

LEGISLATIVE BILL 138

Approved by the Governor June 5, 1997

Introduced by Wickersham, 49; Engel, 17; Hillman, 48; Jones, 43; Matzke, 47; Schmitt, 41; Vrtiska, 1; Wesely, 26

AN ACT relating to emergency medical services; to amend sections 28-907, 60-337, 60-6,270, 71-168, 71-168.02, 71-1,198, 71-1,339, 71-507 to 71-512, 71-514.02, 71-7102, and 81-15,102.03, Reissue Revised Statutes of Nebraska, and sections 13-303, 13-1801, 23-1821, 23-3547, 23-3594, 35-514.02, 48-115, and 48-126.01, Revised Statutes Supplement, 1996; to adopt the Emergency Medical Services Act; to repeal provisions relating to emergency medical services; to repeal the Emergency Medical Technician-Paramedic Act and the First Responders Emergency Rescue Act; to define and redefine terms; to provide penalties; to change provisions relating to exposure to infectious diseases or conditions; to harmonize provisions; to provide operative dates; to repeal the original sections; and to outright repeal sections 71-5101 to 71-5107, 71-5108.01 to 71-5165, 71-5501 to 71-5518, 71-5520 to 71-5521.01, 71-5523, and 71-7301 to 71-7318, Reissue Revised Statutes of Nebraska, and section 71-5108, Reissue Revised Statutes of Nebraska, as amended by section 1, Legislative Bill 166, Ninety-fifth Legislature, First Session, 1997.

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

Section 1. Sections 1 to 30 of this act shall be known and may be cited as the Emergency Medical Services Act.

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

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

Sec. 3. The Legislature finds:

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

(2) That effective delivery of out-of-hospital emergency medical care may be assisted by a program of training and certification of out-of-hospital emergency care providers and licensure of emergency medical services in accordance with rules and regulations approved by the Board of Emergency Medical Services;

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

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

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

Sec. 4. For purposes of the Emergency Medical Services Act:

(1) Ambulance means any privately or publicly owned motor vehicle or aircraft that is especially designed, constructed or modified, and equipped and is intended to be used and is maintained or operated for the overland or air transportation of patients upon the streets, roads, highways, airspace, or public ways in this state, including funeral coaches or hearses, or any other motor vehicles or aircraft used for such purposes;

(2) Board means the Board of Emergency Medical Services;

(3) Department means the Department of Health and Human Services Regulation and Licensure;

(4) Emergency medical service means the organization responding to a perceived individual need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury;

(5) Out-of-hospital emergency care provider includes all certification classifications of emergency care providers established pursuant to the act;

(6) Patient means an individual who either identifies himself or herself as being in need of medical attention or upon assessment by an out-of-hospital emergency care provider has an injury or illness requiring treatment;

(7) Person means an individual, firm, partnership, limited liability company, corporation, company, association, or joint-stock company or association or group of individuals acting together for a common purpose and includes the State of Nebraska and any agency or political subdivision of the state;

(8) Physician medical director means a qualified physician who is responsible for the medical supervision of out-of-hospital emergency care providers and verification of skill proficiency of out-of-hospital emergency care providers pursuant to section 7 of this act;

(9) Protocol means a set of written policies, procedures, and directions from a physician medical director to an out-of-hospital emergency care provider concerning the medical procedures to be performed in specific situations;

(10) Qualified physician means an individual who is licensed to practice medicine and surgery pursuant to sections 71-1,102 to 71-1,107,14 or osteopathic medicine and surgery pursuant to sections 71-1,137 to 71-1,141 and meets any other requirements established by rule and regulation;

(11) Qualified physician surrogate means a qualified, trained medical person designated by a qualified physician in writing to act as an agent for the physician in directing the actions or recertification of out-of-hospital emergency care providers; and

(12) Standing order means a direct order from the physician medical director to perform certain tasks for a patient under a specific set of circumstances.

Sec. 5. (1) The Board of Emergency Medical Services is established. The board shall have fifteen members appointed by the Governor with the approval of a majority of the Legislature. The appointees may begin to serve immediately following appointment and prior to approval by the Legislature.

(2)(a) Seven members of the Board of Emergency Medical Services shall be active out-of-hospital emergency care providers at the time of and for the duration of their appointment, and each shall have at least five years of experience in his or her level of certification at the time of his or her appointment or reappointment. Two of the seven members who are out-of-hospital emergency care providers shall be first responders, two shall be emergency medical technicians, one shall be an emergency medical technician-intermediate, and two shall be emergency medical technicians-paramedic.

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

(c) Of the remaining five members, one member shall be a representative of an approved training agency, one member shall be a physician assistant with at least five years of experience and active in out-of-hospital emergency medical care education, one member shall be a registered nurse with at least five years of experience and active in out-of-hospital emergency medical care education, and two members shall be consumers who have been residents of the State of Nebraska for five years with an expressed interest in the provision of out-of-hospital emergency medical care.

(d) In addition to any other criteria for appointment, among the members of the board there shall be at least one member who is a volunteer emergency medical care provider, at least one member who is a paid emergency

medical care provider, at least one member who is a firefighter, at least one member who is a law enforcement officer, and at least one member who is active in the Critical Incident Stress Management Program. If a person appointed to the board is qualified to serve as a member in more than one capacity, all qualifications of such person shall be taken into consideration to determine whether or not the diversity in qualifications required in this subsection has been met.

(e) No more than five members of the board may reside in any single congressional district. No more than one physician member shall reside in any single congressional district.

(3) The Governor shall make the initial appointments to the board within ninety days after the operative date of this section. Five of the initial members shall be appointed for terms of one year as determined by the Governor. Five of the initial members shall be appointed for terms of two years as determined by the Governor. Five of the initial members shall be appointed for terms of three years as determined by the Governor. After the initial appointments, all members shall serve three-year terms. Each member shall hold office until the expiration of his or her term. Any vacancy in membership, other than by expiration of a term, shall be filled within ninety days by the Governor by appointment as provided in subsection (2) of this section.

(4) Members of the board shall be reimbursed for their actual and necessary expenses as provided in sections 81-1174 to 81-1177.

(5) The board shall meet within ninety days after the appointment of the initial members and shall meet at least once each year thereafter. Special meetings of the board may be called by the department or upon the written request of any five members of the board explaining the reason for such meeting. The place of the meetings shall be set by the department. At the first meeting of the board, such officers as the board deems necessary shall be elected. A majority of the members shall constitute a quorum for the transaction of business. Every act of the majority of the members of the board present at a meeting of the board shall be deemed to be the act of the board. The board shall comply with sections 84-1408 to 84-1414.

(6) The department shall adopt and promulgate rules and regulations which establish definitions of conflicts of interest for members of the board and which establish procedures for resolution of conflicts of interest.

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

(8) Except as provided in subsection (7) of this section and notwithstanding subsection (2) of this section, a member of the board who changes his or her certification classification after appointment when such certification classification was a qualification for appointment shall be permitted to continue to serve as a member of the board until the expiration of his or her term.

