

LEGISLATIVE BILL 1002

Approved by the Governor August 15, 2020

Introduced by Bostelman, 23.

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

Be it enacted by the people of the State of Nebraska,

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

13-303 The county boards of counties and the governing bodies of cities and villages may establish an emergency medical service, including the provision of scheduled and unscheduled ambulance service, as a governmental service either within or without the county or municipality, as the case may be. The county board or governing body may contract with any city, person, firm, or corporation licensed as an emergency medical service for emergency medical care by ~~out-of-hospital~~ emergency care providers. Each may enter into an agreement with the other under the Interlocal Cooperation Act or Joint Public Agency Act for the purpose of establishing an emergency medical service or may provide a separate service for itself. Public funds may be expended therefor, and a reasonable service fee may be charged to the user. Before any such service is established under the authority of this section, the county board or the governing bodies of cities and villages shall hold a public hearing after giving at least ten days' notice thereof, which notice shall include a brief summary of the general plan for establishing such service, including an estimate of the initial cost and the possible continuing cost of operating such service. If the board or governing body after such hearing determines that an emergency medical service for emergency medical care by ~~out-of-hospital~~ emergency care providers is needed, it may proceed as authorized in this section. The authority granted in this section shall be cumulative and supplementary to any existing powers heretofore granted. Any county board of counties and the governing bodies of cities and villages may pay their cost for such service out of available general funds or may levy a tax for the purpose of providing the service, which levy shall be in addition to all other taxes and shall be in addition to restrictions on the levy of taxes provided by statute, except that when a rural or suburban fire protection district provides the service, the county shall pay the cost for the county service by levying a tax on that property not in the rural or suburban fire protection district providing the service. The levy shall be subject to subsection (10) of section 77-3442 or section 77-3443, as applicable.

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

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

A political subdivision shall have the right to purchase insurance to indemnify itself in advance against the possibility of such loss under this section, and the insurance company shall have no right of subrogation against the person. This section shall not be construed to permit a political

subdivision to pay for a judgment obtained against a person as a result of illegal acts committed by such person.

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

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

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

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

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

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

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

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

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

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

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

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

Sec. 5. Section 28-929, Reissue Revised Statutes of Nebraska, is amended to read:

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

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

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

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

(iii) To a health care professional; and

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

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

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

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

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

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

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

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

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

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

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

(a) He or she:

(i) Intentionally or knowingly causes bodily injury with a dangerous

instrument:

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

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

(C) To a health care professional; or

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

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

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

(C) To a health care professional; and

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

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

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

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

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

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

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

(iii) To a health care professional; and

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

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

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

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

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

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

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

(iii) To a health care professional; and

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

(2) Assault on an officer, an emergency responder, a state correctional employee, a Department of Health and Human Services employee, or a health care professional using a motor vehicle shall be a Class IIIA felony.

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

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

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

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

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

(5) As used in this section:

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

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

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

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

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

38-1202 It is the intent of the Legislature in enacting the Emergency Medical Services Practice Act to (1) effectuate the delivery of quality ~~out-of-hospital~~ emergency medical care in the state, (2) ~~eliminate duplication of statutory requirements,~~ (3) ~~merge the former boards responsible for regulating ambulance services and emergency medical care,~~ (4) ~~replace the former law regulating providers of and services delivering emergency medical care,~~ (5) provide for the appropriate licensure of persons providing emergency out-of-hospital medical care and licensure of organizations providing emergency medical services, (3) ~~(6)~~ provide for the establishment of educational requirements and permitted practices for persons providing ~~out-of-hospital~~ emergency medical care, (4) ~~(7)~~ provide a system for regulation of ~~out-of-hospital~~ emergency medical care which encourages ~~out-of-hospital~~ emergency care providers and emergency medical services to provide the highest degree of care which they are capable of providing, and (5) ~~(8)~~ provide a flexible system for the regulation of ~~out-of-hospital~~ emergency care providers and emergency medical services that protects public health and safety.

