

LEGISLATURE OF NEBRASKA

ONE HUNDRED FIRST LEGISLATURE

FIRST SESSION

LEGISLATIVE BILL 195

FINAL READING

Introduced by Gay, 14.

Read first time January 12, 2009

Committee: Health and Human Services

A BILL

1 FOR AN ACT relating to public health and welfare; to amend
2 sections 28-401, 28-407, 28-414, 37-413, 38-101, 38-121,
3 38-167, 38-507, 38-511, 38-512, 38-524, 38-1215, 38-1217,
4 38-1218, 38-1219, 38-1221, 38-1224, 38-1232, 38-1501,
5 38-1502, 38-1503, 38-1504, 38-1505, 38-1506, 38-1507,
6 38-1508, 38-1509, 38-1510, 38-1511, 38-1512, 38-1513,
7 38-1514, 38-1515, 38-1516, 38-1517, 38-1518, 38-2008,
8 38-2014, 38-2015, 38-2017, 38-2018, 38-2037, 38-2047,
9 38-2049, 38-2050, 38-2055, 38-2801, 38-2802, 38-2871,
10 69-2603, 71-201, 71-208.02, 71-208.06, 71-216, 71-219,
11 71-219.01, 71-219.02, 71-223.01, 71-224, 71-239, 71-242,
12 71-245, 71-2413, 71-2414, 71-2416, 71-2417, 71-3604,
13 71-5829.04, 71-5865, 71-8205, 71-8207, 71-8208, 71-8210,

1 71-8216, 71-8218, 71-8222, 71-8230, 71-8232, 71-8234,
2 71-8235, 71-8237, 71-8240, 71-8242, 71-8243, 71-8244,
3 71-8245, 71-8246, 71-8247, 71-8248, and 86-275, Reissue
4 Revised Statutes of Nebraska, and sections 48-120,
5 71-604, 71-605, 71-2411, 71-2412, 71-2445, 71-2447,
6 71-2449, 71-2450, 71-3601, 71-3602, 71-3614, 71-5403,
7 71-5829.03, 71-5830.01, and 71-8239, Revised Statutes
8 Cumulative Supplement, 2008; to adopt, change, and
9 eliminate provisions relating to controlled substances,
10 hearing aid fitting and dispensing, emergency medical
11 services licensure classifications, physician assistants,
12 transfer of prescriptions, barbering, the Emergency Box
13 Drug Act, automated medication systems, tuberculosis
14 detection and prevention, drug product selection,
15 certificates of need, and statewide trauma systems; to
16 define and redefine terms; to rename an act and a board;
17 to harmonize provisions; to repeal the original sections;
18 and to outright repeal sections 38-2009, 38-2051,
19 71-2415, 71-5829.01, 71-5829.02, and 71-8223, Reissue
20 Revised Statutes of Nebraska, and section 71-1,106.01,
21 Revised Statutes Cumulative Supplement, 2008.

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

1 Section 1. Section 28-401, Reissue Revised Statutes of
2 Nebraska, is amended to read:

3 28-401 As used in the Uniform Controlled Substances Act,
4 unless the context otherwise requires:

5 (1) Administer shall mean to directly apply a controlled
6 substance by injection, inhalation, ingestion, or any other means
7 to the body of a patient or research subject;

8 (2) Agent shall mean an authorized person who acts on
9 behalf of or at the direction of another person but shall not
10 include a common or contract carrier, public warehouse keeper, or
11 employee of a carrier or warehouse keeper;

12 (3) Administration shall mean the Drug Enforcement
13 Administration, United States Department of Justice;

14 (4) Controlled substance shall mean a drug, biological,
15 substance, or immediate precursor in Schedules I to V of section
16 28-405. Controlled substance shall not include distilled spirits,
17 wine, malt beverages, tobacco, or any nonnarcotic substance if such
18 substance may, under the Federal Food, Drug, and Cosmetic Act,
19 21 U.S.C. 301 et seq., as such act existed on January 1, ~~2003,~~
20 2009, and the law of this state, be lawfully sold over the counter
21 without a prescription;

22 (5) Counterfeit substance shall mean a controlled
23 substance which, or the container or labeling of which, without
24 authorization, bears the trademark, trade name, or other
25 identifying mark, imprint, number, or device, or any likeness

1 thereof, of a manufacturer, distributor, or dispenser other than
2 the person or persons who in fact manufactured, distributed, or
3 dispensed such substance and which thereby falsely purports or is
4 represented to be the product of, or to have been distributed by,
5 such other manufacturer, distributor, or dispenser;

6 (6) Department shall mean the Department of Health and
7 Human Services;

8 (7) Division of Drug Control shall mean the personnel of
9 the Nebraska State Patrol who are assigned to enforce the Uniform
10 Controlled Substances Act;

11 (8) Dispense shall mean to deliver a controlled substance
12 to an ultimate user or a research subject pursuant to a medical
13 order issued by a practitioner authorized to prescribe, including
14 the packaging, labeling, or compounding necessary to prepare the
15 controlled substance for such delivery;

16 (9) Distribute shall mean to deliver other than by
17 administering or dispensing a controlled substance;

18 (10) Prescribe shall mean to issue a medical order;

19 (11) Drug shall mean (a) articles recognized in
20 the official United States Pharmacopoeia, official Homeopathic
21 Pharmacopoeia of the United States, official National Formulary,
22 or any supplement to any of them, (b) substances intended for use
23 in the diagnosis, cure, mitigation, treatment, or prevention of
24 disease in human beings or animals, and (c) substances intended for
25 use as a component of any article specified in subdivision (a) or

1 (b) of this subdivision, but shall not include devices or their
2 components, parts, or accessories;

3 (12) Deliver or delivery shall mean the actual,
4 constructive, or attempted transfer from one person to another
5 of a controlled substance, whether or not there is an agency
6 relationship;

7 (13) Marijuana shall mean all parts of the plant of
8 the genus cannabis, whether growing or not, the seeds thereof,
9 and every compound, manufacture, salt, derivative, mixture, or
10 preparation of such plant or its seeds, but shall not include
11 the mature stalks of such plant, hashish, tetrahydrocannabinols
12 extracted or isolated from the plant, fiber produced from such
13 stalks, oil or cake made from the seeds of such plant, any other
14 compound, manufacture, salt, derivative, mixture, or preparation of
15 such mature stalks, or the sterilized seed of such plant which is
16 incapable of germination. When the weight of marijuana is referred
17 to in the Uniform Controlled Substances Act, it shall mean its
18 weight at or about the time it is seized or otherwise comes into
19 the possession of law enforcement authorities, whether cured or
20 uncured at that time;

21 (14) Manufacture shall mean the production, preparation,
22 propagation, conversion, or processing of a controlled substance,
23 either directly or indirectly, by extraction from substances of
24 natural origin, independently by means of chemical synthesis, or
25 by a combination of extraction and chemical synthesis, and shall

1 include any packaging or repackaging of the substance or labeling
2 or relabeling of its container. Manufacture shall not include
3 the preparation or compounding of a controlled substance by an
4 individual for his or her own use, except for the preparation or
5 compounding of components or ingredients used for or intended to
6 be used for the manufacture of methamphetamine, or the preparation,
7 compounding, conversion, packaging, or labeling of a controlled
8 substance: (a) By a practitioner as an incident to his or her
9 prescribing, administering, or dispensing of a controlled substance
10 in the course of his or her professional practice; or (b) by a
11 practitioner, or by his or her authorized agent under his or her
12 supervision, for the purpose of, or as an incident to, research,
13 teaching, or chemical analysis and not for sale;

14 (15) Narcotic drug shall mean any of the following,
15 whether produced directly or indirectly by extraction from
16 substances of vegetable origin, independently by means of chemical
17 synthesis, or by a combination of extraction and chemical
18 synthesis: (a) Opium, opium poppy and poppy straw, coca leaves,
19 and opiates; (b) a compound, manufacture, salt, derivative, or
20 preparation of opium, coca leaves, or opiates; or (c) a substance
21 and any compound, manufacture, salt, derivative, or preparation
22 thereof which is chemically equivalent to or identical with any
23 of the substances referred to in subdivisions (a) and (b) of this
24 subdivision, except that the words narcotic drug as used in the
25 Uniform Controlled Substances Act shall not include decocainized

1 coca leaves or extracts of coca leaves, which extracts do not
2 contain cocaine or ecgonine, or isoquinoline alkaloids of opium;

3 (16) Opiate shall mean any substance having an
4 addiction-forming or addiction-sustaining liability similar to
5 morphine or being capable of conversion into a drug having
6 such addiction-forming or addiction-sustaining liability. Opiate
7 shall not include the dextrorotatory isomer of 3-methoxy-n
8 methylmorphinan and its salts. Opiate shall include its racemic and
9 levorotatory forms;

10 (17) Opium poppy shall mean the plant of the species
11 *Papaver somniferum* L., except the seeds thereof;

12 (18) Poppy straw shall mean all parts, except the seeds,
13 of the opium poppy after mowing;

14 (19) Person shall mean any corporation, association,
15 partnership, limited liability company, or one or more individuals;

16 (20) Practitioner shall mean a physician, a physician
17 assistant, a dentist, a veterinarian, a pharmacist, a podiatrist,
18 an optometrist, a certified nurse midwife, a certified registered
19 nurse anesthetist, a nurse practitioner, a scientific investigator,
20 a pharmacy, a hospital, or any other person licensed, registered,
21 or otherwise permitted to distribute, dispense, prescribe, conduct
22 research with respect to, or administer a controlled substance in
23 the course of practice or research in this state, including an
24 emergency medical service as defined in section 38-1207;

25 (21) Production shall include the manufacture, planting,

1 cultivation, or harvesting of a controlled substance;

2 (22) Immediate precursor shall mean a substance which is
3 the principal compound commonly used or produced primarily for use
4 and which is an immediate chemical intermediary used or likely
5 to be used in the manufacture of a controlled substance, the
6 control of which is necessary to prevent, curtail, or limit such
7 manufacture;

8 (23) State shall mean the State of Nebraska;

9 (24) Ultimate user shall mean a person who lawfully
10 possesses a controlled substance for his or her own use, for the
11 use of a member of his or her household, or for administration
12 to an animal owned by him or her or by a member of his or her
13 household;

14 (25) Hospital shall have the same meaning as in section
15 71-419;

16 (26) Cooperating individual shall mean any person, other
17 than a commissioned law enforcement officer, who acts on behalf of,
18 at the request of, or as agent for a law enforcement agency for the
19 purpose of gathering or obtaining evidence of offenses punishable
20 under the Uniform Controlled Substances Act;

21 (27) Hashish or concentrated cannabis shall mean: (a) The
22 separated resin, whether crude or purified, obtained from a plant
23 of the genus cannabis; or (b) any material, preparation, mixture,
24 compound, or other substance which contains ten percent or more by
25 weight of tetrahydrocannabinols;

1 (28) Exceptionally hazardous drug shall mean (a)
2 a narcotic drug, (b) thiophene analog of phencyclidine,
3 (c) phencyclidine, (d) amobarbital, (e) secobarbital, (f)
4 pentobarbital, (g) amphetamine, or (h) methamphetamine;

5 (29) Imitation controlled substance shall mean a
6 substance which is not a controlled substance but which, by way
7 of express or implied representations and consideration of other
8 relevant factors including those specified in section 28-445,
9 would lead a reasonable person to believe the substance is a
10 controlled substance. A placebo or registered investigational drug
11 manufactured, distributed, possessed, or delivered in the ordinary
12 course of practice or research by a health care professional shall
13 not be deemed to be an imitation controlled substance;