Sec. 6. In addition to any other responsibilities prescribed by the Emergency Medical Services Act, the board shall:

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

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

(3) Review and comment on all state agency proposals and applications that seek funding for out-of-hospital emergency medical care;

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

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

and

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

Sec. 7. The department, with the approval of the board, shall adopt and promulgate rules and regulations necessary to:

(1) Implement the Emergency Medical Services Act;

(2) Create the following certification classifications of out-of-hospital emergency care providers: (a) First responder; (b) emergency medical technician; (c) emergency medical technician-intermediate; and (d) emergency medical technician-paramedic. The rules and regulations creating the classifications shall include the practices and procedures authorized for each classification, training and testing requirements, recertification requirements, and other criteria and qualifications for each classification determined to be necessary for protection of public health and safety;

(3) Provide for curricula which will allow out-of-hospital emergency care providers to be trained for the delivery of practices and procedures in units of limited subject matter which will encourage continued development of abilities and use of such abilities through additional authorized practices and procedures;

(4) Establish procedures and requirements for applications for examination, certification, or recertification in any of the certification classifications created pursuant to the Emergency Medical Services Act;

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

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

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

(8) Provide for the approval, inspection, review, and termination of approval of training agencies and establish minimum standards for services provided by training agencies. All training for certification shall be provided through an approved or accredited training agency;

(9) Provide for the minimum qualifications of a physician medical director in addition to the licensure required by subdivision (10) of section 4 of this act;

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

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

(12) Establish recertification and renewal requirements for out-of-hospital emergency care providers and emergency medical services and provide for compliance with recertification requirements by one of the following methods: (a) Continuing education; (b) achieving a department-prescribed level of performance on a written and practical skills test; or (c) verification by a physician medical director or qualified physician surrogate that the applicant is qualified for recertification. The recertification requirements for out-of-hospital emergency care providers shall allow recertification at the same or any lower level of certification for which the out-of-hospital emergency care provider is determined to be qualified. All certificates and licenses issued under the act shall expire at midnight on December 31 the third year after issuance.

Sec. 8. (1) The Legislature adopts all parts of the United States

Department of Transportation curricula, including appendices, and skills as the training requirements and permitted practices and procedures for the certification classifications listed in subdivision (2) of section 7 of this act until modified by rule and regulation.

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

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

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

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

(d) Whether continuing education hours are sufficient to maintain the skills authorized for the classification.

Sec. 9. All rules, regulations, and orders relating to the Emergency Medical Technician-Paramedic Act, the First Responders Emergency Rescue Act, and sections 71-5101 to 71-5165 which were adopted or issued prior to the operative date of this section shall continue to be effective until amended or repealed by rule or regulation adopted pursuant to the Emergency Medical Services Act.

Sec. 10. The department shall issue licenses for the operation of emergency medical services which are found to comply with the requirements of the rules and regulations and the Emergency Medical Services Act. The department shall issue certificates for out-of-hospital emergency care providers who are found to comply with the requirements of the rules and regulations and the act.

Sec. 11. The department may deny, refuse renewal of, suspend, or revoke a license or certificate and otherwise discipline a licensee or certificate holder in accordance with the Uniform Licensing Law. The department may initiate proceedings under the Emergency Medical Services Act on its own motion or on the written complaint of any person.

Sec. 12. Each licensed emergency medical service shall have a physician medical director by July 1, 1998.

Sec. 13. An out-of-hospital emergency care provider may not assume the duties incident to such title or practice the skills thereof unless he or she is employed by or serving as a volunteer member of an emergency medical service licensed by the department, and he or she may only practice the skills he or she is authorized to employ and which are covered by the license except as provided in subdivision (7) of section 7 of this act.

Sec. 14. No patient data received or recorded by an emergency medical service or an out-of-hospital emergency care provider shall be divulged, made public, or released by an emergency medical service or an out-of-hospital emergency care provider, except that patient data may be released to the receiving health care facility, to the department for statistical purposes, or upon the written authorization of the patient who is the subject of the record. For purposes of this section, patient data means any data received or recorded as part of the records maintenance requirements of the Emergency Medical Services Act. Patient data received by the department shall be confidential with release only (1) in aggregate data reports created by the department on a periodic basis or at the request of an individual or (2) as case-specific data to approved researchers for specific research projects. Approved researchers shall maintain the confidentiality of the data, and researchers shall be approved in the same manner as described in section 81-666. Aggregate reports shall be public documents. Emergency-medical-service-specific data and out-of-hospital-emergency-care-provider-specific data shall be released only upon the written authorization of the service or the provider who is the subject of the record. No civil or criminal liability of any kind or character for damages or other relief or penalty shall arise or be enforced against any person or organization by reason of having provided patient data pursuant to this section.

Sec. 15. No ambulance shall transport any patient upon any street, road, highway, airspace, or public way in the State of Nebraska unless such ambulance, when so transporting patients, is occupied by at least one certified out-of-hospital emergency care provider. Such requirement shall be met if any of the individuals providing the service is a licensed physician.

registered nurse, licensed physician assistant, or licensed practical nurse functioning within the scope of practice of his or her license.

Sec. 16. The driver of a licensed motor vehicle ambulance who holds a valid driver's license issued by the state of his or her residence may exercise the privileges set forth in Nebraska statutes relating to emergency vehicles when responding to an emergency call or while transporting a patient.

Sec. 17. The department, with the approval of the board, may, whenever it deems appropriate, waive any rule, regulation, or standard relating to the licensure of emergency medical services or certification of out-of-hospital emergency care providers when the lack of a licensed emergency medical service in a municipality or other area will create an undue hardship in the municipality or other area in meeting the emergency medical service needs of the people thereof.

Sec. 18. The department may issue a certificate for out-of-hospital emergency care providers without examination to any person who holds a current certificate or license as an out-of-hospital emergency care provider, or its equivalent, from another jurisdiction if the department, with the approval of the board, finds that the standards for certification or licensure in such other jurisdiction are at least the substantial equivalent of those prevailing in this state. The department, with the approval of the board, may issue a certificate to any individual who has a current certificate from the National Registry of Emergency Medical Technicians. The level of such certification shall be determined by the department with the approval of the board.

Sec. 19. A license issued under the Emergency Medical Services Act shall not be sold, transferred, or assigned by the holder. Any change of ownership of an emergency medical service requires a new application and a new license.

Sec. 20. The following are exempt from the licensing and certification requirements of the Emergency Medical Services Act:

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

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

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

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

(5) Except for the provisions of section 23 of this act, physicians, physician assistants, registered nurses, licensed practical nurses, or nurse practitioners who hold current Nebraska licenses and are exclusively engaged in the practice of their respective professions; and

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

Sec. 21. An out-of-hospital emergency care provider or emergency medical service holding a valid certificate or license issued by the department prior to the operative date of this section may perform any practice or procedure authorized for a holder of that type of certificate or license in accordance with rules and regulations in effect immediately prior to the operative date of this section and until the rules and regulations are amended or repealed pursuant to the Emergency Medical Services Act. A certificate or license may be issued or renewed and will expire in accordance with the rules and regulations adopted pursuant to the Emergency Medical Technician-Paramedic Act, the First Responders Emergency Rescue Act, and sections 71-5101 to 71-5165 until those rules and regulations are amended or repealed pursuant to the Emergency Medical Services Act.

