

16 (5) Funeral director means a person licensed under section 38-1414
17 or an employee of such a person with responsibility for transport or
18 handling of a deceased human;

19 (6) Funeral establishment means a business licensed under section
20 38-1419;

21 (7) Health care facility has the meaning found in sections 71-419,
22 71-420, 71-424, and 71-429 or any facility that receives patients of
23 emergencies who are transported to the facility by emergency services
24 providers;

25 (8) Infectious disease or condition means hepatitis B, hepatitis C,
26 meningococcal meningitis, active pulmonary tuberculosis, human
27 immunodeficiency virus, diphtheria, plague, hemorrhagic fevers, rabies,
28 and such other diseases as the department may by rule and regulation
29 specify;

30 (9) Patient means an individual who is sick, injured, wounded,
31 deceased, or otherwise helpless or incapacitated;

1 (10) Patient's attending physician means the physician having the
2 primary responsibility for the patient as indicated on the records of a
3 health care facility;

4 (11) Provider agency means any law enforcement agency, fire
5 department, emergency medical service, funeral establishment, or other
6 entity which employs or directs emergency services providers or public
7 safety officials;

8 (12) Public safety official means a sheriff, a deputy sheriff, a
9 police officer, a state highway patrol officer, a paid or volunteer
10 firefighter, a school district employee, and any civilian law enforcement
11 employee or volunteer performing his or her duties, other than those as
12 an emergency services provider;

13 (13) Responsible person means an individual who has been designated
14 by an alternate facility to carry out the facility's responsibilities
15 under sections 71-507 to 71-513. A responsible person may be designated
16 on a case-by-case basis;

17 (14) Significant exposure means a situation in which the body
18 fluids, including blood, saliva, urine, respiratory secretions, or feces,
19 of a patient or individual have entered the body of an emergency services
20 provider or public safety official through a body opening including the
21 mouth or nose, a mucous membrane, or a break in skin from cuts or
22 abrasions, from a contaminated needlestick or scalpel, from intimate
23 respiratory contact, or through any other situation when the patient's or
24 individual's body fluids may have entered the emergency services
25 provider's or public safety official's body or when an airborne pathogen
26 may have been transmitted from the patient or individual to the emergency
27 services provider or public safety official; and

28 (15) Significant exposure report form means the form used by the
29 emergency services provider to document information necessary for
30 notification of significant exposure to an infectious disease or
31 condition.

1 Sec. 46. Section 71-509, Reissue Revised Statutes of Nebraska, is
2 amended to read:

3 71-509 (1) If a health care facility or alternate facility
4 determines that a patient treated or transported by an emergency services
5 provider has been diagnosed or detected with an infectious airborne
6 disease, the health care facility or alternate facility shall notify the
7 department as soon as practical but not later than forty-eight hours
8 after the determination has been made. The department shall investigate
9 all notifications from health care facilities and alternate facilities
10 and notify as soon as practical the physician medical director of each
11 emergency medical service with an affected ~~out-of-hospital~~ emergency
12 medical care services provider employed by or associated with the
13 service, the fire chief of each fire department with an affected
14 firefighter employed by or associated with the department, the head of
15 each law enforcement agency with an affected peace officer employed by or
16 associated with the agency, the funeral director of each funeral
17 establishment with an affected individual employed by or associated with
18 the funeral establishment, and any emergency services provider known to
19 the department with a significant exposure who is not employed by or
20 associated with an emergency medical service, a fire department, a law
21 enforcement agency, or a funeral establishment. Notification of affected
22 individuals shall be made as soon as practical.

23 (2) Whenever an emergency services provider believes he or she has
24 had a significant exposure while acting as an emergency services
25 provider, he or she may complete a significant exposure report form. A
26 copy of the completed form shall be given by the emergency services
27 provider to the health care facility or alternate facility, to the
28 emergency services provider's supervisor, and to the designated
29 physician.

30 (3) Upon receipt of the significant exposure form, if a patient has
31 been diagnosed during the normal course of treatment as having an

1 infectious disease or condition or information is received from which it
2 may be concluded that a patient has an infectious disease or condition,
3 the health care facility or alternate facility receiving the form shall
4 notify the designated physician pursuant to subsection (5) of this
5 section. If the patient has not been diagnosed as having an infectious
6 disease or condition and upon the request of the designated physician,
7 the health care facility or alternate facility shall request the
8 patient's attending physician or other responsible person to order the
9 necessary diagnostic testing of the patient to determine the presence of
10 an infectious disease or condition. Upon such request, the patient's
11 attending physician or other responsible person shall order the necessary
12 diagnostic testing subject to section 71-510. Each health care facility
13 shall develop a policy or protocol to administer such testing and assure
14 confidentiality of such testing.