14 (30)(a) Controlled substance analogue shall mean a
15 substance (i) the chemical structure of which is substantially
16 similar to the chemical structure of a Schedule I or Schedule
17 II controlled substance as provided in section 28-405 or (ii)
18 which has a stimulant, depressant, analgesic, or hallucinogenic
19 effect on the central nervous system that is substantially similar
20 to or greater than the stimulant, depressant, analgesic, or
21 hallucinogenic effect on the central nervous system of a Schedule I
22 or Schedule II controlled substance as provided in section 28-405.
23 A controlled substance analogue shall, to the extent intended for
24 human consumption, be treated as a controlled substance under
25 Schedule I of section 28-405 for purposes of the Uniform Controlled

1 Substances Act; and

2 (b) Controlled substance analogue shall not include (i)
3 a controlled substance, (ii) any substance generally recognized as
4 safe and effective within the meaning of the Federal Food, Drug,
5 and Cosmetic Act, 21 U.S.C. 301 et seq., as such act existed
6 on January 1, ~~2003~~, 2009, (iii) any substance for which there
7 is an approved new drug application, or (iv) with respect to a
8 particular person, any substance if an exemption is in effect
9 for investigational use for that person, under section 505 of
10 the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 355, as such
11 section existed on January 1, ~~2003~~, 2009, to the extent conduct
12 with respect to such substance is pursuant to such exemption;

13 (31) Anabolic steroid shall mean any drug or hormonal
14 substance, chemically and pharmacologically related to testosterone
15 (other than estrogens, progestins, and corticosteroids), that
16 promotes muscle growth and includes any controlled substance in
17 Schedule III(d) of section 28-405. Anabolic steroid shall not
18 include any anabolic steroid which is expressly intended for
19 administration through implants to cattle or other nonhuman species
20 and has been approved by the Secretary of Health and Human Services
21 for such administration, but if any person prescribes, dispenses,
22 or distributes such a steroid for human use, such person shall
23 be considered to have prescribed, dispensed, or distributed an
24 anabolic steroid within the meaning of this subdivision;

25 (32) Chart order shall mean an order for a controlled

1 substance issued by a practitioner for a patient who is in the
2 hospital where the chart is stored or for a patient receiving
3 detoxification treatment or maintenance treatment pursuant to
4 section 28-412. Chart order shall not include a prescription;

5 (33) Medical order shall mean a prescription, a
6 chart order, or an order for pharmaceutical care issued by a
7 practitioner;

8 (34) Prescription shall mean an order for a controlled
9 substance issued by a practitioner. Prescription shall not include
10 a chart order;

11 (35) Registrant shall mean any person who has a
12 controlled substances registration issued by the state or the
13 administration;

14 (36) Reverse distributor shall mean a person whose
15 primary function is to act as an agent for a pharmacy, wholesaler,
16 manufacturer, or other entity by receiving, inventorying, and
17 managing the disposition of outdated, expired, or otherwise
18 nonsaleable controlled substances;

19 (37) Signature shall mean the name, word, or mark of
20 a person written in his or her own hand with the intent to
21 authenticate a writing or other form of communication or a digital
22 signature which complies with section 86-611 or an electronic
23 signature;

24 (38) Facsimile shall mean a copy generated by a
25 system that encodes a document or photograph into electrical

1 signals, transmits those signals over telecommunications lines,
2 and reconstructs the signals to create an exact duplicate of the
3 original document at the receiving end;

4 (39) Electronic signature shall have the definition found
5 in section 86-621; ~~and~~

6 (40) Electronic transmission shall mean transmission
7 of information in electronic form. Electronic transmission may
8 include computer-to-computer transmission or computer-to-facsimile
9 transmission; ~~and-~~

10 (41) Long-term care facility shall mean an intermediate
11 care facility, an intermediate care facility for the mentally
12 retarded, a long-term care hospital, a mental health center, a
13 nursing facility, or a skilled nursing facility, as such terms are
14 defined in the Health Care Facility Licensure Act.

15 Sec. 2. Section 28-407, Reissue Revised Statutes of
16 Nebraska, is amended to read:

17 28-407 (1) Except as otherwise provided in this
18 section, every person who manufactures, prescribes, distributes,
19 administers, or dispenses any controlled substance within this
20 state or who proposes to engage in the manufacture, prescribing,
21 administering, distribution, or dispensing of any controlled
22 substance within this state shall obtain a registration issued
23 by the department, except that on and after January 1, 2000,
24 health care providers credentialed by the department and facilities
25 licensed by the department shall not be required to obtain a

1 separate Nebraska controlled substances registration upon providing
2 proof of a Federal Controlled Substances Registration to the
3 department. Federal Controlled Substances Registration numbers
4 obtained under this section shall not be public information but
5 may be shared by the department for investigative and regulatory
6 purposes if necessary and only under appropriate circumstances to
7 ensure against any unauthorized access to such information.

8 (2) The following persons shall not be required to
9 register and may lawfully possess controlled substances under the
10 provisions of the Uniform Controlled Substances Act:

11 (a) An agent, or an employee thereof, of any
12 practitioner, registered manufacturer, distributor, or dispenser
13 of any controlled substance if such agent is acting in the usual
14 course of his or her business or employment;

15 (b) A common or contract carrier or warehouse keeper, or
16 an employee thereof, whose possession of any controlled substance
17 is in the usual course of his or her business or employment; and

18 (c) An ultimate user or a person in possession of any
19 controlled substance pursuant to a medical order issued by a
20 practitioner authorized to prescribe.

21 (3) A separate registration shall be required at each
22 principal place of business of professional practice where the
23 applicant manufactures, distributes, or dispenses controlled
24 substances, except that no registration shall be required in
25 connection with the placement of an emergency box within an

1 ~~institution~~ a long-term care facility pursuant to the provisions of
2 the Emergency Box Drug Act.

3 (4) The department is authorized to inspect the
4 establishment of a registrant or applicant for registration in
5 accordance with the rules and regulations promulgated.

6 Sec. 3. Section 28-414, Reissue Revised Statutes of
7 Nebraska, is amended to read:

8 28-414 (1)(a) Except as otherwise provided in this
9 subsection or section 28-412 or when administered directly by
10 a practitioner to an ultimate user, a controlled substance listed
11 in Schedule II of section 28-405 shall not be dispensed without
12 the written prescription bearing the signature of a practitioner
13 authorized to prescribe. No ~~medical order~~ prescription for a
14 controlled substance listed in Schedule II of section 28-405 shall
15 be filled more than six months from the date of issuance. A
16 prescription for a controlled substance listed in Schedule II of
17 section 28-405 shall not be refilled.

18 (b) In emergency situations as defined by rule and
19 regulation of the department, a controlled substance listed in
20 Schedule II of section 28-405 may be dispensed pursuant to a
21 facsimile of a written, signed prescription bearing the word
22 "emergency" or pursuant to an oral prescription reduced to writing
23 in accordance with subdivision (3)(b) of this section, except for
24 the prescribing practitioner's signature, and bearing the word
25 "emergency".

1 (c) In nonemergency situations:

2 (i) A controlled substance listed in Schedule II of
3 section 28-405 may be dispensed pursuant to a facsimile of
4 a written, signed prescription if the original written, signed
5 prescription is presented to the pharmacist for review before
6 the controlled substance is dispensed, except as provided in
7 subdivision (1)(c)(ii) or (1)(c)(iii) of this section;

8 (ii) A narcotic drug listed in Schedule II of section
9 28-405 may be dispensed pursuant to a facsimile of a written,
10 signed prescription (A) to be compounded for direct parenteral
11 administration to a patient for the purpose of home infusion
12 therapy or (B) for administration to a patient enrolled in a
13 hospice licensed under the Health Care Facility Licensure Act or
14 certified under Title XVIII of the federal Social Security Act, as
15 such title existed on May 1, 2001, care program and bearing the
16 words "hospice patient";

17 (iii) A controlled substance listed in Schedule II of
18 section 28-405 may be dispensed pursuant to a facsimile of a
19 written, signed prescription for administration to a resident of a
20 long-term care facility; and

21 (iv) For purposes of subdivisions (1)(c)(ii) and
22 (1)(c)(iii) of this section, a facsimile of a written, signed
23 prescription shall serve as the original written prescription and
24 shall be maintained in accordance with subdivision (3)(a) of this
25 section.

1 (d) (i) A prescription for a controlled substance listed
2 in Schedule II of section 28-405 may be partially filled if the
3 pharmacist does not supply the full quantity prescribed and he
4 or she makes a notation of the quantity supplied on the face of
5 the prescription. The remaining portion of the prescription may
6 be filled within seventy-two hours of the first partial filling.
7 The pharmacist shall notify the prescribing practitioner if the
8 remaining portion of the prescription is not or cannot be filled
9 within such period. No further quantity may be supplied after such
10 period without a new written, signed prescription.

11 (ii) A prescription for a controlled substance listed in
12 Schedule II of section 28-405 written for a patient in a long-term
13 care facility or for a patient with a medical diagnosis documenting
14 a terminal illness may be partially filled. Such prescription
15 shall bear the words "terminally ill" or "long-term care facility
16 patient" on its face. If there is any question whether a patient
17 may be classified as having a terminal illness, the pharmacist
18 shall contact the prescribing practitioner prior to partially
19 filling the prescription. Both the pharmacist and the prescribing
20 practitioner have a corresponding responsibility to assure that the
21 controlled substance is for a terminally ill patient. For each
22 partial filling, the dispensing pharmacist shall record on the back
23 of the prescription or on another appropriate record, uniformly
24 maintained and readily retrievable, the date of the partial
25 filling, quantity dispensed, remaining quantity authorized to be

1 dispensed, and the identification of the dispensing pharmacist. The
2 total quantity of controlled substances listed in Schedule II which
3 is dispensed in all partial fillings shall not exceed the total
4 quantity prescribed. A prescription for a Schedule II controlled
5 substance for a patient in a long-term care facility or a patient
6 with a medical diagnosis documenting a terminal illness is valid
7 for sixty days from the date of issuance or until discontinuance of
8 the prescription, whichever occurs first.

9 (2)(a) Except as otherwise provided in this subsection
10 or when administered directly by a practitioner to an ultimate
11 user, a controlled substance listed in Schedule III, IV, or V of
12 section 28-405 shall not be dispensed without a written or oral
13 medical order. Such medical order is valid for six months after
14 the date of issuance. Authorization from a practitioner authorized
15 to prescribe is required to refill a prescription for a controlled
16 substance listed in Schedule III, IV, or V of section 28-405.
17 Such prescriptions shall not be refilled more than five times
18 within six months after the date of issuance. Original prescription
19 information for any controlled substance listed in Schedule III,
20 IV, or V of section 28-405 may be transferred between pharmacies
21 for purposes of refill dispensing pursuant to section 38-2871.

22 (b) A controlled substance listed in Schedule III, IV, or
23 V of section 28-405 may be dispensed pursuant to a facsimile of
24 a written, signed prescription. The facsimile of a written, signed
25 prescription shall serve as the original written prescription for

1 purposes of this subsection and shall be maintained in accordance
2 with the provisions of subdivision (3)(c) of this section.

3 (c) A prescription for a controlled substance listed in
4 Schedule III, IV, or V of section 28-405 may be partially filled
5 if (i) each partial filling is recorded in the same manner as
6 a refilling, (ii) the total quantity dispensed in all partial
7 fillings does not exceed the total quantity prescribed, and (iii)
8 each partial filling is dispensed within six months after the
9 prescription was issued.

10 (3)(a) Prescriptions for all controlled substances listed
11 in Schedule II of section 28-405 shall be kept in a separate
12 file by the dispensing practitioner and shall be maintained for
13 a minimum of five years. The practitioner shall make all such
14 files readily available to the department and law enforcement for
15 inspection without a search warrant.