Sec. 22. The Emergency Medical Services Act or the rules or regulations shall not be construed to authorize or require giving any medical treatment to a person who objects to such treatment on religious or other grounds or to authorize the transportation of such person to a medical facility.

Sec. 23. (1) No out-of-hospital emergency care provider, physician assistant, registered nurse, or licensed practical nurse who provides public emergency care shall be liable in any civil action to respond in damages as a result of his or her acts of commission or omission arising out of and in the course of his or her rendering in good faith any such care. Nothing in this

subsection shall be deemed to grant any such immunity for liability arising out of the operation of any motor vehicle, aircraft, or boat or while such person was impaired by alcoholic liquor or any controlled substance enumerated in section 28-405 in connection with such care, nor shall immunity apply to any person causing damage or injury by his or her willful, wanton, or grossly negligent act of commission or omission.

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

(3) No physician medical director shall incur any liability by reason of his or her use of any unmodified protocol, standing order, operating procedure, or guideline provided by the board pursuant to subdivision (10) of section 7 of this act.

Sec. 24. No out-of-hospital emergency care provider shall be subject to civil liability based solely upon failure to obtain consent in rendering emergency medical, surgical, hospital, or health services to any individual regardless of age when the patient is unable to give his or her consent for any reason and there is no other person reasonably available who is legally authorized to consent to the providing of such care.

Sec. 25. No act of commission or omission of any out-of-hospital emergency care provider while rendering emergency medical care within the limits of his or her certification or status as a trainee to a person who is deemed by the provider to be in immediate danger of injury or loss of life shall impose any liability on any other person, and this section shall not relieve the out-of-hospital emergency care provider from personal liability, if any.

Sec. 26. The department may accept from any person, in the name of and for the state, services, equipment, supplies, materials, or funds by way of bequest, gift, or grant for the purposes of promoting emergency medical care. Any such funds received shall be remitted to the state treasury and shall be credited by the State Treasurer to the Department of Health and Human Services Regulation and Licensure Cash Fund.

Sec. 27. The provisions of the Emergency Medical Services Act shall not be construed to supersede, limit, or otherwise affect the state emergency management laws or any interstate civil defense compact participated in by the State of Nebraska dealing with the licenses for professional, mechanical, or other skills of persons performing emergency management functions.

Sec. 28. It shall be unlawful for any person who has not been certified pursuant to the Emergency Medical Services Act to hold himself or herself out as an out-of-hospital emergency care provider, to use any other term to indicate or imply that he or she is an out-of-hospital emergency care provider, or to act as such a provider without a certificate therefor. It shall be unlawful for any person to operate a training agency for the initial training or recertification of out-of-hospital emergency care providers unless the training agency is approved pursuant to rules and regulations of the board. It shall be unlawful for any person to operate an emergency medical service unless such service is licensed. Any person who violates any provision of this section shall be guilty of a Class I misdemeanor.

Sec. 29. Whenever a person has engaged in an act or practice which violates the Emergency Medical Services Act or the rules and regulations adopted and promulgated pursuant to the act, the department may make application to the appropriate court for an order enjoining the violation. Upon a showing by the department that the person has engaged in an illegal act or practice, the court shall grant, without bond, an injunction, a restraining order, or another appropriate order.

Sec. 30. Any person who operates an emergency medical service without first obtaining a license from the department is guilty of a Class IV misdemeanor, and each day such service is operated without a license after a first conviction is a separate offense. Such person is also guilty of maintaining a nuisance pursuant to section 28-1321 and shall, upon conviction, be fined and ordered to abate such nuisance.

Sec. 31. Section 13-303, Revised Statutes Supplement, 1996, is amended to read:

13-303. The county boards of counties and the governing bodies of cities and villages may provide ambulance establish an emergency medical service as a governmental service either within or without the county or municipality, as the case may be. The county board or governing body may

contract with any city, person, firm, or corporation to provide such service licensed as an emergency medical service for emergency medical care by out-of-hospital emergency care providers. Each may enter into an agreement with the other under the Interlocal Cooperation Act for the purpose of providing necessary ambulance establishing an emergency medical service or may provide a separate service for itself. Public funds may be expended therefor, and a reasonable service fee may be charged to the user. Before any such ambulance service is established under the authority of this section, the county board or the governing bodies of cities and villages shall hold a public hearing after giving at least ten days' notice thereof, which notice shall include a brief summary of the general plan for providing establishing such ambulance service, including an estimate of the initial cost and the possible continuing cost of operating such service. If the board or governing body after such hearing determines that ambulance an emergency medical service for emergency medical care by out-of-hospital emergency care providers is needed, it may proceed as authorized in this section. The authority granted in this section shall be cumulative and supplementary to any existing powers heretofore granted. Any county board of counties and the governing bodies of cities and villages may pay their cost for such service out of available general funds or may levy a tax for the purpose of providing necessary ambulance the service, which levy shall be in addition to all other taxes and shall be in addition to restrictions on the levy of taxes provided by statute, except that when a fire district provides ambulance the service the county shall pay the cost for the county ambulance service by levying a tax on that property not in a fire district providing ambulance the service. The levy shall be subject to section 77-3443.

Sec. 32. Section 13-1801, Revised Statutes Supplement, 1996, is amended to read:

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

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

Sec. 33. Section 23-1821, Revised Statutes Supplement, 1996, is amended to read:

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

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

Sec. 34. Section 23-3547, Revised Statutes Supplement, 1996, is amended to read:

23-3547. Each local hospital district shall have and exercise the following powers:

(1) To have and use a corporate seal and alter it at pleasure;
 (2) To sue and be sued in all courts and places and in all actions and proceedings whatever;

(3) To purchase, receive, have, take, hold, lease, use, and enjoy property of every kind and description and to control, dispose of, convey, and encumber the same and create a leasehold interest in same for the benefit of the district;

(4) To exercise the right of eminent domain for the purpose of acquiring real or personal property of every kind necessary to the exercise of any of the powers of the district, which power shall be exercised in the manner provided in sections 76-704 to 76-724;

(5) To administer any trust declared or created for hospitals of the

district and receive by gift, devise, or bequest and hold in trust or otherwise property situated in this state or elsewhere and, when not otherwise provided, dispose of the same for the benefit of such hospitals;

(6) To employ legal counsel to advise the board of directors in all matters pertaining to the business of the district and to perform such functions in respect to the legal affairs of the district as the board may direct;

(7) To employ such officers and employees, including architects and consultants, as the board of directors deems necessary to carry on properly the business of the district;

(8) To prescribe the duties and powers of the manager, secretary, and other officers and employees of any such hospitals, to determine the number of and appoint all such officers and employees, and to fix their compensation. Such officers and employees shall hold their offices or positions at the pleasure of such boards;

(9) To do any and all things which an individual might do which are necessary for and to the advantage of a hospital;

(10) To establish, maintain, lease, or operate one or more hospitals. Hospital, as used in the Nebraska Local Hospital District Act, shall have the meaning as provided in subdivision (10) of section 23-3594;

(11) To do any and all other acts and things necessary to carry out the Nebraska Local Hospital District Act; and

(12) To acquire, maintain, and operate ambulances or ambulance services an emergency medical service within and without the district.