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

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

38-1203 The Legislature finds:

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

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

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

(4) That the services to be delivered by ~~out-of-hospital~~ emergency care providers are complex and demanding and that training and other requirements appropriate for delivery of the services must be constantly reviewed and updated; and

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

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

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

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

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

Sec. 16. Community paramedic practice of emergency medical care means care provided by an advanced emergency medical technician, emergency medical technician, emergency medical technician-intermediate, or paramedic in accordance with the knowledge and skill acquired through successful completion of an approved program for a community paramedic at the respective licensure classification of the emergency care provider except for an emergency medical responder. Such care includes, but is not limited to, (1) the provision of telephone triage, advice, or other assistance to nonurgent 911 calls, (2) the provision of assistance or education to patients with chronic disease management, including posthospital discharge followup to prevent hospital admission or readmission, and (3) all of the acts that the respective licensure classification of an emergency care provider is authorized to perform.

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

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

~~38-1208~~ Emergency Out-of-hospital emergency care provider includes all licensure classifications of emergency care providers established pursuant to the Emergency Medical Services Practice Act. Prior to December 31, 2025, ~~out-of-hospital~~ emergency care provider includes ~~out-of-hospital~~ advanced emergency medical technician, community paramedic, critical care paramedic, emergency medical responder, emergency medical technician, emergency medical technician-intermediate, and paramedic. On and after December 31, 2025, ~~out-of-hospital~~ emergency care provider includes advanced emergency medical technician, community paramedic, critical care paramedic, emergency medical responder, emergency medical technician, and paramedic.

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

38-1206.01 Emergency medical responder practice of ~~out-of-hospital~~ emergency medical care means care provided in accordance with the knowledge and skill acquired through successful completion of an approved program for an emergency medical responder. Such care includes, but is not limited to, (1) contributing to the assessment of the health status of an individual, (2) simple, noninvasive interventions, and (3) minimizing secondary injury to an individual.

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

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

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

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

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

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

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

38-1208.02 Practice of ~~out-of-hospital~~ emergency medical care means the performance of any act using judgment or skill based upon the United States Department of Transportation education standards and guideline training requirements, the National Highway Traffic Safety Administration's National Emergency Medical Service Scope of Practice Model and National Emergency Medical Services Education Standards, an education program for a community

paramedic or a critical care paramedic that is approved by the board and the Department of Health and Human Services, and permitted practices and procedures for the level of licensure listed in section 38-1217. Such acts include the identification of and intervention in actual or potential health problems of individuals and are directed toward addressing such problems based on actual or perceived traumatic or medical circumstances prior to or during transportation to a hospital or for routine transportation between health care facilities or services. Such acts are provided under therapeutic regimens ordered by a physician medical director or through protocols as provided by the Emergency Medical Services Practice Act.

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

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

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

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

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

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

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

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

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

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

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

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

(c) Five members shall be appointed to include one member who is a representative of an approved training agency, one member who is a physician assistant with at least five years of experience and active in ~~out-of-hospital~~ emergency medical care education, one member who is a registered nurse with at least five years of experience and active in ~~out-of-hospital~~ emergency medical care education, and two public members who meet the requirements of section 38-165 and who have an expressed interest in the provision of ~~out-of-hospital~~ emergency medical care.

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

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

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

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

(4) Special meetings of the board may be called by the department or upon the written request of any six members of the board explaining the reason for

such meeting. The place of the meetings shall be set by the department.

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

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

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

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

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

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

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

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

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

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

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

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

(2) Provide for temporary licensure of an ~~out-of-hospital~~ emergency care provider who has completed the educational requirements for a licensure classification enumerated in subdivision (1) of this section but has not completed the testing requirements for licensure under such subdivision. A temporary license shall allow the person to practice only in association with a licensed ~~out-of-hospital~~ emergency care provider under physician medical direction and shall be valid until the date on which the results of the next licensure examination are available to the department. The temporary license shall expire immediately if the applicant has failed the examination. In no case may a temporary license be issued for a period extending beyond one year. The rules and regulations shall include qualifications and training necessary for issuance of such temporary license, the practices and procedures authorized for a temporary licensee under this subdivision, and supervision required for a temporary licensee under this subdivision. The requirements of this subdivision and the rules and regulations adopted and promulgated pursuant to this subdivision do not apply to a temporary license issued as provided in section 38-129.01;