16 (b) All prescriptions for controlled substances listed
17 in Schedule II of section 28-405 shall contain the name and
18 address of the patient, the name and address of the prescribing
19 practitioner, the Drug Enforcement Administration number of
20 the prescribing practitioner, the date of issuance, and the
21 prescribing practitioner's signature. The practitioner filling such
22 prescription shall write the date of filling and his or her own
23 signature on the face of the prescription. If the prescription is
24 for an animal, it shall also state the name and address of the
25 owner of the animal and the species of the animal.

1 (c) Prescriptions for all controlled substances listed in
2 Schedule III, IV, or V of section 28-405 shall be ~~filed~~ maintained
3 either separately from other prescriptions in a single file by or
4 in a form in which the information required is readily retrievable
5 from ordinary business records of the dispensing practitioner and
6 shall be maintained for a minimum of five years. The practitioner
7 shall make all such ~~files~~ records readily available to the
8 department and law enforcement for inspection without a search
9 warrant.

10 (d) All prescriptions for controlled substances listed in
11 Schedule III, IV, or V of section 28-405 shall contain the name
12 and address of the patient, the name and address of the prescribing
13 practitioner, the Drug Enforcement Administration number of the
14 prescribing practitioner, the date of issuance, and for written
15 prescriptions, the prescribing practitioner's signature. If the
16 prescription is for an animal, it shall also state the owner's name
17 and address and species of the animal.

18 (e) A registrant who is the owner of a controlled
19 substance may transfer:

20 (i) Any controlled substance listed in Schedule I or II
21 of section 28-405 to another registrant as provided by law or by
22 rule and regulation of the department; and

23 (ii) Any controlled substance listed in Schedule III, IV,
24 or V of section 28-405 to another registrant if such owner complies
25 with subsection (4) of section 28-411.

1 (f) (i) The owner of any stock of controlled substances
2 may cause such controlled substances to be destroyed pursuant
3 to this subdivision when the need for such substances ceases.
4 Complete records of controlled substances destruction pursuant to
5 this subdivision shall be maintained by the registrant for five
6 years from the date of destruction.

7 (ii) When the owner is a registrant:

8 (A) Controlled substances listed in Schedule II, III,
9 IV, or V of section 28-405 may be destroyed by a pharmacy
10 inspector, by a reverse distributor, or by the federal Drug
11 Enforcement Administration. Upon destruction, any forms required by
12 the administration to document such destruction shall be completed;

13 (B) Liquid controlled substances in opened containers
14 which originally contained fifty milliliters or less or compounded
15 liquid controlled substances within the facility where they
16 were compounded may be destroyed if witnessed by two ~~members~~
17 ~~of the healing arts~~ individuals credentialed under the Uniform
18 Credentialing Act and designated by the facility and recorded in
19 accordance with subsection (4) of section 28-411; or

20 (C) Solid controlled substances in opened unit-dose
21 containers or which have been adulterated within a hospital
22 where they were to be administered to patients at such hospital
23 may be destroyed if witnessed by two ~~members of the healing~~
24 ~~arts~~ individuals credentialed under the Uniform Credentialing Act
25 and designated by the hospital and recorded in accordance with

1 subsection (4) of section 28-411.

2 (iii) When the owner is a patient, such owner may
3 transfer the controlled substances to a pharmacy for immediate
4 destruction by two ~~responsible parties acting on behalf of the~~
5 ~~pharmacy, one of whom must be a member of the healing arts.~~
6 individuals credentialed under the Uniform Credentialing Act and
7 designated by the pharmacy.

8 (iv) When the owner is a resident of a long-term care
9 facility or hospital, ~~the long-term care facility or hospital shall~~
10 ~~assure that controlled substances are destroyed as follows: (A) If~~
11 ~~the a controlled substance is listed in Schedule II, or III,~~
12 IV, or V of section 28-405 shall be destroyed by two individuals
13 credentialed under the Uniform Credentialing Act and designated by
14 the facility or hospital. ~~the destruction shall be witnessed by an~~
15 ~~employee pharmacist or a consultant pharmacist and a member of the~~
16 ~~healing arts, or~~

17 ~~(B) If the controlled substance is listed in Schedule~~
18 ~~IV or V of section 28-405, the destruction shall be witnessed~~
19 ~~by an employee pharmacist or a consultant pharmacist and another~~
20 ~~responsible adult.~~

21 (g) Before dispensing any controlled substance listed
22 in Schedule II, III, IV, or V of section 28-405, the dispensing
23 practitioner shall affix a label to the container in which the
24 controlled substance is dispensed. Such label shall bear the
25 name and address of the pharmacy or dispensing practitioner,

1 the name of the patient, the date of filling, the consecutive
2 number of the prescription under which it is recorded in the
3 practitioner's prescription ~~files,~~ records, the name of the
4 prescribing practitioner, and the directions for use of the
5 controlled substance. Unless the prescribing practitioner writes
6 "do not label" or words of similar import on the original written
7 prescription or so designates in an oral prescription, such label
8 shall also bear the name of the controlled substance.

9 ~~(4) For purposes of this section, long-term care facility~~
10 ~~has the same meaning as long-term care hospital in section~~
11 ~~71-422 and includes an intermediate care facility for the mentally~~
12 ~~retarded as defined in section 71-421.~~

13 Sec. 4. Section 37-413, Reissue Revised Statutes of
14 Nebraska, is amended to read:

15 37-413 (1) For the purpose of establishing and
16 administering a mandatory firearm hunter education program for
17 persons twelve through twenty-nine years of age who hunt with
18 a firearm or crossbow any species of game, game birds, or game
19 animals, the commission shall provide a program of firearm hunter
20 education training leading to obtaining a certificate of successful
21 completion in the safe handling of firearms and shall locate
22 and train volunteer firearm hunter education instructors. The
23 program shall provide a training course having a minimum of (a)
24 ten hours of classroom instruction or (b) independent study on
25 the part of the student sufficient to pass an examination given

1 by the commission followed by such student's participation in a
2 minimum of four hours of practical instruction. The program shall
3 provide instruction in the areas of safe firearms use, shooting
4 and sighting techniques, hunter ethics, game identification, and
5 conservation management. The commission shall issue a firearm
6 hunter education certificate of successful completion to persons
7 having satisfactorily completed a firearm hunter education course
8 accredited by the commission and shall print, purchase, or
9 otherwise acquire materials as necessary for effective program
10 operation. The commission shall adopt and promulgate rules and
11 regulations for carrying out and administering such programs.

12 (2) It shall be unlawful for any person twenty-nine years
13 of age or younger to hunt with a firearm or crossbow any species of
14 game, game birds, or game animals except:

15 (a) A person under the age of twelve years who is
16 accompanied by a person nineteen years of age or older having a
17 valid hunting permit;

18 (b) A person twelve through twenty-nine years of age who
19 has on his or her person proof of successful completion of a hunter
20 education course or a firearm hunter education course issued by the
21 person's state or province of residence or by an accredited program
22 recognized by the commission; or

23 (c) A person twelve through twenty-nine years of age who
24 has on his or her person the appropriate hunting permit and an
25 apprentice hunter education exemption certificate issued by the

1 commission pursuant to subsection (3) of this section and who is
2 accompanied as described in subsection (4) of this section.

3 (3) An apprentice hunter education exemption certificate
4 may be issued to a person twelve through twenty-nine years of age,
5 once during such person's lifetime with one renewal, upon payment
6 of a fee of five dollars and shall expire at midnight on December
7 31 of the year for which the apprentice hunter education exemption
8 certificate is issued. The commission may adopt and promulgate
9 rules and regulations allowing for the issuance of apprentice
10 hunter education exemption certificates. All fees collected under
11 this subsection shall be remitted to the State Treasurer for credit
12 to the State Game Fund.

13 (4) For purposes of this section, accompanied means under
14 the direct supervision of a person nineteen years of age or older
15 having a valid hunting permit who is at all times in unaided visual
16 and verbal communication of no more than two persons having an
17 apprentice hunter education exemption certificate. This subsection
18 does not prohibit the use by such person nineteen years of age
19 or older of ordinary prescription eyeglasses or contact lenses or
20 ordinary hearing aids. instruments.

21 Sec. 5. Section 38-101, Reissue Revised Statutes of
22 Nebraska, is amended to read:

23 38-101 Sections 38-101 to 38-1,140 and the following
24 practice acts shall be known and may be cited as the Uniform
25 Credentialing Act:

- 1 (1) The Advanced Practice Registered Nurse Practice Act;
- 2 (2) The Alcohol and Drug Counseling Practice Act;
- 3 (3) The Athletic Training Practice Act;
- 4 (4) The Audiology and Speech-Language Pathology Practice
5 Act;
- 6 (5) The Certified Nurse Midwifery Practice Act;
- 7 (6) The Certified Registered Nurse Anesthetist Practice
8 Act;
- 9 (7) The Chiropractic Practice Act;
- 10 (8) The Clinical Nurse Specialist Practice Act;
- 11 (9) The Cosmetology, Electrology, Esthetics, Nail
12 Technology, and Body Art Practice Act;
- 13 (10) The Dentistry Practice Act;
- 14 (11) The Emergency Medical Services Practice Act;
- 15 (12) The Environmental Health Specialists Practice Act;
- 16 (13) The Funeral Directing and Embalming Practice Act;
- 17 (14) The Hearing Aid Instrument Dispensers and Fitters
18 Specialists Practice Act;
- 19 (15) The Licensed Practical Nurse-Certified Practice Act;
- 20 (16) The Massage Therapy Practice Act;
- 21 (17) The Medical Nutrition Therapy Practice Act;
- 22 (18) The Medical Radiography Practice Act;
- 23 (19) The Medicine and Surgery Practice Act;
- 24 (20) The Mental Health Practice Act;
- 25 (21) The Nurse Practice Act;

- 1 (22) The Nurse Practitioner Practice Act;
- 2 (23) The Nursing Home Administrator Practice Act;
- 3 (24) The Occupational Therapy Practice Act;
- 4 (25) The Optometry Practice Act;
- 5 (26) The Perfusion Practice Act;
- 6 (27) The Pharmacy Practice Act;
- 7 (28) The Physical Therapy Practice Act;
- 8 (29) The Podiatry Practice Act;
- 9 (30) The Psychology Practice Act;
- 10 (31) The Respiratory Care Practice Act;
- 11 (32) The Veterinary Medicine and Surgery Practice Act;
- 12 and
- 13 (33) The Water Well Standards and Contractors' Practice
- 14 Act.

15 If there is any conflict between any provision of

16 sections 38-101 to 38-1,139 and any provision of a practice

17 act, the provision of the practice act shall prevail.

18 The Revisor of Statutes shall assign the Uniform

19 Credentialing Act, including the practice acts enumerated in

20 subdivisions (1) through (32) of this section, to consecutive

21 articles within Chapter 38.

