

AMENDMENTS TO LB1002

Introduced by Health and Human Services.

1 1. Strike the original sections and insert the following new
2 sections:

3 Section 1. Section 13-303, Revised Statutes Cumulative Supplement,
4 2018, is amended to read:

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

1 governing bodies of cities and villages may pay their cost for such
2 service out of available general funds or may levy a tax for the purpose
3 of providing the service, which levy shall be in addition to all other
4 taxes and shall be in addition to restrictions on the levy of taxes
5 provided by statute, except that when a rural or suburban fire protection
6 district provides the service, the county shall pay the cost for the
7 county service by levying a tax on that property not in the rural or
8 suburban fire protection district providing the service. The levy shall
9 be subject to subsection (10) of section 77-3442 or section 77-3443, as
10 applicable.

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

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

25 A political subdivision shall have the right to purchase insurance
26 to indemnify itself in advance against the possibility of such loss under
27 this section, and the insurance company shall have no right of
28 subrogation against the person. This section shall not be construed to
29 permit a political subdivision to pay for a judgment obtained against a
30 person as a result of illegal acts committed by such person.

31 Sec. 3. Section 23-1821, Reissue Revised Statutes of Nebraska, is

1 amended to read:

2 23-1821 (1) Every hospital, emergency care facility, physician,
3 nurse, ~~out-of-hospital~~ emergency care provider, or law enforcement
4 officer shall immediately notify the county coroner in all cases when it
5 appears that an individual has died while being apprehended by or while
6 in the custody of a law enforcement officer or detention personnel.

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

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

11 28-907 (1) A person commits the offense of false reporting if he or
12 she:

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

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

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

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

29 (e) Furnishes material information he or she knows to be false to
30 any governmental department or agency with the intent to instigate an
31 investigation or to impede an ongoing investigation and which actually

1 results in causing or impeding such investigation.

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

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

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

8 28-929 (1) A person commits the offense of assault on an officer, an
9 emergency responder, a state correctional employee, a Department of
10 Health and Human Services employee, or a health care professional in the
11 first degree if:

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

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

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

20 (iii) To a health care professional; and

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

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

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

31 28-929.01 For purposes of sections 28-929, 28-929.02, 28-930,

1 28-931, and 28-931.01:

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

7 (2) (1) Health care professional means a physician or other health
8 care practitioner who is licensed, certified, or registered to perform
9 specified health services consistent with state law who practices at a
10 hospital or a health clinic;

11 (3) (2) Health clinic has the definition found in section 71-416;
12 and

13 (4) (3) Hospital has the definition found in section 71-419. ; and

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

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

21 28-930 (1) A person commits the offense of assault on an officer, an
22 emergency responder, a state correctional employee, a Department of
23 Health and Human Services employee, or a health care professional in the
24 second degree if:

25 (a) He or she:

26 (i) Intentionally or knowingly causes bodily injury with a dangerous
27 instrument:

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

31 (B) To an employee of the Department of Health and Human Services if

1 the person committing the offense is committed as a dangerous sex
2 offender under the Sex Offender Commitment Act; or

3 (C) To a health care professional; or

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

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

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

11 (C) To a health care professional; and

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

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

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

22 28-931 (1) A person commits the offense of assault on an officer, an
23 emergency responder, a state correctional employee, a Department of
24 Health and Human Services employee, or a health care professional in the
25 third degree if:

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

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

31 (ii) To an employee of the Department of Health and Human Services

1 if the person committing the offense is committed as a dangerous sex
2 offender under the Sex Offender Commitment Act; or

3 (iii) To a health care professional; and

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

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

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

14 28-931.01 (1) A person commits the offense of assault on an officer,
15 an emergency responder, a state correctional employee, a Department of
16 Health and Human Services employee, or a health care professional using a
17 motor vehicle if:

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

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

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

31 (iii) To a health care professional; and

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

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

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

11 28-934 (1) Any person who knowingly and intentionally strikes any
12 public safety officer with any bodily fluid is guilty of assault with a
13 bodily fluid against a public safety officer.