Sec. 35. Section 23-3594, Revised Statutes Supplement, 1996, is amended to read:

23-3594. Each hospital authority shall have and exercise the following powers:

(1) To have perpetual succession as a body politic and corporate, except that any county board having declared a hospital authority to be a public corporation and body politic of this state shall, upon a showing duly made and with appropriate notice given to the Secretary of State, but not sooner than upon expiration of a period of two years from and after the date upon which the record relating to formation of such hospital authority was filed with the Secretary of State pursuant to section 23-3587, enter an order dissolving any hospital authority which does not then have under construction, own, lease as lessee or as lessor, or operate a hospital;

(2) To have and use a corporate seal and alter it at pleasure;

(3) To sue and be sued in all courts and places and in all actions and proceedings whatever;

(4) To purchase, receive, have, take, hold, lease as lessee, use, and enjoy property of every kind and description within the limits of the authority and to control, dispose of, sell for a nominal or other consideration, convey, and encumber the same and create a leasehold interest in the same, as lessor, with any nonprofit person, firm, partnership, limited liability company, association, or corporation, other than a county, city, or village in this state, for the benefit of the authority;

(5) To administer any trust declared or created for hospitals of the authority and to receive by gift, devise, or bequest and hold, in trust or otherwise, property situated in this state or elsewhere and, if not otherwise provided, dispose of the same for the benefit of such hospitals;

(6) To employ legal counsel to advise the board of trustees in all matters pertaining to the business of the authority and to perform such functions with respect to the legal affairs of the authority as the board may direct;

(7) To employ such technical experts and such officers, agents, and employees, permanent and temporary, as it may require and to determine their qualifications, duties, and compensation, such technical experts, officers, agents, and employees to hold their offices or positions at the pleasure of the board;

(8) To delegate to one or more of its agents or employees such powers and duties as it deems proper;

(9) To do any and all things which an individual might do which are necessary for and to the advantage of a hospital;

(10) To purchase, construct, establish, or otherwise acquire and to improve, alter, maintain, and operate one or more hospitals situated within the territorial limits of the authority. The term hospital as used in the Hospital Authorities Act shall mean and include, except as used in section 23-3597, any structure or structures suitable for use as a hospital, nursing home, clinic, or other health care facility, laboratory, laundry, nurses' or interns' residences and dormitories, administration buildings, research facilities, and maintenance, storage, or utility facilities and other

structures or facilities reasonably related thereto or required or useful for the operation thereof, including parking and other facilities or structures essential or convenient for the orderly operation thereof and shall also include furniture, instruments, equipment, and machinery and other similar items necessary or convenient for the operations thereof, and any hospital authority which has established or acquired a hospital may also purchase, construct, or otherwise acquire and improve, alter, maintain, and operate all types of ancillary care facilities, including rehabilitation, recreational, and research facilities for children, addicted persons, disabled individuals, and elderly persons, including both residential and outpatient care and ancillary facilities for physicians, technicians, educators, psychologists, social scientists, scientists, nutritionists, administrators, interns, residents, nurses, students preparing to engage in the health service field, and other health care related personnel;

(11) To enter into contracts and other agreements for the purchase, construction, establishment, acquisition, management, operation, and maintenance of any hospital or any part thereof upon such terms and conditions and for such periods of time as its board of trustees may determine;

(12) To do any and all other acts and things necessary to carry out the Hospital Authorities Act, including the power to borrow money on its bonds, notes, debentures, or other evidences of indebtedness and to secure the same by pledges of its revenue in the manner and to the extent provided in the act and to fund or refund the same; and

(13) To acquire, maintain, and operate ambulances or ambulance services an emergency medical service within and without the authority.

Sec. 36. Section 28-907, Reissue Revised Statutes of Nebraska, is amended to read:

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

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

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

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

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

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

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

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

Sec. 37. Section 35-514.02, Revised Statutes Supplement, 1996, is amended to read:

35-514.02. A rural or suburban fire protection district may provide ambulance establish an emergency medical service or provide fire protection service either within or without the district, may enter into agreements under the Interlocal Cooperation Act for the purpose of providing necessary ambulance establishing an emergency medical service or providing fire protection service, may contract with any city, person, firm, corporation, or other fire protection district to provide such services, may expend funds of the district, and may charge a reasonable fee to the user. Before any such services are established under the authority of this section, the rural or suburban fire protection district shall hold a public hearing after giving at least ten days' notice, which notice shall include a brief summary of the general plan for providing the ambulance establishing the emergency medical service or providing fire protection service, including an estimate of the initial cost and the possible continuing cost of operating the ambulance emergency medical service or fire protection service. If the board after such hearing determines that ambulance an emergency medical service or fire

protection service is needed, it may proceed as authorized in this section. The authority granted in this section shall be cumulative and supplementary to any existing powers heretofore granted. Any fire protection district providing any service under this section may pay the cost for the service out of available funds or may levy a tax for the purpose of providing necessary ambulance supporting an emergency medical service or providing fire protection service, which levy shall be in addition to any other tax for such fire protection district and shall be subject to section 77-3443. When a fire protection district levies a tax for the purpose of providing ambulance supporting an emergency medical service, the taxpayers of such district shall be exempt from any tax levied under section 13-303. The board of a fire protection district which provides fire protection service outside of the district may charge a political subdivision with which the district has entered into an agreement for such service on a per-call basis for such service.

Sec. 38. Section 48-115, Revised Statutes Supplement, 1996, is amended to read:

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

(1) Every person in the service of the state or of any governmental agency created by it, including the Nebraska National Guard and members of the military forces of the State of Nebraska, under any appointment or contract of hire, expressed or implied, oral or written. For the purposes of the Nebraska Workers' Compensation Act, (a) volunteer firefighters of any fire department of any rural or suburban fire protection district, city, or village, which fire department is regularly organized under the laws of the State of Nebraska, shall be deemed employees of such rural or suburban fire protection district, city, or village while in the performance of their duties as members of such department and shall be considered as having entered and as acting in the regular course of their employment when traveling from any place from which they have been called to active duty to a fire station or other place where firefighting equipment that their company or unit is to use is located or to any emergency that the volunteer firefighters may be officially called to participate in, (b) members of such volunteer fire department, before they are entitled to benefits under the Nebraska Workers' Compensation Act, shall be recommended by the chief of the fire department for membership therein to the board of directors, the mayor and city commission, the mayor and council, or the chairperson and board of trustees, as the case may be, and upon confirmation shall be deemed employees of the rural or suburban fire protection district, city, or village, (c) members of such fire department after confirmation to membership may be removed by a majority vote of such board of directors, commission, council, or board and thereafter shall not be considered employees of such rural or suburban fire protection district, city, or village, (d) firefighters of any fire department of any rural or suburban fire protection district, city, or village shall be considered as acting in the performance and within the scope of their duties in fighting fire or saving property or life outside of the corporate limits of their respective districts, cities, or villages, but only if directed to do so by the chief of the fire department or some person authorized to act for such chief, (e) any members of the Nebraska Emergency Management Agency, any city, village, county, or interjurisdictional emergency management organization, or any state emergency response team, which agency, organization, or team is regularly organized under the laws of the State of Nebraska, shall be deemed employees of such agency, organization, or team while in the performance of their duties as members of such agency, organization, or team, (f) any person fulfilling conditions of probation, or community service as defined in section 29-2277, pursuant to any order of any court of this state who shall be working for a governmental body, or agency as defined in section 29-2277, pursuant to any condition of probation, or community service as defined in section 29-2277, shall be deemed an employee of the governmental body or agency for the purposes of the Nebraska Workers' Compensation Act, (g) volunteer ambulance drivers and attendants who provide ambulance service and out-of-hospital emergency care providers who are members of an emergency medical service for any county, city, or village or any combination of such county, city, or village under the authority of section 13-303 shall be deemed employees of the county, city, or village or combination thereof while in the performance of their duties as such ambulance drivers or attendants or out-of-hospital emergency care providers and shall be considered as having entered into and as acting in the regular course of their employment when traveling from any place from which they have been called to active duty to a hospital or other place