22 Sec. 6. Section 38-121, Reissue Revised Statutes of

23 Nebraska, is amended to read:

24 38-121 (1) No individual shall engage in the following

25 practices unless such individual has obtained a credential under

- 1 the Uniform Credentialing Act:
- 2 (a) Acupuncture;
 - 3 (b) Advanced practice nursing;
 - 4 (c) Alcohol and drug counseling;
 - 5 (d) Asbestos abatement, inspection, project design, and
6 training;
 - 7 (e) Athletic training;
 - 8 (f) Audiology;
 - 9 (g) Speech-language pathology;
 - 10 (h) Body art;
 - 11 (i) Chiropractic;
 - 12 (j) Cosmetology;
 - 13 (k) Dentistry;
 - 14 (l) Dental hygiene;
 - 15 (m) Electrology;
 - 16 (n) Emergency medical services;
 - 17 (o) Esthetics;
 - 18 (p) Funeral directing and embalming;
 - 19 (q) Hearing aid instrument dispensing and fitting;
 - 20 (r) Lead-based paint abatement, inspection, project
21 design, and training;
 - 22 (s) Licensed practical nurse-certified;
 - 23 (t) Massage therapy;
 - 24 (u) Medical nutrition therapy;
 - 25 (v) Medical radiography;

- 1 (w) Medicine and surgery;
- 2 (x) Mental health practice;
- 3 (y) Nail technology;
- 4 (z) Nursing;
- 5 (aa) Nursing home administration;
- 6 (bb) Occupational therapy;
- 7 (cc) Optometry;
- 8 (dd) Osteopathy;
- 9 (ee) Perfusion;
- 10 (ff) Pharmacy;
- 11 (gg) Physical therapy;
- 12 (hh) Podiatry;
- 13 (ii) Psychology;
- 14 (jj) Radon detection, measurement, and mitigation;
- 15 (kk) Respiratory care;
- 16 (ll) Veterinary medicine and surgery;
- 17 (mm) Public water system operation; and
- 18 (nn) Constructing or decommissioning water wells and
- 19 installing water well pumps and pumping equipment.
- 20 (2) No individual shall hold himself or herself out
- 21 as any of the following until such individual has obtained a
- 22 credential under the Uniform Credentialing Act for that purpose:
- 23 (a) Registered environmental health specialist;
- 24 (b) Certified marriage and family therapist;
- 25 (c) Certified professional counselor; or

1 (d) Social worker.

2 (3) No business shall operate for the provision of any
3 of the following services unless such business has obtained a
4 credential under the Uniform Credentialing Act:

5 (a) Body art;

6 (b) Cosmetology;

7 (c) Emergency medical services;

8 (d) Esthetics;

9 (e) Funeral directing and embalming;

10 (f) Massage therapy; or

11 (g) Nail technology.

12 Sec. 7. Section 38-167, Reissue Revised Statutes of
13 Nebraska, is amended to read:

14 38-167 (1) Boards shall be designated as follows:

15 (a) Board of Advanced Practice Registered Nurses;

16 (b) Board of Alcohol and Drug Counseling;

17 (c) Board of Athletic Training;

18 (d) Board of Audiology and Speech-Language Pathology;

19 (e) Board of Chiropractic;

20 (f) Board of Cosmetology, Electrology, Esthetics, Nail
21 Technology, and Body Art;

22 (g) Board of Dentistry;

23 (h) Board of Emergency Medical Services;

24 (i) Board of Registered Environmental Health Specialists;

25 (j) Board of Funeral Directing and Embalming;

- 1 (k) Board of Hearing Aid Instrument ~~Dispensers~~ and
2 ~~Fitters,~~ Specialists;
- 3 (l) Board of Massage Therapy;
- 4 (m) Board of Medical Nutrition Therapy;
- 5 (n) Board of Medical Radiography;
- 6 (o) Board of Medicine and Surgery;
- 7 (p) Board of Mental Health Practice;
- 8 (q) Board of Nursing;
- 9 (r) Board of Nursing Home Administration;
- 10 (s) Board of Occupational Therapy Practice;
- 11 (t) Board of Optometry;
- 12 (u) Board of Pharmacy;
- 13 (v) Board of Physical Therapy;
- 14 (w) Board of Podiatry;
- 15 (x) Board of Psychology;
- 16 (y) Board of Respiratory Care Practice;
- 17 (z) Board of Veterinary Medicine and Surgery; and
- 18 (aa) Water Well Standards and Contractors' Licensing
19 Board.
- 20 (2) Any change made by the Legislature of the names of
21 boards listed in this section shall not change the membership of
22 such boards or affect the validity of any action taken by or the
23 status of any action pending before any of such boards. Any such
24 board newly named by the Legislature shall be the direct and only
25 successor to the board as previously named.

1 Sec. 8. Section 38-507, Reissue Revised Statutes of
2 Nebraska, is amended to read:

3 38-507 Practice of audiology means the application
4 of evidence-based practice in clinical decisionmaking for
5 the prevention, assessment, habilitation, rehabilitation, and
6 maintenance of persons with hearing, auditory function, and
7 vestibular function impairments and related impairments, including
8 (1) cerumen removal from the cartilaginous outer one-third portion
9 of the external auditory canal when the presence of cerumen may
10 affect the accuracy of hearing evaluations or impressions of the
11 ear canal for amplification devices and (2) evaluation, selection,
12 fitting, and dispensing of hearing ~~aids,~~ instruments, external
13 processors of implantable hearing ~~aids,~~ instruments, and assistive
14 technology devices as part of a comprehensive audiological
15 rehabilitation program. Practice of audiology does not include the
16 practice of medical diagnosis, medical treatment, or surgery.

17 Sec. 9. Section 38-511, Reissue Revised Statutes of
18 Nebraska, is amended to read:

19 38-511 Nothing in the Audiology and Speech-Language
20 Pathology Practice Act shall be construed to prevent or restrict:

21 (1) The practice of audiology or speech-language
22 pathology or the use of the official title of such practice by a
23 person employed as a speech-language pathologist or audiologist by
24 the federal government;

25 (2) A physician from engaging in the practice of medicine

1 and surgery or any individual from carrying out any properly
2 delegated responsibilities within the normal practice of medicine
3 and surgery under the supervision of a physician;

4 (3) A person licensed as a hearing aid ~~fitter and~~
5 ~~dealer~~ instrument specialist in this state from engaging in
6 the fitting, selling, and servicing of hearing aids instruments
7 or performing such other duties as defined in the Hearing Aid
8 Instrument ~~Dispensers and Fitters~~ Specialists Practice Act;

9 (4) The practice of audiology or speech-language
10 pathology or the use of the official title of such practice
11 by a person who holds a valid and current credential as a
12 speech-language pathologist or audiologist issued by the State
13 Department of Education, if such person performs speech-language
14 pathology or audiology services solely as a part of his or her
15 duties within an agency, institution, or organization for which no
16 fee is paid directly or indirectly by the recipient of such service
17 and under the jurisdiction of the State Department of Education,
18 but such person may elect to be within the jurisdiction of the
19 Audiology and Speech-Language Pathology Practice Act;

20 (5) The clinical practice in audiology or speech-language
21 pathology required for students enrolled in an accredited college
22 or university pursuing a major in audiology or speech-language
23 pathology, if such clinical practices are supervised by a person
24 licensed to practice audiology or speech-language pathology and if
25 the student is designated by a title such as student clinician or

1 other title clearly indicating the training status; or

2 (6) The utilization of a speech aide or other personnel
3 employed by a public school, educational service unit, or other
4 private or public educational institution working under the direct
5 supervision of a credentialed speech-language pathologist.

6 Sec. 10. Section 38-512, Reissue Revised Statutes of
7 Nebraska, is amended to read:

8 38-512 Any audiologist who engages in the sale of
9 hearing aids instruments shall not be exempt from the Hearing
10 ~~Aid Instrument Dispensers and Fitters~~ Specialists Practice Act.

11 Sec. 11. Section 38-524, Reissue Revised Statutes of
12 Nebraska, is amended to read:

13 38-524 An audiology or speech-language pathology
14 assistant shall not:

15 (1) Evaluate or diagnose any type of communication
16 disorder;

17 (2) Evaluate or diagnose any type of dysphagia;

18 (3) Interpret evaluation results or treatment progress;

19 (4) Consult or counsel, independent of the licensed
20 audiologist or speech-language pathologist, with a patient, a
21 patient's family, or staff regarding the nature or degree of
22 communication disorders or dysphagia;

23 (5) Plan patient treatment programs;

24 (6) Represent himself or herself as an audiologist or
25 speech-language pathologist or as a provider of speech, language,

1 swallowing, or hearing treatment or assessment services;

2 (7) Independently initiate, modify, or terminate any
3 treatment program; or

4 (8) Fit or dispense hearing ~~aids-~~instruments.

5 Sec. 12. Section 38-1215, Reissue Revised Statutes of
6 Nebraska, is amended to read:

7 38-1215 (1) The board shall have seventeen members
8 appointed by the Governor with the approval of a majority of
9 the Legislature. The appointees may begin to serve immediately
10 following appointment and prior to approval by the Legislature.

11 (2) (a) Seven members of the ~~Board of Emergency Medical~~
12 ~~Services~~ board shall be active out-of-hospital emergency care
13 providers at the time of and for the duration of their
14 appointment, and each shall have at least five years of
15 experience in his or her level of licensure at the time of
16 his or her appointment or reappointment. ~~Two of~~ Of the seven
17 members who are out-of-hospital emergency care providers, two
18 shall be first responders or emergency medical responders,
19 two shall be emergency medical technicians, one shall be
20 an emergency medical technician-intermediate or an advanced
21 emergency medical technician, and two shall be emergency medical
22 technicians-paramedic or paramedics.

23 (b) Three of the members shall be qualified physicians
24 actively involved in emergency medical care. At least one of the
25 physician members shall be a board-certified emergency physician.

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

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

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

24 (f) At least five members of the board shall be appointed
25 from each congressional district, and at least one of such members

1 shall be a physician member described in subdivision (b) of this
2 subsection.

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

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

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

24 (6) Except as provided in subsection (5) of this section
25 and notwithstanding subsection (2) of this section, a member of

1 the board who changes his or her licensure classification after
2 appointment or has a licensure classification which is terminated
3 under section 38-1217 when such licensure classification was a
4 qualification for appointment shall be permitted to continue to
5 serve as a member of the board until the expiration of his or her
6 term.

7 Sec. 13. Section 38-1217, Reissue Revised Statutes of
8 Nebraska, is amended to read:

9 38-1217 The board shall adopt rules and regulations
10 necessary to:

11 ~~(1) Create~~ (1) (a) For licenses issued prior to September
12 1, 2010, create the following licensure classifications of
13 out-of-hospital emergency care providers: ~~(a)~~ (i) First responder;
14 ~~(b)~~ (ii) emergency medical technician; (e) (iii) emergency
15 medical technician-intermediate; and (d) (iv) emergency medical
16 technician-paramedic; and (b) for licenses issued on or after
17 September 1, 2010, create the following licensure classifications
18 of out-of-hospital emergency care providers: (i) Emergency medical
19 responder; (ii) emergency medical technician; (iii) advanced
20 emergency medical technician; and (iv) paramedic. The rules
21 and regulations creating the classifications shall include the
22 practices and procedures authorized for each classification,
23 training and testing requirements, renewal and reinstatement
24 requirements, and other criteria and qualifications for each
25 classification determined to be necessary for protection of public

1 health and safety. A person holding a license issued prior to
2 September 1, 2010, shall be authorized to practice in accordance
3 with the laws, rules, and regulations governing the license for the
4 term of the license;

5 (2) Provide for temporary licensure of an out-of-hospital
6 emergency care provider who has completed the educational
7 requirements for a licensure classification enumerated in
8 subdivision (1)(b) of this section but has not completed the
9 testing requirements for licensure under such subdivision.
10 Temporary licensure shall be valid for one year or until a license
11 is issued under such subdivision and shall not be subject to
12 renewal. The rules and regulations shall include qualifications
13 and training necessary for issuance of a temporary license, the
14 practices and procedures authorized for a temporary licensee, and
15 supervision required for a temporary licensee;

16 ~~(2)~~ (3) Set standards for the licensure of basic life
17 support services and advanced life support services. The rules and
18 regulations providing for licensure shall include standards and
19 requirements for: Vehicles, equipment, maintenance, sanitation,
20 inspections, personnel, training, medical direction, records
21 maintenance, practices and procedures to be provided by employees
22 or members of each classification of service, and other criteria
23 for licensure established by the board;