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

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

23 (4) Upon a showing of probable cause by affidavit to a judge of this
24 state that an offense as defined in subsection (1) of this section has
25 been committed and that identifies the probable source of the bodily
26 fluid or bodily fluids used to commit the offense, the judge shall grant
27 an order or issue a search warrant authorizing the collection of any
28 evidence, including any bodily fluid or medical records or the
29 performance of any medical or scientific testing or analysis, that may
30 assist with the determination of whether or not the person committing the
31 offense or the person from whom the person committing the offense

1 obtained the bodily fluid or bodily fluids is infected with the human
2 immunodeficiency virus, hepatitis B, or hepatitis C.

3 (5) As used in this section:

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

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

22 Sec. 11. Section 38-1201, Revised Statutes Cumulative Supplement,
23 2018, is amended to read:

24 38-1201 Sections 38-1201 to 38-1237 and sections 16 to 18 of this
25 act shall be known and may be cited as the Emergency Medical Services
26 Practice Act.

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

29 38-1202 It is the intent of the Legislature in enacting the
30 Emergency Medical Services Practice Act to (1) effectuate the delivery of
31 quality ~~out-of-hospital~~ emergency medical care in the state, (2)

1 ~~eliminate duplication of statutory requirements, (3) merge the former~~
2 ~~boards responsible for regulating ambulance services and emergency~~
3 ~~medical care, (4) replace the former law regulating providers of and~~
4 ~~services delivering emergency medical care, (5) provide for the~~
5 appropriate licensure of persons providing emergency ~~out-of-hospital~~
6 medical care and licensure of organizations providing emergency medical
7 services, (3) ~~(6)~~ provide for the establishment of educational
8 requirements and permitted practices for persons providing ~~out-of-~~
9 ~~hospital~~ emergency medical care, (4) ~~(7)~~ provide a system for regulation
10 of ~~out-of-hospital~~ emergency medical care which encourages ~~out-of-~~
11 ~~hospital~~ emergency care providers and emergency medical services to
12 provide the highest degree of care which they are capable of providing,
13 and (5) ~~(8)~~ provide a flexible system for the regulation of ~~out-of-~~
14 ~~hospital~~ emergency care providers and emergency medical services that
15 protects public health and safety.

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

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

21 38-1203 The Legislature finds:

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

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

31 (3) That the Emergency Medical Services Practice Act is essential to

1 aid in advancing the quality of care being provided by ~~out-of-hospital~~
2 emergency care providers and by emergency medical services and the
3 provision of effective, practical, and economical delivery of ~~out-of-~~
4 ~~hospital~~ emergency medical care in the State of Nebraska;

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

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

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

15 38-1204 For purposes of the Emergency Medical Services Practice Act
16 and elsewhere in the Uniform Credentialing Act, unless the context
17 otherwise requires, the definitions found in sections 38-1205 to 38-1214
18 and sections 16 to 18 of this act apply.

19 Sec. 15. Section 38-1204.01, Revised Statutes Cumulative Supplement,
20 2018, is amended to read:

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

28 Sec. 16. Community paramedic practice of emergency medical care
29 means care provided by an advanced emergency medical technician,
30 emergency medical technician, emergency medical technician-intermediate,
31 or paramedic in accordance with the knowledge and skill acquired through

1 successful completion of an approved program for a community paramedic at
2 the respective licensure classification of the emergency care provider
3 except for an emergency medical responder. Such care includes, but is not
4 limited to, (1) the provision of telephone triage, advice, or other
5 assistance to nonurgent 911 calls, (2) the provision of assistance or
6 education to patients with chronic disease management, including
7 posthospital discharge followup to prevent hospital admission or
8 readmission, and (3) all of the acts that the respective licensure
9 classification of an emergency care provider is authorized to perform.

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

19 Sec. 18. Section 38-1208, Revised Statutes Cumulative Supplement,
20 2018, is amended to read:

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

1 Sec. 19. Section 38-1206.01, Revised Statutes Cumulative Supplement,
2 2018, is amended to read:

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

10 Sec. 20. Section 38-1207.01, Revised Statutes Cumulative Supplement,
11 2018, is amended to read:

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

19 Sec. 21. Section 38-1207.02, Revised Statutes Cumulative Supplement,
20 2018, is amended to read:

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

28 Sec. 22. Section 38-1208.01, Revised Statutes Cumulative Supplement,
29 2018, is amended to read:

30 38-1208.01 Paramedic practice of ~~out-of-hospital~~ emergency medical
31 care means care provided in accordance with the knowledge and skill

1 acquired through successful completion of an approved program for a
2 paramedic. Such care includes, but is not limited to, (1) all of the acts
3 that an emergency medical technician-intermediate can perform, and (2)
4 surgical cricothyrotomy.