where the ambulance they are to use is located or to any emergency in which the volunteer ambulance drivers or attendants or out-of-hospital emergency care providers may be officially called to participate, but such volunteer ambulance drivers or attendants or out-of-hospital emergency care providers shall be considered as acting in the performance and within the scope of their duties outside of the corporate limits of their respective county, city, or village only if officially directed to do so, (h) before such volunteer ambulance drivers or attendants or out-of-hospital emergency care providers shall be entitled to benefits under the Nebraska Workers' Compensation Act, they shall be confirmed to perform such duties by the county board or the governing body of the city or village or combination thereof, as the case may be, and upon such confirmation shall be deemed employees of the county, city, or village or combination thereof and may be removed by majority vote of such county board or governing body of the city or village, (i) members of a law enforcement reserve force appointed in accordance with section 81-1438 shall be deemed employees of the county or city for which they were appointed, and (j) any inmate working for offender committed to the Department of Correctional Services who is employed pursuant to section 81-1827 shall be deemed an employee of the Department of Correctional Services solely for purposes of the Nebraska Workers' Compensation Act; and

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

As used in subdivisions (1) and (2) of this section, the terms employee and worker shall not be construed to include any person whose employment is not in the usual course of the trade, business, profession, or occupation of his or her employer.

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

(3) Every executive officer of a corporation elected or appointed under the provisions or authority of the charter, articles of incorporation, or bylaws of such corporation shall be an employee of such corporation under the Nebraska Workers' Compensation Act, except that an executive officer of a Nebraska corporation who owns twenty-five percent or more of the common stock of such corporation may waive his or her right to coverage. Such waiver shall be in writing and filed with the secretary of the corporation and the Nebraska Workers' Compensation Court. Such waiver, as prescribed by the compensation court, shall include a statement in substantially the following form: Notice. I am aware that health and accident insurance policies frequently exclude coverage for personal injuries caused by accident or occupational disease arising out of and in the course of employment. Before waiving my rights to coverage under the Nebraska Workers' Compensation Act, I certify that I have carefully examined the terms of my health and accident coverage. Such waiver shall become effective from the date of receipt by the compensation court and shall remain in effect until the waiver is terminated by the officer in writing and filed with the secretary of the corporation and the compensation court. The termination of the corporate executive officer's waiver shall be effective upon receipt of the termination by the compensation court. It shall not be permissible to terminate a waiver prior to one year after the waiver has become effective.

(4) Each individual employer, partner, limited liability company member, or self-employed person who is actually engaged in the individual employer's, partnership's, limited liability company's, or self-employed person's business on a substantially full-time basis may elect to bring himself or herself within the provisions of the Nebraska Workers' Compensation Act, if he or she (a) files with his or her current workers' compensation insurer written notice of election to have the same rights as an employee only for purposes of workers' compensation insurance coverage acquired by and for such individual employer, partner, limited liability company member, or self-employed person or (b) gives notice of such election and such insurer collects a premium for such coverage acquired by and for such individual employer, partner, limited liability company member, or self-employed person.

This election shall be effective from the date of receipt by the insurer for the current policy and subsequent policies issued by such insurer until such time as such employer, partner, limited liability company member, or self-employed person files a written statement withdrawing such election with the current workers' compensation insurer or until such coverage by such insurer is terminated, whichever occurs first. When so included, the individual employer, partner, limited liability company member, or self-employed person shall have the same rights as an employee only with respect to the benefits provided under the Nebraska Workers' Compensation Act. If any individual employer, partner, limited liability company member, or self-employed person who is actually engaged in the individual employer's, partnership's, limited liability company's, or self-employed person's business on a substantially full-time basis has not elected to bring himself or herself within the provisions of the Nebraska Workers' Compensation Act pursuant to this subdivision and any health, accident, or other insurance policy issued to or renewed by such person after July 10, 1984, contains an exclusion of coverage, if the insured is otherwise entitled to workers' compensation coverage, such exclusion shall be null and void as to such person.

Sec. 39. Section 48-126.01, Revised Statutes Supplement, 1996, is amended to read:

48-126.01. In determining the compensation to be paid any member of the military forces of this state, any member of a law enforcement reserve force, any member of a volunteer fire department in any rural or suburban fire protection district, city, or village, any member of the Nebraska Emergency Management Agency, any city, village, county, or interjurisdictional emergency management organization, or any state emergency response team, or any member of a volunteer ambulance unit emergency medical service, which military forces, law enforcement reserve force, fire department, emergency management agency, organization, or team, or volunteer ambulance unit emergency medical service is regularly organized under the laws of the State of Nebraska, or any person fulfilling conditions of probation, or community service as defined in section 29-2277, pursuant to any order of any court of this state who shall be working for a governmental body, or agency as defined in section 29-2277, pursuant to any condition of probation, or community service as defined in section 29-2277, for injuries resulting in disability or death received in the performance of his or her duties as a member of such military forces, reserve force, department, agency, organization, team, or unit service, or pursuant to an order of any court, the wages of such a member or person shall be taken to be those received by him or her from his or her regular employer, and he or she shall receive such proportion thereof as he or she is entitled to under the provisions of section 48-121. If such member or person is not regularly employed by some other person, for the purpose of such determination, it shall be deemed and assumed that he or she is receiving income from his or her business or from other employment equivalent to wages in an amount one and one-half times the maximum compensation rate for total disability. If the wages received for the performance of duties as a member of such military forces, reserve force, department, agency, organization, team, or unit service exceed the wages received from a regular employer, such member shall be entitled to a rate of compensation based upon wages received as a member of such military forces, reserve force, department, agency, organization, team, or unit service.

Sec. 40. Section 60-337, Reissue Revised Statutes of Nebraska, is amended to read:

60-337. For all ambulances, except publicly owned ambulances, and hearses, the registration fee shall be fifteen dollars. For purposes of this section, ambulance means any privately or publicly owned motor vehicle that is especially designed, constructed or modified, and equipped and is intended to be used and is maintained or operated for the overland transportation of patients upon the streets, roads, highways, or public ways in this state or any other motor vehicle used for such purposes but does not include or mean any motor vehicle owned or operated under the direct control of an agency of the United States Government.