24 ~~(3)~~ (4) Authorize emergency medical services to
25 provide differing practices and procedures depending upon the

1 qualifications of out-of-hospital emergency care providers
2 available at the time of service delivery. No emergency medical
3 service shall be licensed to provide practices or procedures
4 without the use of personnel licensed to provide the practices or
5 procedures;

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

12 ~~(5)~~ (6) Provide for the approval of training agencies
13 and establish minimum standards for services provided by training
14 agencies;

15 ~~(6)~~ (7) Provide for the minimum qualifications of a
16 physician medical director in addition to the licensure required by
17 section 38-1212;

18 ~~(7)~~ (8) Provide for the use of physician medical
19 directors, qualified physician surrogates, model protocols,
20 standing orders, operating procedures, and guidelines which may be
21 necessary or appropriate to carry out the purposes of the Emergency
22 Medical Services Practice Act. The model protocols, standing
23 orders, operating procedures, and guidelines may be modified by
24 the physician medical director for use by any out-of-hospital
25 emergency care provider or emergency medical service before or

1 after adoption;

2 ~~(8)~~ (9) Establish criteria for approval of organizations
3 issuing cardiopulmonary resuscitation certification which shall
4 include criteria for instructors, establishment of certification
5 periods and minimum curricula, and other aspects of training and
6 certification;

7 ~~(9)~~ (10) Establish renewal and reinstatement requirements
8 for out-of-hospital emergency care providers and emergency
9 medical services and establish continuing competency requirements.
10 Continuing education is sufficient to meet continuing competency
11 requirements. The requirements may also include, but not be
12 limited to, one or more of the continuing competency activities
13 listed in section 38-145 which a licensed person may select
14 as an alternative to continuing education. The reinstatement
15 requirements for out-of-hospital emergency care providers shall
16 allow reinstatement at the same or any lower level of licensure
17 for which the out-of-hospital emergency care provider is determined
18 to be qualified;

19 ~~(10)~~ (11) Establish criteria for deployment and use of
20 automated external defibrillators as necessary for the protection
21 of the public health and safety;

22 ~~(11)~~ (12) Create licensure, renewal, and reinstatement
23 requirements for emergency medical service instructors. The rules
24 and regulations shall include the practices and procedures for
25 licensure, renewal, and reinstatement; and

1 ~~(12)~~ (13) Establish criteria for emergency medical
2 technicians-intermediate, advanced emergency medical technicians,
3 and emergency medical technicians-paramedic, or paramedics
4 performing activities within their scope of practice at a hospital
5 or health clinic under subsection (3) of section 38-1224. Such
6 criteria shall include, but not be limited to: (a) Requirements
7 for the orientation of registered nurses, physician assistants,
8 and physicians involved in the supervision of such personnel; (b)
9 supervisory and training requirements for the physician medical
10 director or other person in charge of the medical staff at
11 such hospital or health clinic; and (c) a requirement that such
12 activities shall only be performed at the discretion of, and with
13 the approval of, the governing authority of such hospital or health
14 clinic. For purposes of this subdivision, health clinic has the
15 definition found in section 71-416 and hospital has the definition
16 found in section 71-419; and-

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

1 requirements for holders of such licenses.

2 Sec. 14. Section 38-1218, Reissue Revised Statutes of
3 Nebraska, is amended to read:

4 38-1218 (1) The Legislature adopts all parts of the
5 United States Department of Transportation curricula, including
6 appendices, and skills as the training requirements and permitted
7 practices and procedures for the licensure classifications listed
8 in subdivision ~~(1)~~ (1)(a) of section 38-1217 until modified by the
9 board by rule and regulation. The Legislature adopts the United
10 States Department of Transportation National Emergency Medical
11 Services Education Standards and the National Emergency Medical
12 Services Scope of Practice for the licensure classifications listed
13 in subdivision (1)(b) of section 38-1217 until modified by the
14 board by rule and regulation. The board may approve curricula for
15 the licensure classifications listed in subdivision (1) of section
16 38-1217.

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

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

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

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

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

10 Sec. 15. Section 38-1219, Reissue Revised Statutes of
11 Nebraska, is amended to read:

12 38-1219 The department, with the recommendation of the
13 board, shall adopt and promulgate rules and regulations necessary
14 to:

15 (1) Administer the Emergency Medical Services Practice
16 Act;

17 (2) Provide for curricula which will allow
18 out-of-hospital emergency care providers and users of automated
19 external defibrillators as defined in section 71-51,102 to be
20 trained for the delivery of practices and procedures in units of
21 limited subject matter which will encourage continued development
22 of abilities and use of such abilities through additional
23 authorized practices and procedures;

24 (3) Establish procedures and requirements for
25 applications for licensure, renewal, and reinstatement in

1 any of the licensure classifications created pursuant to the
2 Emergency Medical Services Practice Act, including provisions for
3 issuing an emergency medical responder license to a licensee
4 renewing his or her first responder license after September 1,
5 2010, and for issuing a paramedic license to a licensee renewing
6 his or her emergency medical technician-paramedic license after
7 September 1, 2010; and

8 (4) Provide for the inspection, review, and termination
9 of approval of training agencies. All training for licensure shall
10 be provided through an approved training agency.

11 Sec. 16. Section 38-1221, Reissue Revised Statutes of
12 Nebraska, is amended to read:

13 38-1221 (1) To be eligible for a license under the
14 Emergency Medical Services Practice Act, an individual shall have
15 attained the age of eighteen years and met the requirements
16 established in accordance with subdivision (1), (2), or (14) of
17 section 38-1217.

18 (2) All licenses issued under the act other than
19 temporary licenses shall expire the second year after issuance.

20 (3) An individual holding a certificate under the
21 Emergency Medical Services Act on December 1, 2008, shall be deemed
22 to be holding a license under the Uniform Credentialing Act and
23 the Emergency Medical Services Practice Act on such date. The
24 certificate holder may continue to practice under such certificate
25 as a license in accordance with the Uniform Credentialing Act until

1 the certificate would have expired under its terms.

2 Sec. 17. Section 38-1224, Reissue Revised Statutes of
3 Nebraska, is amended to read:

4 38-1224 (1) An out-of-hospital emergency care provider
5 other than a first responder or an emergency medical responder as
6 classified under section 38-1217 may not assume the duties incident
7 to the title or practice the skills of an out-of-hospital emergency
8 care provider unless he or she is employed by or serving as a
9 volunteer member of an emergency medical service licensed by the
10 department.

11 (2) An out-of-hospital emergency care provider may only
12 practice the skills he or she is authorized to employ and which
13 are covered by the license issued to such provider pursuant to the
14 Emergency Medical Services Practice Act.

15 (3) An emergency medical technician-intermediate, ~~or~~
16 an emergency medical technician-paramedic, an advanced emergency
17 medical technician, or a paramedic may volunteer or be employed
18 at a hospital as defined in section 71-419 or a health clinic
19 as defined in section 71-416 to perform activities within his
20 or her scope of practice within such hospital or health clinic
21 under the supervision of a registered nurse, a physician assistant,
22 or a physician. Such activities shall be performed in a manner
23 established in rules and regulations adopted and promulgated by the
24 department, with the recommendation of the board.

25 Sec. 18. Section 38-1232, Reissue Revised Statutes of

1 Nebraska, is amended to read:

2 38-1232 (1) No out-of-hospital emergency care provider,
3 physician assistant, registered nurse, or licensed practical nurse
4 who provides public emergency care shall be liable in any civil
5 action to respond in damages as a result of his or her acts
6 of commission or omission arising out of and in the course of
7 his or her rendering in good faith any such care. Nothing in
8 this subsection shall be deemed to grant any such immunity for
9 liability arising out of the operation of any motor vehicle,
10 aircraft, or boat or while such person was impaired by alcoholic
11 liquor or any controlled substance enumerated in section 28-405 in
12 connection with such care, nor shall immunity apply to any person
13 causing damage or injury by his or her willful, wanton, or grossly
14 negligent act of commission or omission.

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

25 (3) No physician medical director shall incur any

1 liability by reason of his or her use of any unmodified protocol,
2 standing order, operating procedure, or guideline provided by the
3 board pursuant to subdivision ~~(7)~~ (8) of section 38-1217.

4 Sec. 19. Section 38-1501, Reissue Revised Statutes of
5 Nebraska, is amended to read:

6 38-1501 Sections 38-1501 to 38-1518 shall be known and
7 may be cited as the Hearing Aid Instrument ~~Dispensers and Fitters~~
8 Specialists Practice Act.

9 Sec. 20. Section 38-1502, Reissue Revised Statutes of
10 Nebraska, is amended to read:

11 38-1502 For purposes of the Hearing Aid Instrument
12 ~~Dispensers and Fitters~~ Specialists Practice Act and elsewhere
13 in the Uniform Credentialing Act, unless the context otherwise
14 requires, the definitions found in sections 38-1503 to 38-1507
15 apply.

16 Sec. 21. Section 38-1503, Reissue Revised Statutes of
17 Nebraska, is amended to read:

18 38-1503 Board means the Board of Hearing Aid Instrument
19 ~~Dispensers and Fitters.~~ Specialists.

20 Sec. 22. Section 38-1504, Reissue Revised Statutes of
21 Nebraska, is amended to read:

22 38-1504 Hearing aid instrument means any wearable
23 instrument or device designed for or offered for the purpose of
24 aiding or compensating for impaired human hearing and any parts,
25 attachments, or accessories, including earmold, but excluding

1 batteries and cords. A hearing aid shall also be known as a hearing
2 ~~instrument.~~

3 Sec. 23. Section 38-1505, Reissue Revised Statutes of
4 Nebraska, is amended to read:

5 38-1505 Practice of fitting hearing aids instruments
6 means the measurement of human hearing by means of an audiometer or
7 by other means approved by the board solely for the purpose
8 of making selections, adaptations, or sale of hearing aids.
9 instruments. The term also includes the making of impressions for
10 earmolds. A dispenser, at the request of a physician or a member of
11 related professions, may make audiograms for the professional's use
12 in consultation with the hard-of-hearing.

13 Sec. 24. Section 38-1506, Reissue Revised Statutes of
14 Nebraska, is amended to read:

15 38-1506 Sell, sale, or dispense means any transfer of
16 title or of the right to use by lease, bailment, or any other
17 contract, excluding (1) wholesale transactions with distributors
18 or dispensers and (2) distribution of hearing aids instruments by
19 nonprofit service organizations at no cost to the recipient for the
20 hearing aid. instrument.

21 Sec. 25. Section 38-1507, Reissue Revised Statutes of
22 Nebraska, is amended to read:

23 38-1507 Temporary license means a hearing instrument
24 specialist license issued while the applicant is in training to
25 become a licensed hearing aid instrument dispenser and fitter.

1 specialist.

2 Sec. 26. Section 38-1508, Reissue Revised Statutes of
3 Nebraska, is amended to read:

4 38-1508 The board shall consist of five professional
5 members and one public member appointed pursuant to section
6 38-158. The members shall meet the requirements of sections
7 38-164 and 38-165. The professional members shall consist of
8 three licensed hearing aid instrument dispensers and fitters,
9 specialists, one otolaryngologist, and one audiologist until one
10 licensed hearing instrument specialist vacates his or her office
11 or his or her term expires, whichever occurs first, at which
12 time the professional members of the board shall consist of three
13 licensed hearing instrument specialists, at least one of whom does
14 not hold a license as an audiologist, one otolaryngologist, and
15 one audiologist. At the expiration of the four-year terms of the
16 members serving on December 1, 2008, successors shall be appointed
17 for five-year terms.