5 Sec. 23. Section 38-1208.02, Revised Statutes Cumulative Supplement,
6 2018, is amended to read:

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

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

26 38-1209 Patient means an individual who either identifies himself or
27 herself as being in need of medical attention or upon assessment by an
28 ~~out-of-hospital~~ emergency care provider has an injury or illness
29 requiring treatment.

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

1 38-1210 Physician medical director means a qualified physician who
2 is responsible for the medical supervision of ~~out-of-hospital~~ emergency
3 care providers and verification of skill proficiency of ~~out-of-hospital~~
4 emergency care providers pursuant to section 38-1217.

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

7 38-1211 Protocol means a set of written policies, procedures, and
8 directions from a physician medical director to an ~~out-of-hospital~~
9 emergency care provider concerning the medical procedures to be performed
10 in specific situations.

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

13 38-1213 Qualified physician surrogate means a qualified, trained
14 medical person designated by a qualified physician in writing to act as
15 an agent for the physician in directing the actions or renewal of
16 licensure of ~~out-of-hospital~~ emergency care providers.

17 Sec. 28. Section 38-1215, Revised Statutes Cumulative Supplement,
18 2018, is amended to read:

19 38-1215 (1) The board shall have seventeen members appointed by the
20 Governor with the approval of a majority of the Legislature. The
21 appointees may begin to serve immediately following appointment and prior
22 to approval by the Legislature.

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

31 (b) Three of the members shall be qualified physicians actively

1 involved in emergency medical care. At least one of the physician members
2 shall be a board-certified emergency physician, and at least one of the
3 physician members shall specialize in pediatrics.

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

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

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

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

28 (3) Members shall serve five-year terms beginning on December 1 and
29 may serve for any number of such terms. The terms of the members of the
30 board appointed prior to December 1, 2008, shall be extended by two years
31 and until December 1 of such year. Each member shall hold office until

1 the expiration of his or her term. Any vacancy in membership, other than
2 by expiration of a term, shall be filled within ninety days by the
3 Governor by appointment as provided in subsection (2) of this section.

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

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

16 (6) Except as provided in subsection (5) of this section and
17 notwithstanding subsection (2) of this section, a member of the board who
18 changes his or her licensure classification after appointment or has a
19 licensure classification which is terminated under section 38-1207.02 or
20 38-1217 when such licensure classification was a qualification for
21 appointment shall be permitted to continue to serve as a member of the
22 board until the expiration of his or her term.

23 Sec. 29. Section 38-1216, Revised Statutes Cumulative Supplement,
24 2018, is amended to read:

25 38-1216 In addition to any other responsibilities prescribed by the
26 Emergency Medical Services Practice Act, the board shall:

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

1 state;

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

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

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

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

20 Sec. 30. Section 38-1217, Revised Statutes Cumulative Supplement,
21 2018, is amended to read:

22 38-1217 The board shall adopt rules and regulations necessary to:

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

30 (2) Provide for temporary licensure of an ~~out-of-hospital~~ emergency
31 care provider who has completed the educational requirements for a

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

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

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

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

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

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

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

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

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

29 (10) ~~(11)~~ Establish renewal and reinstatement requirements for ~~out-~~
30 ~~of-hospital~~ emergency care providers and establish continuing competency
31 requirements. Continuing education is sufficient to meet continuing

1 competency requirements. The requirements may also include, but not be
2 limited to, one or more of the continuing competency activities listed in
3 section 38-145 which a licensed person may select as an alternative to
4 continuing education. The reinstatement requirements for ~~out-of-hospital~~
5 emergency care providers shall allow reinstatement at the same or any
6 lower level of licensure for which the ~~out-of-hospital~~ emergency care
7 provider is determined to be qualified;

8 (11) ~~(12)~~ Create licensure, renewal, and reinstatement requirements
9 for emergency medical service instructors. The rules and regulations
10 shall include the practices and procedures for licensure, renewal, and
11 reinstatement;

12 (12) ~~(13)~~ Establish criteria for emergency medical technicians-
13 intermediate, advanced emergency medical technicians, emergency medical
14 technicians, community paramedics, critical care paramedics, or
15 paramedics performing activities within their scope of practice and as
16 determined by a licensed health care practitioner as defined in section
17 38-1224 at a hospital or health clinic under section 38-1224. Such
18 ~~criteria shall include, but not be limited to, a requirement that such~~
19 ~~activities shall only be performed at the discretion of, and with the~~
20 ~~approval of, the governing authority of such hospital or health clinic.~~
21 ~~For purposes of this subdivision, health clinic has the definition found~~
22 ~~in section 71-416 and hospital has the definition found in section~~
23 ~~71-419; and~~

24 (13) ~~(14)~~ Establish model protocols for compliance with the Stroke
25 System of Care Act by an emergency medical service and an emergency care
26 provider.