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

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

established by the board;

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Whether the initial training required for licensure in the classification is sufficient to enable the ~~out-of-hospital~~ emergency care provider to perform the practices and procedures authorized for the classification in a manner which is beneficial to the patient and protects public health and safety;

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

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

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

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

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

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

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

(2) Vehicles or aircraft rendering services as an ambulance in case of a major catastrophe or emergency when licensed ambulances based in the localities

of the catastrophe or emergency are incapable of rendering the services required;

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

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

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

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

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

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

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

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

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

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

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

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

(2) Patient data received by the department shall be confidential with release only (a) in aggregate data reports created by the department on a periodic basis or at the request of an individual, (b) as case-specific data to approved researchers for specific research projects, (c) as protected health information to a public health authority, as such terms are defined under the federal Health Insurance Portability and Accountability Act of 1996, as such act existed on January 1, 2018, and (d) as protected health information, as defined under the federal Health Insurance Portability and Accountability Act of 1996, as such act existed on January 1, 2018, to an emergency medical service, to an ~~out-of-hospital~~ emergency care provider, or to a licensed health care facility for purposes of treatment. A record may be shared with the emergency medical service or ~~out-of-hospital~~ emergency care provider that reported that specific record. Approved researchers shall maintain the confidentiality of the data, and researchers shall be approved in the same manner as described in section 81-666. Aggregate reports shall be public documents.

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

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

38-1226 No ambulance shall transport any patient upon any street, road, highway, airspace, or public way in the State of Nebraska unless such ambulance, when so transporting patients, is occupied by at least one licensed

~~out-of-hospital~~ emergency care provider. Such requirement shall be met if any of the individuals providing the service is a licensed physician, registered nurse, or licensed physician assistant, ~~or licensed practical nurse~~ functioning within the scope of practice of his or her license.

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

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

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

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

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

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

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

38-1233 No ~~out-of-hospital~~ emergency care provider shall be subject to civil liability based solely upon failure to obtain consent in rendering emergency medical, surgical, hospital, or health services to any individual regardless of age when the patient is unable to give his or her consent for any reason and there is no other person reasonably available who is legally authorized to consent to the providing of such care.

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

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

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

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

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

38-1813 (1) A person shall be qualified to be a licensed medical nutrition therapist if such person furnishes evidence that he or she:

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

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

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

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

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

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

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

(2) For purposes of this section, accredited college or university means an institution currently listed with the United States Secretary of Education as accredited. Applicants who have obtained their education outside of the United States and its territories shall have their academic degrees validated as equivalent to a baccalaureate or master's degree conferred by a United States regionally accredited college or university.

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

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

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

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

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

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

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

If an employee subject to the Nebraska Workers' Compensation Act suffers an injury on account of which he or she or, in the event of his or her death, his or her dependents would otherwise have been entitled to the benefits provided by such act, the employee or, in the event of his or her death, his or her dependents shall be entitled to the benefits provided under such act, if the injury or injury resulting in death occurred within this state, or if at the time of such injury (a) the employment was principally localized within this state, (b) the employer was performing work within this state, or (c) the contract of hire was made within this state;

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

Members of such volunteer fire department, before they are entitled to benefits under the Nebraska Workers' Compensation Act, shall be recommended by the chief of the fire department or some person authorized to act for such chief for membership therein to the board of directors of the rural or suburban fire protection district or nonprofit corporation, the mayor and city commission, the mayor and council, or the chairperson and board of trustees, as the case may be, and upon confirmation shall be deemed employees of such entity. Members of such fire department after confirmation to membership may be removed by a majority vote of the entity's board of directors or governing body and thereafter shall not be considered employees of such entity. Firefighters of any fire department of any rural or suburban fire protection district, nonprofit corporation, city, or village shall be considered as acting in the performance and within the course and scope of their employment when performing activities outside of the corporate limits of their respective districts, cities, or villages, but only if directed to do so by the chief of the fire department or some person authorized to act for such chief;