18 Sec. 27. Section 38-1509, Reissue Revised Statutes of
19 Nebraska, is amended to read:

20 38-1509 (1) No person shall engage in the sale of or
21 practice of fitting hearing aids instruments or display a sign or
22 in any other way advertise or represent himself or herself as a
23 person who practices the fitting and sale or dispensing of hearing
24 aids instruments unless he or she holds an unsuspended, unrevoked
25 hearing instrument specialist license issued by the department

1 as provided in the Hearing Aid Instrument ~~Dispensers and Fitters~~
2 Specialists Practice Act. A hearing instrument specialist license
3 shall confer upon the holder the right to select, fit, and sell
4 hearing aids- instruments. A person holding a license issued under
5 the act prior to the effective date of this act may continue to
6 practice under such license until it expires under the terms of the
7 license.

8 (2) A licensed audiologist who maintains a practice
9 pursuant to licensure as an audiologist in which hearing aids
10 instruments are regularly dispensed or who intends to maintain
11 such a practice shall also be licensed as a hearing instrument
12 specialist pursuant to subsection (4) of section 38-1512.

13 (3) Nothing in the act shall prohibit a corporation,
14 partnership, limited liability company, trust, association, or
15 other like organization maintaining an established business address
16 from engaging in the business of selling or offering for sale
17 hearing aids instruments at retail without a license if it employs
18 only properly licensed natural persons in the direct sale and
19 fitting of such products.

20 (4) Nothing in the act shall prohibit the holder of a
21 hearing instrument specialist license from the fitting and sale of
22 wearable instruments or devices designed for or offered for the
23 purpose of conservation or protection of hearing.

24 Sec. 28. Section 38-1510, Reissue Revised Statutes of
25 Nebraska, is amended to read:

1 38-1510 (1) The Hearing Aid Instrument Dispensers and
2 ~~Fitters~~ Specialists Practice Act is not intended to prevent any
3 person from engaging in the practice of measuring human hearing for
4 the purpose of selection of hearing aids instruments if such person
5 or organization employing such person does not sell hearing aids
6 instruments or the accessories thereto.

7 (2) The act shall not apply to a person who is a
8 physician licensed to practice in this state, except that such
9 physician shall not delegate the authority to fit and dispense
10 hearing aids instruments unless the person to whom the authority is
11 delegated is licensed as a hearing instrument specialist under the
12 act.

13 Sec. 29. Section 38-1511, Reissue Revised Statutes of
14 Nebraska, is amended to read:

15 38-1511 (1) Any person who practices the fitting and sale
16 of hearing aids instruments shall deliver to each person supplied
17 with a hearing aid instrument a receipt which shall contain the
18 licensee's signature and show his or her business address and the
19 number of his or her certificate, together with specifications as
20 to the make and model of the hearing aid instrument furnished,
21 and clearly stating the full terms of sale. If ~~an aid~~ a hearing
22 instrument which is not new is sold, the receipt and the container
23 thereof shall be clearly marked as used or reconditioned, whichever
24 is applicable, with terms of guarantee, if any.

25 (2) Such receipt shall bear in no smaller type than the

1 largest used in the body copy portion the following: The purchaser
2 has been advised at the outset of his or her relationship with the
3 hearing aid instrument ~~dispenser~~ specialist that any examination or
4 representation made by a licensed hearing aid instrument ~~dispenser~~
5 ~~and fitter~~ specialist in connection with the fitting and selling
6 of this hearing aid instrument is not an examination, diagnosis,
7 or prescription by a person licensed to practice medicine in this
8 state and therefor must not be regarded as medical opinion or
9 advice.

10 Sec. 30. Section 38-1512, Reissue Revised Statutes of
11 Nebraska, is amended to read:

12 38-1512 (1) Any person may obtain a hearing instrument
13 specialist license under the Hearing Aid Instrument ~~Dispensers~~
14 ~~and Fitters~~ Specialists Practice Act by successfully passing a
15 qualifying examination if the applicant:

16 (a) Is at least twenty-one years of age; and

17 (b) Has an education equivalent to a four-year course in
18 an accredited high school.

19 (2) The qualifying examination shall consist of written
20 and practical tests. The examination shall not be conducted in
21 such a manner that college training is required in order to
22 pass. Nothing in this examination shall imply that the applicant
23 is required to possess the degree of medical competence normally
24 expected of physicians.

25 (3) The department shall give examinations approved by

1 the board. A minimum of two examinations shall be offered each
2 calendar year.

3 (4) The department shall issue a hearing instrument
4 specialist license without examination to a licensed audiologist
5 who maintains a practice pursuant to licensure as an audiologist
6 in which hearing aids instruments are regularly dispensed or
7 who intends to maintain such a practice upon application to the
8 department, proof of licensure as an audiologist, and payment of a
9 twenty-five-dollar fee.

10 Sec. 31. Section 38-1513, Reissue Revised Statutes of
11 Nebraska, is amended to read:

12 38-1513 (1) The department, with the recommendation of
13 the board, shall issue a temporary license to any person who
14 has met the requirements for licensure as a hearing instrument
15 specialist pursuant to subsection (1) of section 38-1512. Previous
16 experience or a waiting period shall not be required to obtain a
17 temporary license.

18 (2) Any person who desires a temporary license shall
19 make application to the department. The temporary license shall
20 be issued for a period of one year. A person holding a valid
21 license as a hearing instrument specialist shall be responsible for
22 the supervision and training of such applicant and shall maintain
23 adequate personal contact with him or her.

24 (3) If a person who holds a temporary license under
25 this section has not successfully passed the licensing examination

1 within twelve months of the date of issuance of the temporary
2 license, the temporary license may be renewed or reissued for a
3 twelve-month period. In no case may a temporary license be renewed
4 or reissued more than once. A renewal or reissuance may take place
5 any time after the expiration of the first twelve-month period.

6 Sec. 32. Section 38-1514, Reissue Revised Statutes of
7 Nebraska, is amended to read:

8 38-1514 The qualifying examination provided in section
9 38-1512 shall be designed to demonstrate the applicant's adequate
10 technical qualifications by:

11 (1) Tests of knowledge in the following areas as they
12 pertain to the fitting and sale of hearing aids+ instruments:

13 (a) Basic physics of sound;

14 (b) The anatomy and physiology of the ear; and

15 (c) The function of hearing aids+ instruments; and

16 (2) Practical tests of proficiency in the following
17 techniques as they pertain to the fitting of hearing aids+
18 instruments:

19 (a) Pure tone audiometry, including air conduction
20 testing and bone conduction testing;

21 (b) Live voice or recorded voice speech audiometry;

22 (c) Masking when indicated;

23 (d) Recording and evaluation of audiograms and speech
24 audiometry to determine proper selection and adaptation of a
25 hearing aid+ instrument; and

1 (e) Taking earmold impressions.

2 Sec. 33. Section 38-1515, Reissue Revised Statutes of
3 Nebraska, is amended to read:

4 38-1515 An applicant for licensure ~~to practice~~ as a
5 ~~hearing aid instrument dispensing and fitting~~ specialist who has
6 met the education and examination requirements in section 38-1512,
7 who passed the examination more than three years prior to the
8 time of application for licensure, and who is not practicing
9 at the time of application for licensure shall present proof
10 satisfactory to the department that he or she has within the three
11 years immediately preceding the application for licensure completed
12 continuing competency requirements approved by the board pursuant
13 to section 38-145.

14 Sec. 34. Section 38-1516, Reissue Revised Statutes of
15 Nebraska, is amended to read:

16 38-1516 An applicant for licensure ~~to practice~~ as a
17 ~~hearing aid instrument dispensing and fitting~~ specialist who has
18 met the standards set by the board pursuant to section 38-126 for
19 a license based on licensure in another jurisdiction but is not
20 practicing at the time of application for licensure shall present
21 proof satisfactory to the department that he or she has within
22 the three years immediately preceding the application for licensure
23 completed continuing competency requirements approved by the board
24 pursuant to section 38-145.

25 Sec. 35. Section 38-1517, Reissue Revised Statutes of

1 Nebraska, is amended to read:

2 38-1517 In addition to the grounds for disciplinary
3 action found in sections 38-178 and 38-179, a credential issued
4 under the Hearing Aid Instrument ~~Dispensers and Fitters~~ Specialists
5 Practice Act may be denied, refused renewal, limited, revoked, or
6 suspended or have other disciplinary measures taken against it in
7 accordance with section 38-196 when the applicant or credential
8 holder is found guilty of any of the following acts or offenses:

9 (1) Fitting and selling a hearing aid instrument to a
10 child under the age of sixteen who has not been examined and
11 cleared for hearing aid instrument use within a six-month period by
12 an otolaryngologist without a signed waiver by the legal guardian.
13 This subdivision shall not apply to the replacement with an
14 identical model of any hearing aid instrument within one year of
15 its purchase;

16 (2) Any other condition or acts which violate the Trade
17 Practice Rules for the Hearing Aid Industry of the Federal Trade
18 Commission or the Food and Drug Administration; or

19 (3) Violation of any provision of the Hearing Aid
20 Instrument ~~Dispensers and Fitters~~ Specialists Practice Act.

21 Sec. 36. Section 38-1518, Reissue Revised Statutes of
22 Nebraska, is amended to read:

23 38-1518 The department shall establish and collect fees
24 for credentialing activities under the Hearing Aid Instrument
25 ~~Dispensers and Fitters~~ Specialists Practice Act as provided in

1 sections 38-151 to 38-157.

2 Sec. 37. Section 38-2008, Reissue Revised Statutes of
3 Nebraska, is amended to read:

4 38-2008 Approved program means a program for the
5 education of physician assistants which is approved by the
6 Accreditation Review Commission on Education for the Physician
7 Assistant or its predecessor or successor agency and which the
8 board formally approves.

9 Sec. 38. Section 38-2014, Reissue Revised Statutes of
10 Nebraska, is amended to read:

11 38-2014 Physician assistant means any person who
12 graduates from a program approved by the Commission on
13 Accreditation of Allied Health Education Programs or its
14 predecessor or successor agency and the board, an approved program,
15 who satisfactorily completes has passed a proficiency examination,
16 and whom the department, with the recommendation of the board,
17 approves to perform medical services under the supervision of a
18 physician_ ~~or group of physicians approved by the department, with~~
19 ~~the recommendation of the board, to supervise such assistant.~~

20 Sec. 39. Section 38-2015, Reissue Revised Statutes of
21 Nebraska, is amended to read:

22 38-2015 Proficiency examination means the initial
23 proficiency examination approved by the board for the licensure
24 of physician assistants, including, but not limited to, the
25 examination Physician Assistant National Certifying Examination

1 administered by the National Commission on Certification of
2 Physician Assistants, ~~or other national organization established~~
3 ~~for such purpose that is recognized by the board.~~

4 Sec. 40. Section 38-2017, Reissue Revised Statutes of
5 Nebraska, is amended to read:

6 38-2017 Supervising physician means ~~(1) a board-approved~~
7 ~~physician who utilizes a licensed physician who supervises a~~
8 ~~physician assistant, or (2) a backup physician.~~

9 Sec. 41. Section 38-2018, Reissue Revised Statutes of
10 Nebraska, is amended to read:

11 38-2018 Supervision means the ready availability of
12 the supervising physician for consultation and direction of the
13 activities of the physician assistant. Contact with the supervising
14 physician by telecommunication shall be sufficient to show ready
15 availability, ~~if the board finds that such contact is sufficient to~~
16 ~~provide quality medical care. The level of supervision may vary by~~
17 ~~geographic location as provided in section 38-2047.~~

18 Sec. 42. Section 38-2037, Reissue Revised Statutes of
19 Nebraska, is amended to read:

20 38-2037 In addition to the grounds for disciplinary
21 action found in sections 38-178 and 38-179, a license to practice
22 medicine and surgery or osteopathic medicine and surgery or a
23 license to practice as a physician assistant may be denied, refused
24 renewal, limited, revoked, or suspended or have other disciplinary
25 measures taken against it in accordance with section 38-196 when

1 the applicant or licensee fails to comply with the provisions
2 of section 71-603.01, 71-604, 71-605, or 71-606 relating to the
3 signing of birth and death certificates.