Sec. 41. Section 60-6,270, Reissue Revised Statutes of Nebraska, is amended to read:

60-6,270. (1) Except as provided in subsection (2) of this section, no driver shall operate a motor vehicle upon a highway or street in this state unless the driver and each front-seat occupant in the vehicle are wearing occupant protection systems and all occupant protection systems worn are properly adjusted and fastened.

(2) The following persons shall not be required to wear an occupant protection system:

(a) A person who possesses written verification from a physician

that the person is unable to wear an occupant protection system for medical reasons;

(b) A rural letter carrier of the United States Postal Service while performing his or her duties as a rural letter carrier between the first and last delivery points; and

(c) A member of an ambulance or rescue service unit emergency medical service while involved in patient care.

(3) For purposes of this section, motor vehicle shall mean a vehicle required by section 60-6,266 to be equipped with an occupant protection system.

Sec. 42. Section 71-168, Reissue Revised Statutes of Nebraska, is amended to read:

71-168. (1) The department shall enforce the Uniform Licensing Law and for that purpose shall make necessary investigations. Every licensee, certificate holder, or registrant listed under subsection (4) of this section and every member of a board of examiners shall furnish the department such evidence as he or she may have relative to any alleged violation which is being investigated.

(2) Every licensee, certificate holder, or registrant listed under subsection (4) of this section shall report to the department the name of every person without a license, certificate, or registration that he or she has reason to believe is engaged in practicing any profession for which a license, certificate, or registration is required by the Uniform Licensing Law. The department may, along with the Attorney General and other law enforcement agencies, investigate such reports or other complaints of unauthorized practice. The board of examiners for the profession may issue an order to cease and desist the unauthorized practice of that profession as a measure to obtain licensure, certification, or registration of the person prior to referral of the matter to the Attorney General for action.

(3) Any licensee, certificate holder, or registrant listed under subsection (4) of this section who is required to file a report of loss or theft of a controlled substance to the federal Drug Enforcement Administration shall provide a copy of such report to the department.

(4) Every licensee, certificate holder, or registrant regulated under the Advanced Registered Nurse Practitioner Act, the Emergency Medical Technician-Paramedic Services Act, the Licensed Practical Nurse-Certified Act, the Nebraska Certified Nurse Midwifery Practice Act, the Nebraska Cosmetology Act, the Nurse Practice Act, the Occupational Therapy Practice Act, the Uniform Controlled Substances Act, the Uniform Licensing Law, the Wholesale Drug Distributor Licensing Act, or sections 71-3702 to 71-3715, 71-4701 to 71-4719, or 71-6053 to 71-6068 shall, within thirty days of an occurrence described in this subsection, report to the department in such manner and form as the department may require by rule and regulation whenever he or she:

(a) Has first-hand knowledge of facts giving him or her reason to believe that any person in his or her profession has committed acts indicative of gross incompetence, a pattern of negligent conduct as defined in subdivision (5)(e) of section 71-147, or unprofessional conduct, may be practicing while his or her ability to practice is impaired by alcohol, controlled substances, narcotic drugs, or physical, mental, or emotional disability, or has otherwise violated such regulatory provisions governing the practice of the profession;

(b) Has first-hand knowledge of facts giving him or her reason to believe that any person in another profession regulated under such regulatory provisions has committed acts indicative of gross incompetence or may be practicing while his or her ability to practice is impaired by alcohol, controlled substances, narcotic drugs, or physical, mental, or emotional disability. The requirement to file a report under subdivision (a) or (b) of this subsection shall not apply (i) to the spouse of the practitioner, (ii) to a practitioner who is providing treatment to such person in a practitioner-patient relationship concerning information obtained or discovered in the course of treatment unless the treating practitioner determines that the condition of the person may be of a nature which constitutes a danger to the public health and safety by the person's continued practice, or (iii) when a chemically impaired professional enters the Licensee Assistance Program authorized by section 71-172.01 except as provided in such section; or

(c) Has been the subject of any of the following actions:

(i) Loss of privileges in a hospital or other health care facility due to alleged incompetence, negligence, unethical or unprofessional conduct, or physical, mental, or chemical impairment or the voluntary limitation of privileges or resignation from staff of any health care facility when that occurred while under formal or informal investigation or evaluation by the

facility or a committee of the facility for issues of clinical competence, unprofessional conduct, or physical, mental, or chemical impairment;

(ii) Loss of employment due to alleged incompetence, negligence, unethical or unprofessional conduct, or physical, mental, or chemical impairment;

(iii) Adverse judgments, settlements, or awards arising out of professional liability claims, including settlements made prior to suit, or adverse action by an insurance company affecting professional liability coverage. The department may define by rule and regulation what constitutes a settlement that would be reportable when a practitioner refunds or reduces a fee or makes no charge for reasons related to a patient or client complaint other than costs;

(iv) Denial of licensure, certification, registration, or other form of authorization to practice by any state, territory, or jurisdiction, including any military or federal jurisdiction, due to alleged incompetence, negligence, unethical or unprofessional conduct, or physical, mental, or chemical impairment;

(v) Disciplinary action against any license, certificate, registration, or other form of permit he or she holds taken by another state, territory, or jurisdiction, including any federal or military jurisdiction, the settlement of such action, or any voluntary surrender of or limitation on any such license, certificate, registration, or other form of permit;

(vi) Loss of membership in a professional organization due to alleged incompetence, negligence, unethical or unprofessional conduct, or physical, mental, or chemical impairment; or

(vii) Conviction of any misdemeanor or felony in this or any other state, territory, or jurisdiction, including any federal or military jurisdiction.

(5) A report made to the department under this section shall be confidential and treated in the same manner as complaints and investigative files under subsection (7) of section 71-168.01. Any person making a report to the department under this section except those self-reporting shall be completely immune from criminal or civil liability of any nature, whether direct or derivative, for filing a report or for disclosure of documents, records, or other information to the department under this section. Persons who are members of committees established under sections 25-12,123 and 71-2046 to 71-2048 or witnesses before such committees shall not be required to report such activities. Any person who is a witness before a committee established under such sections shall not be excused from reporting matters of first-hand knowledge that would otherwise be reportable under this section only because he or she attended or testified before such committee. Documents from original sources shall not be construed as immune from discovery or use in actions under subsection (4) of this section.