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

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

(6) Volunteer ambulance drivers and attendants and ~~out-of-hospital~~ emergency care providers who are members of an emergency medical service for any county, city, village, rural or suburban fire protection district, nonprofit corporation, or any combination of such entities under the authority of section 13-303. Such volunteers shall be deemed employees of such entity or combination thereof while in the performance of their duties as ambulance drivers or attendants or ~~out-of-hospital~~ emergency care providers and shall be considered as having entered into and as acting in the regular course and scope of their employment from the instant such persons commence responding to a call to active duty, whether to a hospital or other place where the ambulance they are to use is located or to any activities that the volunteer ambulance drivers or attendants or ~~out-of-hospital~~ emergency care providers may be directed to do by the chief or some person authorized to act for such chief of the volunteer ambulance service or ~~out-of-hospital~~ emergency care service. Such volunteers shall be deemed employees of such county, city, village, rural or suburban fire protection district, nonprofit corporation, or combination of such entities until their return to the location from which they were initially called to active duty or until they engage in any activity beyond the scope of the performance of their duties, whichever occurs first. Before such volunteer ambulance drivers or attendants or ~~out-of-hospital~~ emergency care providers are entitled to benefits under the Nebraska Workers' Compensation Act, they shall be recommended by the chief or some person authorized to act for such chief of the volunteer ambulance service or ~~out-of-hospital~~ emergency care service for membership therein to the board of directors of the rural or suburban fire protection district or nonprofit corporation, the governing body of the county, city, or village, or combination thereof, as the case may be, and upon such confirmation shall be deemed employees of such entity or combination thereof. Members of such volunteer ambulance or ~~out-of-hospital~~ emergency care service after confirmation to membership may be removed by majority vote of the entity's board of directors or governing body and thereafter shall not be considered employees of such entity. Volunteer ambulance drivers and attendants and ~~out-of-hospital~~ emergency care providers for any county, city, village, rural or suburban fire protection district, nonprofit corporation, or any combination thereof shall be considered as acting in the performance and within the course and scope of their employment when performing activities outside of the corporate limits of their respective county, city, village, or district, but only if directed to do so by the chief or some person authorized to act for such chief;

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

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

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

An executive officer of a corporation who owns twenty-five percent or more of the common stock of such corporation or an executive officer of a nonprofit corporation who receives annual compensation of one thousand dollars or less from such corporation shall not be construed to be an employee of the corporation under the Nebraska Workers' Compensation Act unless such executive officer elects to bring himself or herself within the provisions of the act. Such election shall be in writing and filed with the secretary of the corporation and with the workers' compensation insurer. Such election shall be effective upon receipt by the insurer for the current policy and subsequent policies issued by such insurer and shall remain in effect until the election is terminated, in writing, by the officer and the termination is filed with the insurer or until the insurer ceases to provide coverage for the corporation, whichever occurs first. Any such termination of election shall also be filed with the secretary of the corporation. If insurance is provided through a master policy or a multiple coordinated policy pursuant to the Professional Employer Organization Registration Act on or after January 1, 2012, then such

election or termination of election shall also be filed with the professional employer organization. If coverage under the master policy or multiple coordinated policy ceases, then such election shall also be effective for a replacement master policy or multiple coordinated policy obtained by the professional employer organization and shall remain in effect for the new policy as provided in this subdivision. If such an executive officer has not elected to bring himself or herself within the provisions of the Nebraska Workers' Compensation Act pursuant to this subdivision and a health, accident, or other insurance policy covering such executive officer contains an exclusion of coverage if the executive officer is otherwise entitled to workers' compensation coverage, such exclusion is null and void as to such executive officer.