15 (4) Results of tests conducted under this section and section 71-510
16 shall be reported by the health care facility or alternate facility that
17 conducted the test to the designated physician and to the patient's
18 attending physician, if any.

19 (5) Notification of the patient's diagnosis of infectious disease or
20 condition, including the results of any tests, shall be made orally to
21 the designated physician within forty-eight hours of confirmed diagnosis.
22 A written report shall be forwarded to the designated physician within
23 seventy-two hours of confirmed diagnosis.

24 (6) Upon receipt of notification under subsection (5) of this
25 section, the designated physician shall notify the emergency services
26 provider of the exposure to infectious disease or condition and the
27 results of any tests conducted under this section and section 71-510.

28 (7) The notification to the emergency services provider shall
29 include the name of the infectious disease or condition diagnosed but
30 shall not contain the patient's name or any other identifying
31 information. Any person receiving such notification shall treat the

1 information received as confidential and shall not disclose the
2 information except as provided in sections 71-507 to 71-513.

3 (8) The provider agency shall be responsible for the costs of
4 diagnostic testing required under this section and section 71-510, except
5 that if a person renders emergency care gratuitously as described in
6 section 25-21,186, such person shall be responsible for the costs.

7 (9) The patient's attending physician shall inform the patient of
8 test results for all tests conducted under such sections.

9 Sec. 47. Section 71-7436, Reissue Revised Statutes of Nebraska, is
10 amended to read:

11 71-7436 (1) Emergency medical reasons means the alleviation of a
12 temporary shortage by transfers of prescription drugs between any of the
13 following: (a) Holders of pharmacy licenses, (b) health care practitioner
14 facilities as defined in section 71-414, ~~and~~ (c) hospitals as defined in
15 section 71-419, and (d) emergency medical services as defined in section
16 38-1207.

17 (2) Emergency medical reasons does not include regular and
18 systematic sales (a) of prescription drugs to emergency medical services
19 as defined in section 38-1207 or (b) to practitioners as defined in
20 section 38-2838 of prescription drugs that will be used for routine
21 office procedures.

22 Sec. 48. Section 71-7444, Reissue Revised Statutes of Nebraska, is
23 amended to read:

24 71-7444 (1) Wholesale drug distribution means the distribution of
25 prescription drugs to a person other than a consumer or patient.

26 (2) Wholesale drug distribution does not include:

27 (a) Intracompany sales of prescription drugs, including any
28 transaction or transfer between any division, subsidiary, or parent
29 company and an affiliated or related company under common ownership or
30 common control;

31 (b) The sale, purchase, or trade of or an offer to sell, purchase,

1 or trade a prescription drug by a charitable organization described in
2 section 501(c)(3) of the Internal Revenue Code, a state, a political
3 subdivision, or any other governmental agency to a nonprofit affiliate of
4 the organization, to the extent otherwise permitted by law;

5 (c) The sale, purchase, or trade of or an offer to sell, purchase,
6 or trade a prescription drug among hospitals or other health care
7 entities operating under common ownership or common control;

8 (d) The sale, purchase, or trade of or an offer to sell, purchase,
9 or trade a prescription drug for emergency medical reasons or for a
10 practitioner to use for routine office procedures, not to exceed five
11 percent of sales as provided in section 71-7454;

12 (e) The sale, purchase, or trade of, an offer to sell, purchase, or
13 trade, or the dispensing of a prescription drug pursuant to a
14 prescription;

15 (f) The distribution of drug samples by representatives of a
16 manufacturer or of a wholesale drug distributor;

17 (g) The sale, purchase, or trade of blood and blood components
18 intended for transfusion;~~or~~

19 (h) The delivery of or the offer to deliver a prescription drug by a
20 common carrier solely in the usual course of business of transporting
21 such drugs as a common carrier if the common carrier does not store,
22 warehouse, or take legal ownership of such drugs; or -

23 (i) The restocking of prescription drugs by a hospital for an
24 emergency medical service as defined in section 38-1207 if the emergency
25 medical service transports a patient to the hospital and such drugs were
26 used for the patient prior to or during transportation of such patient to
27 such hospital.

28 (3) Except as provided in subdivision (2)(c) of this section,
29 wholesale drug distribution includes (a) the restocking of prescription
30 drugs by a hospital for an emergency medical service as defined in
31 section 38-1207 if such prescription drugs were not used for a patient

1 prior to or during transportation to such hospital or (b) the general
2 stocking of prescription drugs for an emergency medical service as
3 defined in section 38-1207.