Sec. 43. Section 71-168.02, Reissue Revised Statutes of Nebraska, is amended to read:

71-168.02. (1) A health care facility licensed under section 71-2017.01 or a peer review organization or professional association of a health care profession regulated under the Advanced Registered Nurse Practitioner Act, the Emergency Medical Technician-Paramedic Services Act, the Licensed Practical Nurse-Certified Act, the Nebraska Certified Nurse Midwifery Practice Act, the Nebraska Cosmetology Act, the Nurse Practice Act, the Occupational Therapy Practice Act, the Uniform Controlled Substances Act, the Uniform Licensing Law, the Wholesale Drug Distributor Licensing Act, or sections 71-3702 to 71-3715, 71-4701 to 71-4719, or 71-6053 to 71-6068 shall report to the department, on a form and in the manner specified by the department by rule and regulation, any facts known to them, including, but not limited to, the identity of the practitioner and patient, when the facility, organization, or association:

(a) Has made payment due to adverse judgment, settlement, or award of a professional liability claim against it or a licensee, certificate holder, or registrant, including settlements made prior to suit, arising out of the acts or omissions of the licensee, certificate holder, or registrant; or

(b) Takes action adversely affecting the privileges or membership of a licensee, certificate holder, or registrant in such facility, organization, or association due to alleged incompetence, professional negligence, unprofessional conduct, or physical, mental, or chemical impairment.

The report shall be made within thirty days after the date of the action or event.

(2) A report made to the department under this section shall be confidential and treated in the same manner as complaints and investigative files under subsection (7) of section 71-168.01. The facility, organization,

association, or person making such report shall be completely immune from criminal or civil liability of any nature, whether direct or derivative, for filing a report or for disclosure of documents, records, or other information to the department under this section. The reports and information shall be subject to the investigatory and enforcement provisions of the regulatory provisions listed in subsection (1) of this section. Nothing in this subsection shall be construed to require production of records protected by section 25-12,123 or 71-2048 except as otherwise provided in either of such sections.

(3) For purposes of this section, the department shall accept reports made to it under the Nebraska Hospital-Medical Liability Act or in accordance with national practitioner data bank requirements of the federal Health Care Quality Improvement Act of 1986, as amended, and may require a supplemental report to the extent such reports do not contain the information required by rules and regulations of the department.

Sec. 44. Section 71-1,198, Reissue Revised Statutes of Nebraska, is amended to read:

71-1,198. For purposes of sections 71-1,198 to 71-1,205, unless the context otherwise requires:

(1) Law enforcement agency ~~shall mean means~~ any governmental agency charged by law with carrying out any of the regulatory provisions or any person authorized by law to make arrests within the State of Nebraska;

(2) Practitioner ~~shall mean means~~ any person required to be licensed, certified, or registered under the regulatory provisions, whether or not such person is so licensed, certified, or registered; and

(3) Regulatory provisions ~~shall mean means~~ the Advanced Registered Nurse Practitioner Act, the Emergency Medical ~~Technician-Paramedic Services~~ Act, the Licensed Practical Nurse-Certified Act, the Nebraska Certified Nurse Midwifery Practice Act, the Nebraska Cosmetology Act, the Nurse Practice Act, the Occupational Therapy Practice Act, the Uniform Controlled Substances Act, the Uniform Licensing Law, the Wholesale Drug Distributor Licensing Act, or sections 71-3702 to 71-3715, 71-4701 to 71-4719, or 71-6053 to 71-6068.

Sec. 45. Section 71-1,339, Reissue Revised Statutes of Nebraska, is amended to read:

71-1,339. Beginning July 1, 1995, the clerk of any county or district court in this state shall report to the Department of Health and Human Services Regulation and Licensure the conviction of any person licensed, certified, or registered by the department under the Advanced Registered Nurse Practitioner Act, the Emergency Medical ~~Technician-Paramedic Services~~ Act, the Licensed Practical Nurse-Certified Act, the Nebraska Certified Nurse Midwifery Practice Act, the Nebraska Cosmetology Act, the Nurse Practice Act, the Occupational Therapy Practice Act, the Uniform Controlled Substances Act, the Uniform Licensing Law, the Wholesale Drug Distributor Licensing Act, or sections 71-3702 to 71-3715, 71-4701 to 71-4719, or 71-6053 to 71-6068 of any felony or of any misdemeanor involving the use, sale, distribution, administration, or dispensing of a controlled substance, alcohol or chemical impairment, or substance abuse and shall also report a judgment against any such licensee, certificate holder, or registrant arising out of a claim of professional liability. The Attorney General or city or county prosecutor prosecuting any such criminal action and plaintiff in any such civil action shall provide the court with information concerning the licensure, certification, or registration of the defendant or party. Notice to the department shall be filed within thirty days after the date of conviction or judgment in a manner agreed to by the Director of Regulation and Licensure and the State Court Administrator.

Sec. 46. Section 71-507, Reissue Revised Statutes of Nebraska, is amended to read:

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

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

(2) Department ~~shall mean means~~ the Department of Health and Human Services Regulation and Licensure;

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

~~(4)~~ (4) Emergency medical services provider ~~shall mean a person certified to provide emergency medical services pursuant to sections 71-5101~~

to 71-5164, a person certified to provide emergency medical care pursuant to the Emergency Medical Technician-Paramedic Act, a first responder certified to provide prehospital care pursuant to the First Responders Emergency Rescue means an out-of-hospital emergency care provider certified pursuant to the Emergency Medical Services Act, a sheriff, a deputy sheriff, a police officer, a state highway patrol officer, a funeral director, and a firefighter;

(4) (5) Funeral director means a person licensed under section 71-1302 or an employee of such a person with responsibility for transport or handling of a deceased human;

(6) Funeral establishment means a business licensed under section 71-1327;

(7) Health care facility shall have has the meaning found in subdivisions (2), (10), (11), and (21) of section 71-2017.01 or any facility that receives patients of emergencies who are transported to the facility by emergency services providers;

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

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

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

(11) (11) Provider agency shall mean means any law enforcement agency, fire department, ambulance emergency medical service, funeral establishment, or other entity which is in the business of providing emergency response services employs or directs emergency services providers;

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

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

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

Sec. 47. Section 71-508, Reissue Revised Statutes of Nebraska, is amended to read:

71-508. The department shall prescribe a form for use by the emergency medical services provider to notify the health care facility or alternate facility and the designated physician that the provider believes he or she has had a significant exposure to an infectious disease or condition. The form shall include identifying information for the emergency medical services provider, the provider agency, the designated physician, the patient, the patient's attending physician, and the receiving health care facility or alternate facility, a description of the exposure, a description of the protective measures and equipment used by the provider to minimize exposure hazard, and such other information as is necessary to protect the public health and safety and to implement sections 71-507 to 71-513.

Sec. 48. Section 71-509, Reissue Revised Statutes of Nebraska, is amended to read:

71-509. (1) If a health care facility or alternate facility determines that a patient treated or transported by an emergency services provider has been diagnosed or detected with an infectious airborne disease, the health care facility or alternate facility shall notify the department as soon as practical but not later than forty-eight hours after the determination has been made. The department shall investigate all notifications from health care facilities and alternate facilities and notify as soon as practical the physician medical director of each emergency medical service with an affected out-of-hospital emergency medical services provider employed by or associated with the service, the fire chief of each fire department with an affected

firefighter employed by or associated with the department, the head of each law enforcement agency with an affected peace officer employed by or associated with the agency, the funeral director of each funeral establishment with an affected individual employed by or associated with the funeral establishment, and any emergency services provider known to the department with a significant exposure who is not employed by or associated with an emergency medical service, a fire department, a law enforcement agency, or a funeral establishment. Notification of affected individuals shall be made as soon as practical.