4 Sec. 43. Section 38-2047, Reissue Revised Statutes of
5 Nebraska, is amended to read:

6 38-2047 ~~(1) Notwithstanding any other provision of law,~~
7 a physician assistant may perform medical services when he or
8 she renders such services under the supervision of a licensed
9 physician or group of physicians approved by the department, with
10 the recommendation of the board, in the specialty area or areas
11 for which the physician assistant shall be trained or experienced.
12 Any physician assistant licensed under the Medicine and Surgery
13 Practice Act to perform services may perform those services only:

14 (a) In the office of the supervising physician where such
15 physician maintains his or her primary practice;

16 (b) In any other office which is operated by the
17 supervising physician with the personal presence of the supervising
18 physician. The physician assistant may function without the
19 personal presence of the supervising physician in an office
20 other than where such physician maintains his or her primary
21 practice as provided in subsection (2) of this section and when
22 approved on an individual basis by the department, with the
23 recommendation of the board. Any such approval shall require site
24 visits by the supervising physician, regular reporting to the
25 supervising physician by the physician assistant, and arrangements

1 for supervision at all times by the supervising physician which are
2 sufficient to provide quality medical care;

3 (c) In a hospital, with the approval of the governing
4 board of such hospital, where the supervising physician is a
5 member of the staff and the physician assistant is subject to the
6 rules and regulations of the hospital. Such rules and regulations
7 may include, but need not be limited to, reasonable requirements
8 that physician assistants and the supervising physician maintain
9 professional liability insurance with such coverage and limits
10 as may be established by the hospital governing board, upon the
11 recommendation of the medical staff; or

12 (d) On calls outside such offices, when authorized by the
13 supervising physician and with the approval of the governing board
14 of any affected hospital.

15 (1) A physician assistant may perform medical services
16 that (a) are delegated by and provided under the supervision of a
17 licensed physician, (b) are appropriate to the level of competence
18 of the physician assistant, (c) form a component of the supervising
19 physician's scope of practice, and (d) are not otherwise prohibited
20 by law.

21 (2) A physician assistant shall be considered an agent
22 of his or her supervising physician in the performance of
23 practice-related activities delegated by the supervising physician,
24 including, but not limited to, ordering diagnostic, therapeutic,
25 and other medical services.

1 (3) Each physician assistant and his or her supervising
2 physician shall be responsible to ensure that (a) the scope
3 of practice of the physician assistant is identified, (b) the
4 delegation of medical tasks is appropriate to the level of
5 competence of the physician assistant, (c) the relationship of and
6 access to the supervising physician is defined, and (d) a process
7 for evaluation of the performance of the physician assistant is
8 established.

9 (4) A physician assistant may pronounce death and may
10 complete and sign death certificates and any other forms if such
11 acts are within the scope of practice of the physician assistant,
12 are delegated by his or her supervising physician, and are not
13 otherwise prohibited by law.

14 (5) In order for a physician assistant to practice in a
15 hospital, (a) his or her supervising physician shall be a member
16 of the medical staff of the hospital, (b) the physician assistant
17 shall be approved by the governing board of the hospital, and
18 (c) the physician assistant shall comply with applicable hospital
19 policies, including, but not limited to, reasonable requirements
20 that the physician assistant and the supervising physician maintain
21 professional liability insurance with such coverage and limits as
22 established by the governing board of the hospital.

23 ~~(2) The~~ (6) For physician assistants with less than
24 two years of experience, the department, with the recommendation
25 of the board, shall adopt and promulgate rules and regulations

1 establishing minimum requirements for the personal presence of the
2 supervising physician, stated in hours or percentage of practice
3 time, and - ~~The board~~ may provide different minimum requirements
4 for the personal presence of the supervising physician based on
5 the geographic location of the supervising physician's primary and
6 other practice sites and other factors the board deems relevant.

7 (7) A physician assistant may render services in a
8 setting geographically remote from the supervising physician,
9 except that a physician assistant with less than two years of
10 experience shall comply with standards of supervision established
11 in rules and regulations adopted and promulgated under the Medicine
12 and Surgery Practice Act. The board may consider an application
13 for waiver of the standards and may waive the standards upon a
14 showing of good cause by the supervising physician. The department
15 may adopt and promulgate rules and regulations establishing minimum
16 requirements for such waivers.

17 Sec. 44. Section 38-2049, Reissue Revised Statutes of
18 Nebraska, is amended to read:

19 38-2049 (1) The department, with the recommendation of
20 the board, shall issue licenses to persons who are graduates of
21 ~~physician assistant programs approved by the board~~ an approved
22 program and have ~~satisfactorily completed~~ passed a proficiency
23 examination.

24 (2) The department, with the recommendation of the board,
25 shall issue temporary licenses to persons who have successfully

1 completed an approved program for the education and training of
2 ~~physician assistants~~ but who have not yet passed a proficiency
3 examination. Any temporary license issued pursuant to this
4 subsection shall be issued for a period not to exceed one year
5 and under such conditions as determined by the department, with
6 the recommendation of the board. ~~Upon a showing of good cause,~~ the
7 The temporary license may be extended by the department, with the
8 recommendation of the board.

9 ~~(3) The board may recognize groups of specialty~~
10 ~~classifications of training for physician assistants. These~~
11 ~~classifications shall reflect the training and experience of the~~
12 ~~physician assistant. The physician assistant may receive training~~
13 ~~in one or more such classifications which shall be shown on the~~
14 ~~license issued.~~

15 ~~(4) (3) Physician assistants approved by the board~~
16 ~~prior to April 16, 1985, shall not be required to complete~~
17 ~~the proficiency examination.~~

18 Sec. 45. Section 38-2050, Reissue Revised Statutes of
19 Nebraska, is amended to read:

20 38-2050 ~~(1) The department, with the recommendation of~~
21 ~~the board, shall formulate guidelines for the consideration of~~
22 ~~applications by a licensed physician or physicians to supervise~~
23 ~~physician assistants. Any application made by a physician or~~
24 ~~physicians shall include all of the following:~~

25 ~~(a) The qualifications, including related experience, of~~

1 ~~the physician assistant intended to be employed,~~

2 ~~(b) The professional background and specialty of the~~
3 ~~physician or physicians, and~~

4 ~~(c) A description by the physician of his or her, or~~
5 ~~physicians of their, practice and the way in which the assistant or~~
6 ~~assistants shall be utilized. The application shall provide for the~~
7 ~~personal presence of the supervising physician in conformance with~~
8 ~~requirements established by the department, with the recommendation~~
9 ~~of the board, under section 38-2047.~~

10 ~~(2) The department, with the recommendation of the board,~~
11 ~~shall approve an application by a licensed physician to supervise a~~
12 ~~physician assistant when the department, with the recommendation of~~
13 ~~the board, is satisfied that the proposed assistant is a graduate~~
14 ~~of an approved program, has satisfactorily completed a proficiency~~
15 ~~examination, and is fully qualified to perform medical services~~
16 ~~under the responsible supervision of a licensed physician. The~~
17 ~~public shall be adequately protected by the arrangement proposed in~~
18 ~~the application.~~

19 ~~(3) The department, with the recommendation of the board,~~
20 ~~shall approve no more than two physician assistants for any~~
21 ~~practicing physician, except that this limitation may be waived~~
22 ~~by the department, with the recommendation of the board, upon a~~
23 ~~showing of good cause by the practicing physician.~~

24 (1) To be a supervising physician, a person shall:

25 (a) Be licensed to practice medicine and surgery under

1 the Uniform Credentialing Act;

2 (b) Have no restriction imposed by the board on his or
3 her ability to supervise a physician assistant; and

4 (c) Maintain an agreement with the physician assistant as
5 provided in subsection (2) of this section.

6 (2) (a) An agreement between a supervising physician and
7 a physician assistant shall (i) provide that the supervising
8 physician will exercise supervision over the physician assistant in
9 accordance with the Medicine and Surgery Practice Act and the rules
10 and regulations adopted and promulgated under the act relating to
11 such agreements, (ii) define the scope of practice of the physician
12 assistant, (iii) provide that the supervising physician will retain
13 professional and legal responsibility for medical services rendered
14 by the physician assistant pursuant to such agreement, and (iv) be
15 signed by the supervising physician and the physician assistant.

16 (b) The supervising physician shall keep the agreement on
17 file at his or her primary practice site, shall keep a copy of
18 the agreement on file at each practice site where the physician
19 assistant provides medical services, and shall make the agreement
20 available to the board and the department upon request.

21 (3) Supervision of a physician assistant by a supervising
22 physician shall be continuous but shall not require the physical
23 presence of the supervising physician at the time and place that
24 the services are rendered.

25 (4) A supervising physician may supervise no more than

1 four physician assistants at any one time. The board may consider
2 an application for waiver of this limit and may waive the
3 limit upon a showing that the supervising physician meets the
4 minimum requirements for the waiver. The department may adopt and
5 promulgate rules and regulations establishing minimum requirements
6 for such waivers.

7 Sec. 46. Section 38-2055, Reissue Revised Statutes of
8 Nebraska, is amended to read:

9 38-2055 A physician assistant may prescribe drugs and
10 devices as delegated to do so by a supervising physician. Any
11 limitation placed by the supervising physician on the prescribing
12 authority of the physician assistant shall be recorded on the
13 physician assistant's scope of practice agreement established
14 pursuant to rules and regulations adopted and promulgated
15 under the Medicine and Surgery Practice Act. All prescriptions
16 and prescription container labels shall bear the name of the
17 supervising physician and the physician assistant and, if required
18 for purposes of reimbursement, the name of the supervising
19 physician. A physician assistant to whom has been delegated
20 the authority to prescribe controlled substances shall obtain a
21 federal Drug Enforcement Administration registration number. ~~When~~
22 ~~prescribing Schedule II controlled substances, the prescription~~
23 ~~container label shall bear all information required by the federal~~
24 ~~Controlled Substances Act of 1970.~~

25 Sec. 47. Section 38-2801, Reissue Revised Statutes of

1 Nebraska, is amended to read:

2 38-2801 Sections 38-2801 to 38-28,103 and section 49 of
3 this act shall be known and may be cited as the Pharmacy Practice
4 Act.

5 Sec. 48. Section 38-2802, Reissue Revised Statutes of
6 Nebraska, is amended to read:

7 38-2802 For purposes of the Pharmacy Practice Act and
8 elsewhere in the Uniform Credentialing Act, unless the context
9 otherwise requires, the definitions found in sections 38-2803 to
10 38-2848 and section 49 of this act apply.

11 Sec. 49. Long-term care facility means an intermediate
12 care facility, an intermediate care facility for the mentally
13 retarded, a long-term care hospital, a mental health center, a
14 nursing facility, or a skilled nursing facility, as such terms are
15 defined in the Health Care Facility Licensure Act.