4 Sec. 49. Section 71-8226, Reissue Revised Statutes of Nebraska, is
5 amended to read:

6 71-8226 Physician medical director means a qualified physician who
7 is responsible for the medical supervision of ~~out-of-hospital~~ emergency
8 care providers and verification of skill proficiency of ~~out-of-hospital~~
9 emergency care providers.

10 Sec. 50. Section 71-8227, Reissue Revised Statutes of Nebraska, is
11 amended to read:

12 71-8227 Qualified physician surrogate means a qualified, trained
13 medical person, designated by a qualified physician in writing to act as
14 an agent for the physician in directing the actions of ~~out-of-hospital~~
15 emergency care providers.

16 Sec. 51. Section 71-8236, Reissue Revised Statutes of Nebraska, is
17 amended to read:

18 71-8236 The State Trauma Advisory Board is created. The board shall
19 be composed of representatives knowledgeable in emergency medical
20 services and trauma care, including emergency medical providers such as
21 physicians, nurses, hospital personnel, prehospital or emergency care
22 ~~out-of-hospital~~ providers, local government officials, state officials,
23 consumers, and persons affiliated professionally with health science
24 schools. The Director of Public Health or his or her designee shall
25 appoint the members of the board for staggered terms of three years each.
26 The department shall provide administrative support to the board. All
27 members of the board may be reimbursed for their actual and necessary
28 expenses incurred in the performance of their duties as such members as
29 provided in sections 81-1174 to 81-1177. The terms of members
30 representing the same field shall not expire at the same time.

31 The board shall elect a chairperson and a vice-chairperson whose

1 terms of office shall be for two years. The board shall meet at least
2 twice per year by written request of the director or the chairperson.

3 Sec. 52. Section 71-8237, Reissue Revised Statutes of Nebraska, is
4 amended to read:

5 71-8237 The State Trauma Advisory Board shall:

6 (1) Advise the department regarding trauma care needs throughout the
7 state;

8 (2) Advise the Board of Emergency Medical Services regarding trauma
9 care to be provided throughout the state by ~~out-of-hospital~~ and emergency
10 medical services;

11 (3) Review the regional trauma plans and recommend changes to the
12 department before the department adopts the plans;

13 (4) Review proposed departmental rules and regulations for trauma
14 care;

15 (5) Recommend modifications in rules regarding trauma care; and

16 (6) Draft a five-year statewide prevention plan that each trauma
17 care region shall implement.

18 Sec. 53. Section 71-8240, Reissue Revised Statutes of Nebraska, is
19 amended to read:

20 71-8240 The department shall establish and maintain the following on
21 a statewide basis:

22 (1) Trauma system objectives and priorities;

23 (2) Minimum trauma standards for facilities, equipment, and
24 personnel for advanced, basic, comprehensive, and general level trauma
25 centers and specialty level burn or pediatric trauma centers;

26 (3) Minimum standards for facilities, equipment, and personnel for
27 advanced, intermediate, and general level rehabilitation centers;

28 (4) Minimum trauma standards for the development of facility patient
29 care protocols;

30 (5) Trauma care regions as provided for in section 71-8250;

31 (6) Recommendations for an effective trauma transportation system;

1 (7) The minimum number of hospitals and health care facilities in
2 the state and within each trauma care region that may provide designated
3 trauma care services based upon approved regional trauma plans;

4 (8) The minimum number of prehospital or emergency ~~out-of-hospital~~
5 care providers in the state and within each trauma care region that may
6 provide trauma care services based upon approved regional trauma plans;

7 (9) A format for submission of the regional trauma plans to the
8 department;

9 (10) A program for emergency medical services and trauma care
10 research and development;

11 (11) Review and approve regional trauma plans;

12 (12) The initial designation of hospitals and health care facilities
13 to provide designated trauma care services in accordance with needs
14 identified in the approved regional trauma plan; and

15 (13) The trauma implementation plan incorporating the regional
16 trauma plans.

17 Sec. 54. Section 71-8248, Reissue Revised Statutes of Nebraska, is
18 amended to read:

19 71-8248 The department shall establish and maintain a statewide
20 trauma registry to collect and analyze data on the incidence, severity,
21 and causes of trauma, including traumatic brain injury. The registry
22 shall be used to improve the availability and delivery of prehospital or
23 emergency ~~out-of-hospital~~ care and hospital trauma care services.
24 Specific data elements of the registry shall be defined by rule and
25 regulation of the department. Every health care facility designated as an
26 advanced, a basic, a comprehensive, or a general level trauma center, a
27 specialty level burn or pediatric trauma center, an advanced, an
28 intermediate, or a general level rehabilitation center, or a prehospital
29 or emergency care ~~out-of-hospital~~ provider shall furnish data to the
30 registry. All other hospitals may furnish trauma data as required by the
31 department by rule and regulation. All hospitals involved in the care of

1 a trauma patient shall have unrestricted access to all prehospital
2 reports for the trauma registry for that specific trauma occurrence.