27 Sec. 31. Section 38-1218, Revised Statutes Cumulative Supplement,
28 2018, is amended to read:

29 38-1218 (1) The board may approve curricula for the licensure
30 classifications listed in the Emergency Medical Services Practice Act.

31 (2) The department and the board shall consider the following

1 factors, in addition to other factors required or permitted by the
2 Emergency Medical Services Practice Act, when adopting rules and
3 regulations for a licensure classification:

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

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

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

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

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

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

22 38-1220 The following are exempt from the licensing requirements of
23 the Emergency Medical Services Practice Act:

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

27 (2) Vehicles or aircraft rendering services as an ambulance in case
28 of a major catastrophe or emergency when licensed ambulances based in the
29 localities of the catastrophe or emergency are incapable of rendering the
30 services required;

31 (3) Ambulances from another state which are operated from a location

1 or headquarters outside of this state in order to transport patients
2 across state lines, but no such ambulance shall be used to pick up
3 patients within this state for transportation to locations within this
4 state except in case of an emergency;

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

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

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

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

21 Sec. 33. Section 38-1224, Revised Statutes Cumulative Supplement,
22 2018, is amended to read:

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

31 (2) An ~~out-of-hospital~~ emergency care provider may only practice the

1 skills he or she is authorized to employ and which are covered by the
2 license issued to such provider pursuant to the Emergency Medical
3 Services Practice Act or as authorized pursuant to the EMS Personnel
4 Licensure Interstate Compact.

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

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

16 Sec. 34. Section 38-1225, Revised Statutes Cumulative Supplement,
17 2018, is amended to read:

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

30 (2) Patient data received by the department shall be confidential
31 with release only (a) in aggregate data reports created by the department

1 on a periodic basis or at the request of an individual, (b) as case-
2 specific data to approved researchers for specific research projects, (c)
3 as protected health information to a public health authority, as such
4 terms are defined under the federal Health Insurance Portability and
5 Accountability Act of 1996, as such act existed on January 1, 2018, and
6 (d) as protected health information, as defined under the federal Health
7 Insurance Portability and Accountability Act of 1996, as such act existed
8 on January 1, 2018, to an emergency medical service, to an ~~out-of-~~
9 ~~hospital~~ emergency care provider, or to a licensed health care facility
10 for purposes of treatment. A record may be shared with the emergency
11 medical service or ~~out-of-hospital~~ emergency care provider that reported
12 that specific record. Approved researchers shall maintain the
13 confidentiality of the data, and researchers shall be approved in the
14 same manner as described in section 81-666. Aggregate reports shall be
15 public documents.

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

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

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

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

1 38-1228 The department, with the approval of the board, may,
2 whenever it deems appropriate, waive any rule, regulation, or standard
3 relating to the licensure of emergency medical services or ~~out-of-~~
4 ~~hospital~~ emergency care providers when the lack of a licensed emergency
5 medical service in a municipality or other area will create an undue
6 hardship in the municipality or other area in meeting the emergency
7 medical service needs of the residents ~~people~~ thereof.

8 Sec. 37. Section 38-1232, Revised Statutes Cumulative Supplement,
9 2018, is amended to read:

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

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

30 (3) No physician medical director shall incur any liability by
31 reason of his or her use of any unmodified protocol, standing order,

1 operating procedure, or guideline provided by the board pursuant to
2 subdivision (9) of section 38-1217.

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

5 38-1233 No ~~out-of-hospital~~ emergency care provider shall be subject
6 to civil liability based solely upon failure to obtain consent in
7 rendering emergency medical, surgical, hospital, or health services to
8 any individual regardless of age when the patient is unable to give his
9 or her consent for any reason and there is no other person reasonably
10 available who is legally authorized to consent to the providing of such
11 care.