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

(10) Each individual employer, partner, limited liability company member, or self-employed person who is actually engaged in the individual employer's, partnership's, limited liability company's, or self-employed person's business on a substantially full-time basis who elects to bring himself or herself within the provisions of the Nebraska Workers' Compensation Act. Such election shall be in writing and filed with the workers' compensation insurer. Such election shall be effective upon receipt by the insurer for the current policy and subsequent policies issued by such insurer and shall remain in effect until the election is terminated, in writing, by such person and the termination is filed with the insurer or until the insurer ceases to provide coverage for the business, whichever occurs first. If insurance is provided through a master policy or a multiple coordinated policy pursuant to the Professional Employer Organization Registration Act on or after January 1, 2012, then such election or termination of election shall also be filed with the professional employer organization. If coverage under the master policy or multiple coordinated policy ceases, then such election shall also be effective for a replacement master policy or multiple coordinated policy obtained by the professional employer organization and shall remain in effect for the new policy as provided in this subdivision. If any such person who is actually engaged in the business on a substantially full-time basis has not elected to bring himself or herself within the provisions of the Nebraska Workers' Compensation Act pursuant to this subdivision and a health, accident, or other insurance policy covering such person contains an exclusion of coverage if such person is otherwise entitled to workers' compensation coverage, such exclusion shall be null and void as to such person; and

(11) An individual lessor of a commercial motor vehicle leased to a motor carrier and driven by such individual lessor who elects to bring himself or herself within the provisions of the Nebraska Workers' Compensation Act. Such election is made if he or she agrees in writing with the motor carrier to have the same rights as an employee only for purposes of workers' compensation coverage maintained by the motor carrier. For an election under this subdivision, the motor carrier's principal place of business must be in this state and the motor carrier must be authorized to self-insure liability under the Nebraska Workers' Compensation Act. Such an election shall (a) be effective from the date of such written agreement until such agreement is terminated, (b) be enforceable against such self-insured motor carrier in the same manner and to the same extent as claims arising under the Nebraska Workers' Compensation Act by employees of such self-insured motor carrier, and (c) not be deemed to be a contract of insurance for purposes of Chapter 44. Section 48-111 shall apply to the individual lessor and the self-insured motor carrier with respect to personal injury or death caused to such individual lessor by accident or occupational disease arising out of and in the course of performing services for such self-insured motor carrier in connection with such lease while such election is effective.

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

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

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

- (1) Be twenty years of age or older;
- (2) Be at least two years older than the oldest resident in the unit or facility;
- (3) Have a high school diploma or its equivalent; and
- (4) Have appropriate training for basic interaction care such as supervision, daily living care, and mentoring of residents in the unit or facility.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Upon receipt of the significant exposure form, if a patient has been

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

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

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

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

(7) The notification to the emergency services provider shall include the name of the infectious disease or condition diagnosed but shall not contain the patient's name or any other identifying information. Any person receiving such notification shall treat the information received as confidential and shall not disclose the information except as provided in sections 71-507 to 71-513.

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

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

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

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

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

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

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

(2) Wholesale drug distribution does not include:

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

(b) The sale, purchase, or trade of or an offer to sell, purchase, or trade a prescription drug by a charitable organization described in section 501(c)(3) of the Internal Revenue Code, a state, a political subdivision, or any other governmental agency to a nonprofit affiliate of the organization, to the extent otherwise permitted by law;

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

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

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

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

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

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

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

(3) Except as provided in subdivision (2)(c) of this section, wholesale drug distribution includes (a) the restocking of prescription drugs by a hospital for an emergency medical service as defined in section 38-1207 if such prescription drugs were not used for a patient prior to or during transportation to such hospital or (b) the general stocking of prescription drugs for an emergency medical service as defined in section 38-1207.

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

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

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

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

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

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

The board shall elect a chairperson and a vice-chairperson whose terms of office shall be for two years. The board shall meet at least twice per year by written request of the director or the chairperson.