3 Sec. 55. Section 71-8249, Reissue Revised Statutes of Nebraska, is
4 amended to read:

5 71-8249 (1) All data collected under section 71-8248 shall be held
6 confidential pursuant to sections 81-663 to 81-675. Confidential patient
7 medical record data shall only be released as (a) Class I, II, or IV
8 medical records under sections 81-663 to 81-675, (b) aggregate or case-
9 specific data to the regional trauma system quality assurance program and
10 the regional trauma advisory boards, (c) protected health information to
11 a public health authority, as such terms are defined under the federal
12 Health Insurance Portability and Accountability Act of 1996, as such act
13 existed on January 1, 2008, and (d) protected health information, as
14 defined under the federal Health Insurance Portability and Accountability
15 Act of 1996, as such act existed on January 1, 2008, to an emergency
16 medical service, to an ~~out-of-hospital~~ emergency care provider, to a
17 licensed health care facility, or to a center that will treat or has
18 treated a specific patient.

19 A record may be shared with the emergency medical service, the ~~out-~~
20 ~~of-hospital~~ emergency care provider, the licensed health care facility,
21 or center that reported that specific record.

22 (2) Patient care quality assurance proceedings, records, and reports
23 developed pursuant to this section and section 71-8248 are confidential
24 and are not subject to discovery by subpoena or admissible as evidence in
25 any civil action, except pursuant to a court order which provides for the
26 protection of sensitive information of interested parties, including the
27 department, pursuant to section 25-12,123.

28 Sec. 56. Section 71-8251, Reissue Revised Statutes of Nebraska, is
29 amended to read:

30 71-8251 The department shall establish a regional trauma advisory
31 board within each trauma care region. The department shall appoint

1 members, to be comprised of a balance of hospital representatives and
2 ~~out-of-hospital~~ emergency care services providers, local elected
3 officials, consumers, local law enforcement representatives, and local
4 government agencies involved in the delivery of emergency medical
5 services and trauma care recommended by the local emergency medical
6 services providers and medical facilities located within the region. All
7 members of the board may be reimbursed for their actual and necessary
8 expenses incurred in the performance of their duties as such members
9 pursuant to sections 81-1174 to 81-1177.

10 Sec. 57. Section 71-8253, Reissue Revised Statutes of Nebraska, is
11 amended to read:

12 71-8253 (1) If there are conflicts between the Statewide Trauma
13 System Act and the Emergency Medical Services Practice Act pertaining to
14 ~~out-of-hospital~~ emergency medical services, the Emergency Medical
15 Services Practice Act shall control.

16 (2) Nothing in the Statewide Trauma System Act shall limit a
17 patient's right to choose the physician, hospital, facility,
18 rehabilitation center, specialty level burn or pediatric trauma center,
19 or other provider of health care services.

20 Sec. 58. Sections 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14,
21 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32,
22 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 49, 50, 51, 52,
23 53, 54, 55, 56, 57, and 59 of this act become operative three calendar
24 months after the adjournment of this legislative session. The other
25 sections of this act become operative on their effective date.

26 Sec. 59. Original sections 13-1801, 23-1821, 28-907, 28-929,
27 28-929.01, 28-930, 28-931, 28-931.01, 38-1202, 38-1203, 38-1209, 38-1210,
28 38-1211, 38-1213, 38-1226, 38-1228, 38-1233, 38-1234, 38-1813, 48-115,
29 71-507, 71-509, 71-8226, 71-8227, 71-8236, 71-8237, 71-8240, 71-8248,
30 71-8249, 71-8251, and 71-8253, Reissue Revised Statutes of Nebraska,
31 sections 13-303, 28-934, 38-1201, 38-1204, 38-1204.01, 38-1206.01,

1 38-1207.01, 38-1207.02, 38-1208, 38-1208.01, 38-1208.02, 38-1215,
2 38-1216, 38-1217, 38-1218, 38-1224, 38-1225, 38-1232, and 38-1237,
3 Revised Statutes Cumulative Supplement, 2018, and sections 38-1220 and
4 68-901, Revised Statutes Supplement, 2019, are repealed.

5 Sec. 60. Original sections 71-7436 and 71-7444, Reissue Revised
6 Statutes of Nebraska, are repealed.

7 Sec. 61. Since an emergency exists, this act takes effect when
8 passed and approved according to law.