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

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

21 Sec. 40. Section 38-1237, Revised Statutes Cumulative Supplement,
22 2018, is amended to read:

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

1 unless the training agency is approved pursuant to rules and regulations
2 of the department. It shall be unlawful for any person to operate an
3 emergency medical service unless such service is licensed.

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

6 38-1813 (1) A person shall be qualified to be a licensed medical
7 nutrition therapist if such person furnishes evidence that he or she:

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

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

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

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

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

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

29 (B) ~~(ii)~~ Has received a master's or doctorate degree from an
30 accredited college or university which includes a major course of study
31 in clinical nutrition. Such course of study shall consist of not less

1 than a combined two hundred hours of biochemistry and physiology and not
2 less than seventy-five hours in human nutrition.

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

10 (3)(a) The practice of medical nutrition therapy shall be performed
11 under the consultation of a physician licensed pursuant to section
12 38-2026 or sections 38-2029 to 38-2033.

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

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

17 48-115 The terms employee and worker are used interchangeably and
18 have the same meaning throughout the Nebraska Workers' Compensation Act.
19 Such terms include the plural and all ages and both sexes. For purposes
20 of the act, employee or worker shall be construed to mean:

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

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

31 As used in subdivisions (1) through (11) of this section, the terms

1 employee and worker shall not be construed to include any person whose
2 employment is not in the usual course of the trade, business, profession,
3 or occupation of his or her employer.

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

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

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

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

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

1 (6) Volunteer ambulance drivers and attendants and ~~out-of-hospital~~
2 emergency care providers who are members of an emergency medical service
3 for any county, city, village, rural or suburban fire protection
4 district, nonprofit corporation, or any combination of such entities
5 under the authority of section 13-303. Such volunteers shall be deemed
6 employees of such entity or combination thereof while in the performance
7 of their duties as ambulance drivers or attendants or ~~out-of-hospital~~
8 emergency care providers and shall be considered as having entered into
9 and as acting in the regular course and scope of their employment from
10 the instant such persons commence responding to a call to active duty,
11 whether to a hospital or other place where the ambulance they are to use
12 is located or to any activities that the volunteer ambulance drivers or
13 attendants or ~~out-of-hospital~~ emergency care providers may be directed to
14 do by the chief or some person authorized to act for such chief of the
15 volunteer ambulance service or ~~out-of-hospital~~ emergency care service.
16 Such volunteers shall be deemed employees of such county, city, village,
17 rural or suburban fire protection district, nonprofit corporation, or
18 combination of such entities until their return to the location from
19 which they were initially called to active duty or until they engage in
20 any activity beyond the scope of the performance of their duties,
21 whichever occurs first. Before such volunteer ambulance drivers or
22 attendants or ~~out-of-hospital~~ emergency care providers are entitled to
23 benefits under the Nebraska Workers' Compensation Act, they shall be
24 recommended by the chief or some person authorized to act for such chief
25 of the volunteer ambulance service or ~~out-of-hospital~~ emergency care
26 service for membership therein to the board of directors of the rural or
27 suburban fire protection district or nonprofit corporation, the governing
28 body of the county, city, or village, or combination thereof, as the case
29 may be, and upon such confirmation shall be deemed employees of such
30 entity or combination thereof. Members of such volunteer ambulance or
31 ~~out-of-hospital~~ emergency care service after confirmation to membership

1 may be removed by majority vote of the entity's board of directors or
2 governing body and thereafter shall not be considered employees of such
3 entity. Volunteer ambulance drivers and attendants and ~~out-of-hospital~~
4 emergency care providers for any county, city, village, rural or suburban
5 fire protection district, nonprofit corporation, or any combination
6 thereof shall be considered as acting in the performance and within the
7 course and scope of their employment when performing activities outside
8 of the corporate limits of their respective county, city, village, or
9 district, but only if directed to do so by the chief or some person
10 authorized to act for such chief;

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

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

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

27 An executive officer of a corporation who owns twenty-five percent
28 or more of the common stock of such corporation or an executive officer
29 of a nonprofit corporation who receives annual compensation of one
30 thousand dollars or less from such corporation shall not be construed to
31 be an employee of the corporation under the Nebraska Workers'