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

71-8237 The State Trauma Advisory Board shall:

- (1) Advise the department regarding trauma care needs throughout the state;
- (2) Advise the Board of Emergency Medical Services regarding trauma care to be provided throughout the state by ~~out-of-hospital~~ and emergency medical services;
- (3) Review the regional trauma plans and recommend changes to the department before the department adopts the plans;
- (4) Review proposed departmental rules and regulations for trauma care;
- (5) Recommend modifications in rules regarding trauma care; and
- (6) Draft a five-year statewide prevention plan that each trauma care region shall implement.

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

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

- (1) Trauma system objectives and priorities;
- (2) Minimum trauma standards for facilities, equipment, and personnel for advanced, basic, comprehensive, and general level trauma centers and specialty level burn or pediatric trauma centers;
- (3) Minimum standards for facilities, equipment, and personnel for advanced, intermediate, and general level rehabilitation centers;
- (4) Minimum trauma standards for the development of facility patient care protocols;
- (5) Trauma care regions as provided for in section 71-8250;
- (6) Recommendations for an effective trauma transportation system;
- (7) The minimum number of hospitals and health care facilities in the state and within each trauma care region that may provide designated trauma care services based upon approved regional trauma plans;
- (8) The minimum number of prehospital or emergency ~~out-of-hospital~~ care providers in the state and within each trauma care region that may provide trauma care services based upon approved regional trauma plans;
- (9) A format for submission of the regional trauma plans to the department;
- (10) A program for emergency medical services and trauma care research and development;
- (11) Review and approve regional trauma plans;
- (12) The initial designation of hospitals and health care facilities to provide designated trauma care services in accordance with needs identified in the approved regional trauma plan; and
- (13) The trauma implementation plan incorporating the regional trauma plans.

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

71-8248 The department shall establish and maintain a statewide trauma registry to collect and analyze data on the incidence, severity, and causes of

trauma, including traumatic brain injury. The registry shall be used to improve the availability and delivery of prehospital or ~~emergency out-of-hospital~~ care and hospital trauma care services. Specific data elements of the registry shall be defined by rule and regulation of the department. Every health care facility designated as an advanced, a basic, a comprehensive, or a general level trauma center, a specialty level burn or pediatric trauma center, an advanced, an intermediate, or a general level rehabilitation center, or a prehospital or ~~emergency care out-of-hospital~~ provider shall furnish data to the registry. All other hospitals may furnish trauma data as required by the department by rule and regulation. All hospitals involved in the care of a trauma patient shall have unrestricted access to all prehospital reports for the trauma registry for that specific trauma occurrence.

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

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

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

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

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

71-8251 The department shall establish a regional trauma advisory board within each trauma care region. The department shall appoint members, to be comprised of a balance of hospital representatives and ~~out-of-hospital~~ emergency care services providers, local elected officials, consumers, local law enforcement representatives, and local government agencies involved in the delivery of emergency medical services and trauma care recommended by the local emergency medical services providers and medical facilities located within the region. All members of the board may be reimbursed for their actual and necessary expenses incurred in the performance of their duties as such members pursuant to sections 81-1174 to 81-1177.

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

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

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

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

Sec. 59. Original sections 13-1801, 23-1821, 28-907, 28-929, 28-929.01, 28-930, 28-931, 28-931.01, 38-1202, 38-1203, 38-1209, 38-1210, 38-1211, 38-1213, 38-1226, 38-1228, 38-1233, 38-1234, 38-1813, 48-115, 71-507, 71-509, 71-8226, 71-8227, 71-8236, 71-8237, 71-8240, 71-8248, 71-8249, 71-8251, and 71-8253, Reissue Revised Statutes of Nebraska, sections 13-303, 28-934, 38-1201, 38-1204, 38-1204.01, 38-1206.01, 38-1207.01, 38-1207.02, 38-1208, 38-1208.01, 38-1208.02, 38-1215, 38-1216, 38-1217, 38-1218, 38-1224, 38-1225, 38-1232, and 38-1237, Revised Statutes Cumulative Supplement, 2018, and sections 38-1220 and 68-901, Revised Statutes Supplement, 2019, are repealed.

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

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