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

(3) Upon receipt of the significant exposure form, if a patient has been diagnosed during the normal course of treatment as having an infectious disease or condition or information is received from which it may be concluded that a patient has an infectious disease or condition, the health care facility or alternate facility receiving the form shall notify the designated physician pursuant to subsection (4) (5) of this section. If the patient has not been diagnosed as having an infectious disease or condition and upon the request of the designated physician, the health care facility where the patient is hospitalized or alternate facility shall request the patient's attending physician or other responsible person to order the necessary diagnostic testing of the patient to determine the presence of an infectious disease or condition. Upon such request, the patient's attending physician or other responsible person shall order the necessary diagnostic testing subject to section 71-510. Each health care facility shall develop a policy or protocol to administer such testing and assure confidentiality of such testing.

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

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

(6) Upon receipt of notification under subsection (4) (5) of this section, the designated physician shall notify the emergency medical services provider of the exposure to infectious disease or condition and the results of any tests conducted under this section and section 71-510.

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

(8) The provider agency shall be responsible for the costs of diagnostic testing required under this section and section 71-510.

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

Sec. 49. Section 71-510, Reissue Revised Statutes of Nebraska, is amended to read:

(1) The patient shall be informed that he or she has the right to consent to the test for presence of an infectious disease or condition and that if the patient refuses the test, such refusal will be communicated to the emergency medical services provider.

(2) If the patient is unconscious or incapable of signing an informed consent form, the consent may be obtained from the patient's next of kin or legal guardian.

(3) If an emergency medical services provider has a significant exposure which, in the opinion of the designated physician, could involve the transmission of hepatitis B or human immunodeficiency virus, the patient's attending physician shall initiate the necessary diagnostic blood tests of the patient. If the patient or patient's representative refuses to grant consent for such test and a sample of the patient's blood is available, the blood shall be tested for hepatitis B or human immunodeficiency virus. If the patient or patient's guardian refuses to grant consent and a sample of the

patient's blood is not available, the patient's refusal shall be communicated to the designated physician who shall inform the emergency medical services provider. The emergency medical services provider may petition the district court for an order mandating that the test be performed.

(4) If a patient dies ~~without the opportunity to consent to blood testing, testing for hepatitis B or human immunodeficiency virus shall be conducted~~ is deceased, no consent shall be required to test for the presence of an infectious disease or condition.

Sec. 50. Section 71-511, Reissue Revised Statutes of Nebraska, is amended to read:

71-511. (1) Information concerning any patient or test results obtained under sections 71-507 to 71-513 shall be maintained as confidential by the health care facility or alternate facility that received or tested the patient, the designated physician, the patient's attending physician, the emergency services medical service provider, and the provider agency except as provided by such sections and sections 71-503.01 and 71-2017 and the rules and regulations adopted and promulgated pursuant to such sections. Such information shall not be made public upon subpoena, search warrant, discovery proceedings, or otherwise except as provided by such sections.

(2) The information described in subsection (1) of this section may be released with the written consent of the patient or, if the patient is deceased or incapable of giving informed consent, with the written consent of his or her next of kin, legal guardian, or personal representative of his or her estate.

Sec. 51. Section 71-512, Reissue Revised Statutes of Nebraska, is amended to read:

71-512. All health care facilities and provider agencies subject to sections 71-507 to 71-513 shall adopt written procedures regarding infectious diseases or conditions which address preexposure safeguards, notification procedures, and postexposure risk-reduction methods.

Sec. 52. Section 71-514.02, Reissue Revised Statutes of Nebraska, is amended to read:

71-514.02. For purposes of sections 71-514.01 to 71-514.05:

(1) Health care provider ~~shall mean~~ means a person who provides care to a patient which is designed to improve the status of his or her health whether this care is rendered in the hospital or community setting and whether the provider is paid or voluntary. Health care provider ~~shall does~~ not mean an emergency medical services provider as defined in section 71-507;

(2) Infectious disease or condition ~~shall mean~~ means hepatitis B, meningococcal meningitis, active pulmonary tuberculosis, human immunodeficiency virus, and such other diseases as the Department of Health and Human Services Regulation and Licensure may from time to time specify;

(3) Patient ~~shall mean~~ means an individual who is sick, injured, wounded, or otherwise helpless or incapacitated;

(4) Provider agency ~~shall mean~~ means any health care facility or agency which is in the business of providing health care services; and

(5) Significant exposure to blood or other body fluid ~~shall mean~~ means a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other materials known to transmit infectious diseases that results from providing care.

Sec. 53. Section 71-7102, Reissue Revised Statutes of Nebraska, is amended to read:

71-7102. For purposes of the Critical Incident Stress Debriefing Act:

(1) Committee shall mean the Interagency Management Committee;

(2) Council shall mean the Critical Incident Stress Debriefing

Council;

(3) Critical incident shall mean a traumatic or crisis situation;

(4) Critical incident stress shall mean a strong emotional, cognitive, or physical reaction which has the potential to interfere with normal functioning, including physical and emotional illness, loss of interest in the job, personality changes, marital discord, and loss of ability to function;

(5) Emergency service agency shall mean any law enforcement agency, fire department, ~~ambulance~~ emergency medical service, dispatcher, rescue service, ~~first responder service,~~ or other entity which provides emergency response services;

(6) Emergency service personnel shall include law enforcement personnel, firefighters, and emergency medical services personnel; and

(7) Program shall mean the Critical Incident Stress Debriefing Program.

Sec. 54. Section 81-15,102.03, Reissue Revised Statutes of

Nebraska, is amended to read:

81-15,102.03. The developer shall provide to the appropriate local political subdivision training of the first responding fire, police, and ambulance ~~EMERGENCY~~ medical services to handle emergency events at the facility and support for affected county emergency management planning, training, and central dispatch facilities as may be required to handle emergency events at the facility. The developer shall conduct such training programs or contract with appropriate public or private agencies for such training. The content of any such training program shall, prior to the commencement of the training program, be approved by the appropriate state agency which is responsible for such emergency training activity. The developer shall also provide to the appropriate local political subdivision any equipment which is necessary to provide emergency response due to the location and operation of the facility.

Sec. 55. Sections 1 to 4, 9 to 54, 56, and 57 of this act become operative on July 1, 1998. The other sections of this act become operative on their effective date.

Sec. 56. Original sections 28-907, 60-337, 60-6,270, 71-168, 71-168.02, 71-1,198, 71-1,339, 71-507 to 71-512, 71-514.02, 71-7102, and 81-15,102.03, Reissue Revised Statutes of Nebraska, and sections 13-303, 13-1801, 23-1821, 23-3547, 23-3594, 35-514.02, 48-115, and 48-126.01, Revised Statutes Supplement, 1996, are repealed.

Sec. 57. The following sections are outright repealed: Sections 71-5101 to 71-5107, 71-5108.01 to 71-5165, 71-5501 to 71-5518, 71-5520 to 71-5521.01, 71-5523, and 71-7301 to 71-7318, Reissue Revised Statutes of Nebraska, and section 71-5108, Reissue Revised Statutes of Nebraska, as amended by section 1, Legislative Bill 166, Ninety-fifth Legislature, First Session, 1997.