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

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

31 (10) Each individual employer, partner, limited liability company

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

27 (11) An individual lessor of a commercial motor vehicle leased to a
28 motor carrier and driven by such individual lessor who elects to bring
29 himself or herself within the provisions of the Nebraska Workers'
30 Compensation Act. Such election is made if he or she agrees in writing
31 with the motor carrier to have the same rights as an employee only for

1 purposes of workers' compensation coverage maintained by the motor
2 carrier. For an election under this subdivision, the motor carrier's
3 principal place of business must be in this state and the motor carrier
4 must be authorized to self-insure liability under the Nebraska Workers'
5 Compensation Act. Such an election shall (a) be effective from the date
6 of such written agreement until such agreement is terminated, (b) be
7 enforceable against such self-insured motor carrier in the same manner
8 and to the same extent as claims arising under the Nebraska Workers'
9 Compensation Act by employees of such self-insured motor carrier, and (c)
10 not be deemed to be a contract of insurance for purposes of Chapter 44.
11 Section 48-111 shall apply to the individual lessor and the self-insured
12 motor carrier with respect to personal injury or death caused to such
13 individual lessor by accident or occupational disease arising out of and
14 in the course of performing services for such self-insured motor carrier
15 in connection with such lease while such election is effective.

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

18 68-901 Sections 68-901 to 68-994 and section 44 of this act shall be
19 known and may be cited as the Medical Assistance Act.

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

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

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

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

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

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

3 71-507 For purposes of sections 71-507 to 71-513:

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

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

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

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

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

25 (6) Funeral establishment means a business licensed under section
26 38-1419;

27 (7) Health care facility has the meaning found in sections 71-419,
28 71-420, 71-424, and 71-429 or any facility that receives patients of
29 emergencies who are transported to the facility by emergency services
30 providers;

31 (8) Infectious disease or condition means hepatitis B, hepatitis C,

1 meningococcal meningitis, active pulmonary tuberculosis, human
2 immunodeficiency virus, diphtheria, plague, hemorrhagic fevers, rabies,
3 and such other diseases as the department may by rule and regulation
4 specify;

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

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

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

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

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

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

1 may have been transmitted from the patient or individual to the emergency
2 services provider or public safety official; and

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

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

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

29 (2) Whenever an emergency services provider believes he or she has
30 had a significant exposure while acting as an emergency services
31 provider, he or she may complete a significant exposure report form. A

1 copy of the completed form shall be given by the emergency services
2 provider to the health care facility or alternate facility, to the
3 emergency services provider's supervisor, and to the designated
4 physician.

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

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

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

30 (6) Upon receipt of notification under subsection (5) of this
31 section, the designated physician shall notify the emergency services

1 provider of the exposure to infectious disease or condition and the
2 results of any tests conducted under this section and section 71-510.

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

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

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

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

17 71-7436 (1) Emergency medical reasons means the alleviation of a
18 temporary shortage by transfers of prescription drugs between any of the
19 following: (a) Holders of pharmacy licenses, (b) health care practitioner
20 facilities as defined in section 71-414, ~~and~~ (c) hospitals as defined in
21 section 71-419, and (d) emergency medical services as defined in section
22 38-1207.

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

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

30 71-7444 (1) Wholesale drug distribution means the distribution of
31 prescription drugs to a person other than a consumer or patient.

1 (2) Wholesale drug distribution does not include:

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

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

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

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

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

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

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

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

29 (i) The restocking of prescription drugs by a hospital for an
30 emergency medical service as defined in section 38-1207 if the emergency
31 medical service transports a patient to the hospital and such drugs were

1 used for the patient prior to or during transportation of such patient to
2 such hospital.

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

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

12 71-8226 Physician medical director means a qualified physician who
13 is responsible for the medical supervision of ~~out-of-hospital~~ emergency
14 care providers and verification of skill proficiency of ~~out-of-hospital~~
15 emergency care providers.

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

18 71-8227 Qualified physician surrogate means a qualified, trained
19 medical person, designated by a qualified physician in writing to act as
20 an agent for the physician in directing the actions of ~~out-of-hospital~~
21 emergency care providers.

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

24 71-8236 The State Trauma Advisory Board is created. The board shall
25 be composed of representatives knowledgeable in emergency medical
26 services and trauma care, including emergency medical providers such as
27 physicians, nurses, hospital personnel, prehospital or emergency care
28 ~~out-of-hospital~~ providers, local government officials, state officials,
29 consumers, and persons affiliated professionally with health science
30 schools. The Director of Public Health or his or her designee shall
31 appoint the members of the board for staggered terms of three years each.

1 The department shall provide administrative support to the board. All
2 members of the board may be reimbursed for their actual and necessary
3 expenses incurred in the performance of their duties as such members as
4 provided in sections 81-1174 to 81-1177. The terms of members
5 representing the same field shall not expire at the same time.

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

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

11 71-8237 The State Trauma Advisory Board shall:

12 (1) Advise the department regarding trauma care needs throughout the
13 state;

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

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

19 (4) Review proposed departmental rules and regulations for trauma
20 care;

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

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

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

26 71-8240 The department shall establish and maintain the following on
27 a statewide basis:

28 (1) Trauma system objectives and priorities;

29 (2) Minimum trauma standards for facilities, equipment, and
30 personnel for advanced, basic, comprehensive, and general level trauma
31 centers and specialty level burn or pediatric trauma centers;

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

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

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

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

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

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

13 (9) A format for submission of the regional trauma plans to the
14 department;

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

17 (11) Review and approve regional trauma plans;

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

21 (13) The trauma implementation plan incorporating the regional
22 trauma plans.

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

25 71-8248 The department shall establish and maintain a statewide
26 trauma registry to collect and analyze data on the incidence, severity,
27 and causes of trauma, including traumatic brain injury. The registry
28 shall be used to improve the availability and delivery of prehospital or
29 emergency out-of-hospital care and hospital trauma care services.
30 Specific data elements of the registry shall be defined by rule and
31 regulation of the department. Every health care facility designated as an

1 advanced, a basic, a comprehensive, or a general level trauma center, a
2 specialty level burn or pediatric trauma center, an advanced, an
3 intermediate, or a general level rehabilitation center, or a prehospital
4 or emergency care ~~out-of-hospital~~ provider shall furnish data to the
5 registry. All other hospitals may furnish trauma data as required by the
6 department by rule and regulation. All hospitals involved in the care of
7 a trauma patient shall have unrestricted access to all prehospital
8 reports for the trauma registry for that specific trauma occurrence.

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

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

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

28 (2) Patient care quality assurance proceedings, records, and reports
29 developed pursuant to this section and section 71-8248 are confidential
30 and are not subject to discovery by subpoena or admissible as evidence in
31 any civil action, except pursuant to a court order which provides for the

1 protection of sensitive information of interested parties, including the
2 department, pursuant to section 25-12,123.

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

5 71-8251 The department shall establish a regional trauma advisory
6 board within each trauma care region. The department shall appoint
7 members, to be comprised of a balance of hospital representatives and
8 ~~out-of-hospital~~ emergency care services providers, local elected
9 officials, consumers, local law enforcement representatives, and local
10 government agencies involved in the delivery of emergency medical
11 services and trauma care recommended by the local emergency medical
12 services providers and medical facilities located within the region. All
13 members of the board may be reimbursed for their actual and necessary
14 expenses incurred in the performance of their duties as such members
15 pursuant to sections 81-1174 to 81-1177.

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

18 71-8253 (1) If there are conflicts between the Statewide Trauma
19 System Act and the Emergency Medical Services Practice Act pertaining to
20 ~~out-of-hospital~~ emergency medical services, the Emergency Medical
21 Services Practice Act shall control.

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

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

1 Sec. 59. Original sections 13-1801, 23-1821, 28-907, 28-929,
2 28-929.01, 28-930, 28-931, 28-931.01, 38-1202, 38-1203, 38-1209, 38-1210,
3 38-1211, 38-1213, 38-1226, 38-1228, 38-1233, 38-1234, 38-1813, 48-115,
4 71-507, 71-509, 71-8226, 71-8227, 71-8236, 71-8237, 71-8240, 71-8248,
5 71-8249, 71-8251, and 71-8253, Reissue Revised Statutes of Nebraska,
6 sections 13-303, 28-934, 38-1201, 38-1204, 38-1204.01, 38-1206.01,
7 38-1207.01, 38-1207.02, 38-1208, 38-1208.01, 38-1208.02, 38-1215,
8 38-1216, 38-1217, 38-1218, 38-1224, 38-1225, 38-1232, and 38-1237,
9 Revised Statutes Cumulative Supplement, 2018, and sections 38-1220 and
10 68-901, Revised Statutes Supplement, 2019, are repealed.

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

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