16 Sec. 50. Section 38-2871, Reissue Revised Statutes of
17 Nebraska, is amended to read:

18 38-2871 Original prescription information for any
19 controlled substances listed in Schedule III, IV, or V of section
20 28-405 and other prescription drugs or devices not listed in
21 section 28-405 may be transferred between pharmacies for the
22 purpose of refill dispensing on a one-time basis, except that
23 pharmacies electronically accessing a real-time, on-line data base
24 may transfer up to the maximum refills permitted by law and as
25 authorized by the prescribing practitioner on ~~the face of~~ the

1 prescription. Transfers are subject to the following:

2 (1) The transfer is communicated directly between two
3 pharmacists or pharmacist interns except when the pharmacies can
4 use a real-time, on-line data base;

5 (2) The transferring pharmacist or pharmacist intern
6 indicates void on the record of the prescription; except when a
7 ~~single refill is transferred for emergency or traveling purposes;~~

8 (3) The transferring pharmacist or pharmacist intern
9 indicates on the record of the prescription the name, the address,
10 and, if a controlled substance, the Drug Enforcement Administration
11 number of the pharmacy to which the information was transferred,
12 the name of the pharmacist or pharmacist intern receiving the
13 information, the date of transfer, and the name of the transferring
14 pharmacist or pharmacist intern;

15 (4) The receiving pharmacist or pharmacist intern
16 indicates on the record of the transferred prescription that the
17 prescription is transferred;

18 (5) The transferred prescription includes the following
19 information:

20 (a) The date of issuance of the original prescription;

21 (b) The original number of refills authorized;

22 (c) The date of original dispensing;

23 (d) The number of valid refills remaining;

24 (e) The date and location of last refill; and

25 (f) The name, the address, and, if a controlled

1 substance, the Drug Enforcement Administration number of the
2 pharmacy from which the transfer was made, the name of the
3 pharmacist or pharmacist intern transferring the information, the
4 original prescription number, and the date of transfer; and

5 (6) Both the original and transferred prescriptions must
6 be maintained by the transferring and receiving pharmacy for a
7 period of five years from the date of transfer.

8 Sec. 51. Section 48-120, Revised Statutes Cumulative
9 Supplement, 2008, is amended to read:

10 48-120 (1)(a) The employer is liable for all reasonable
11 medical, surgical, and hospital services, including plastic surgery
12 or reconstructive surgery but not cosmetic surgery when the injury
13 has caused disfigurement, appliances, supplies, prosthetic devices,
14 and medicines as and when needed, which are required by the nature
15 of the injury and which will relieve pain or promote and hasten
16 the employee's restoration to health and employment, and includes
17 damage to or destruction of artificial members, dental appliances,
18 teeth, hearing aids, instruments, and eyeglasses, but, in the case
19 of dental appliances, hearing aids, instruments, or eyeglasses,
20 only if such damage or destruction resulted from an accident which
21 also caused personal injury entitling the employee to compensation
22 therefor for disability or treatment, subject to the approval of
23 and regulation by the Nebraska Workers' Compensation Court, not to
24 exceed the regular charge made for such service in similar cases.

25 (b) Except as provided in section 48-120.04, the

1 compensation court shall establish schedules of fees for such
2 services. The compensation court shall review such schedules at
3 least biennially and adopt appropriate changes when necessary. The
4 compensation court may contract with any person, firm, corporation,
5 organization, or government agency to secure adequate data to
6 establish such fees. The compensation court shall publish and
7 furnish to the public the fee schedules established pursuant to
8 this subdivision and section 48-120.04. The compensation court may
9 establish and charge a fee to recover the cost of published fee
10 schedules.

11 (c) Reimbursement for inpatient hospital services
12 provided by hospitals located in or within fifteen miles of a
13 Nebraska city of the metropolitan class or primary class and by
14 other hospitals with fifty-one or more licensed beds shall be
15 according to the Diagnostic Related Group inpatient hospital fee
16 schedule established in section 48-120.04.

17 (d) A workers' compensation insurer, risk management
18 pool, self-insured employer, or managed care plan certified
19 pursuant to section 48-120.02 may contract with a provider or
20 provider network for medical, surgical, or hospital services. Such
21 contract may establish fees for services different than the fee
22 schedules established under subdivision (1)(b) of this section or
23 established under section 48-120.04. Such contract shall be in
24 writing and mutually agreed upon prior to the date services are
25 provided.

1 (e) The provider or supplier of such services shall
2 not collect or attempt to collect from any employer, insurer,
3 government, or injured employee or dependent or the estate of any
4 injured or deceased employee any amount in excess of (i) the fee
5 established by the compensation court for any such service, (ii)
6 the fee established under section 48-120.04, or (iii) the fee
7 contracted under subdivision (1)(d) of this section.

8 (2)(a) The employee has the right to select a physician
9 who has maintained the employee's medical records prior to an
10 injury and has a documented history of treatment with the employee
11 prior to an injury or a physician who has maintained the medical
12 records of an immediate family member of the employee prior to an
13 injury and has a documented history of treatment with an immediate
14 family member of the employee prior to an injury. For purposes of
15 this subsection, immediate family member means the employee's
16 spouse, children, parents, stepchildren, and stepparents. The
17 employer shall notify the employee following an injury of such
18 right of selection in a form and manner and within a timeframe
19 established by the compensation court. If the employer fails to
20 notify the employee of such right of selection or fails to notify
21 the employee of such right of selection in a form and manner and
22 within a timeframe established by the compensation court, then the
23 employee has the right to select a physician. If the employee
24 fails to exercise such right of selection in a form and manner and
25 within a timeframe established by the compensation court following

1 notice by the employer pursuant to this subsection, then the
2 employer has the right to select the physician. If selection of the
3 initial physician is made by the employee or employer pursuant to
4 this subsection following notice by the employer pursuant to this
5 subsection, the employee or employer shall not change the initial
6 selection of physician made pursuant to this subsection unless such
7 change is agreed to by the employee and employer or is ordered by
8 the compensation court pursuant to subsection (6) of this section.
9 If compensability is denied by the workers' compensation insurer,
10 risk management pool, or self-insured employer, (i) the employee
11 has the right to select a physician and shall not be made to
12 enter a managed care plan and (ii) the employer is liable for
13 medical, surgical, and hospital services subsequently found to be
14 compensable. If the employer has exercised the right to select
15 a physician pursuant to this subsection and if the compensation
16 court subsequently orders reasonable medical services previously
17 refused to be furnished to the employee by the physician selected
18 by the employer, the compensation court shall allow the employee
19 to select another physician to furnish further medical services.
20 If the employee selects a physician located in a community not the
21 home or place of work of the employee and a physician is available
22 in the local community or in a closer community, no travel expenses
23 shall be required to be paid by the employer or his or her workers'
24 compensation insurer.

25 (b) In cases of injury requiring dismemberment or

1 injuries involving major surgical operation, the employee may
2 designate to his or her employer the physician or surgeon to
3 perform the operation.

4 (c) If the injured employee unreasonably refuses or
5 neglects to avail himself or herself of medical or surgical
6 treatment furnished by the employer, except as herein and otherwise
7 provided, the employer is not liable for an aggravation of such
8 injury due to such refusal and neglect and the compensation court
9 or judge thereof may suspend, reduce, or limit the compensation
10 otherwise payable under the Nebraska Workers' Compensation Act.

11 (d) If, due to the nature of the injury or its occurrence
12 away from the employer's place of business, the employee or the
13 employer is unable to select a physician using the procedures
14 provided by this subsection, the selection requirements of this
15 subsection shall not apply as long as the inability to make a
16 selection persists.

17 (e) The physician selected may arrange for any
18 consultation, referral, or extraordinary or other specialized
19 medical services as the nature of the injury requires.

20 (f) The employer is not responsible for medical services
21 furnished or ordered by any physician or other person selected
22 by the employee in disregard of this section. Except as otherwise
23 provided by the Nebraska Workers' Compensation Act, the employer is
24 not liable for medical, surgical, or hospital services or medicines
25 if the employee refuses to allow them to be furnished by the

1 employer.

2 (3) No claim for such medical treatment is valid and
3 enforceable unless, within fourteen days following the first
4 treatment, the physician giving such treatment furnishes the
5 employer a report of such injury and treatment on a form prescribed
6 by the compensation court. The compensation court may excuse the
7 failure to furnish such report within fourteen days when it finds
8 it to be in the interest of justice to do so.

9 (4) All physicians and other providers of medical
10 services attending injured employees shall comply with all the
11 rules and regulations adopted and promulgated by the compensation
12 court and shall make such reports as may be required by it at
13 any time and at such times as required by it upon the condition
14 or treatment of any injured employee or upon any other matters
15 concerning cases in which they are employed. All medical and
16 hospital information relevant to the particular injury shall,
17 on demand, be made available to the employer, the employee,
18 the workers' compensation insurer, and the compensation court.
19 The party requesting such medical and hospital information shall
20 pay the cost thereof. No such relevant information developed in
21 connection with treatment or examination for which compensation is
22 sought shall be considered a privileged communication for purposes
23 of a workers' compensation claim. When a physician or other
24 provider of medical services willfully fails to make any report
25 required of him or her under this section, the compensation court

1 may order the forfeiture of his or her right to all or part of
2 payment due for services rendered in connection with the particular
3 case.

4 (5) Whenever the compensation court deems it necessary,
5 in order to assist it in resolving any issue of medical fact or
6 opinion, it shall cause the employee to be examined by a physician
7 or physicians selected by the compensation court and obtain from
8 such physician or physicians a report upon the condition or matter
9 which is the subject of inquiry. The compensation court may charge
10 the cost of such examination to the workers' compensation insurer.
11 The cost of such examination shall include the payment to the
12 employee of all necessary and reasonable expenses incident to such
13 examination, such as transportation and loss of wages.

14 (6) The compensation court shall have the authority
15 to determine the necessity, character, and sufficiency of any
16 medical services furnished or to be furnished and shall have
17 authority to order a change of physician, hospital, rehabilitation
18 facility, or other medical services when it deems such change is
19 desirable or necessary. Any dispute regarding medical, surgical,
20 or hospital services furnished or to be furnished under this
21 section may be submitted by the parties, the supplier of such
22 service, or the compensation court on its own motion for informal
23 dispute resolution by a staff member of the compensation court or
24 an outside mediator pursuant to section 48-168. In addition,
25 any party or the compensation court on its own motion may

1 submit such a dispute for a medical finding by an independent
2 medical examiner pursuant to section 48-134.01. Issues submitted
3 for informal dispute resolution or for a medical finding by an
4 independent medical examiner may include, but are not limited
5 to, the reasonableness and necessity of any medical treatment
6 previously provided or to be provided to the injured employee. The
7 compensation court may adopt and promulgate rules and regulations
8 regarding informal dispute resolution or the submission of disputes
9 to an independent medical examiner that are considered necessary to
10 effectuate the purposes of this section.

11 (7) For the purpose of this section, physician has the
12 same meaning as in section 48-151.

13 (8) The compensation court shall order the employer to
14 make payment directly to the supplier of any services provided
15 for in this section or reimbursement to anyone who has made any
16 payment to the supplier for services provided in this section. No
17 such supplier or payor may be made or become a party to any action
18 before the compensation court.

19 (9) Notwithstanding any other provision of this section,
20 a workers' compensation insurer, risk management pool, or
21 self-insured employer may contract for medical, surgical, hospital,
22 and rehabilitation services to be provided through a managed care
23 plan certified pursuant to section 48-120.02. Once liability for
24 medical, surgical, and hospital services has been accepted or
25 determined, the employer may require that employees subject to

1 the contract receive medical, surgical, and hospital services in
2 the manner prescribed in the contract, except that an employee
3 may receive services from a physician selected by the employee
4 pursuant to subsection (2) of this section if the physician so
5 selected agrees to refer the employee to the managed care plan
6 for any other treatment that the employee may require and if
7 the physician so selected agrees to comply with all the rules,
8 terms, and conditions of the managed care plan. If compensability
9 is denied by the workers' compensation insurer, risk management
10 pool, or self-insured employer, the employee may leave the managed
11 care plan and the employer is liable for medical, surgical, and
12 hospital services previously provided. The workers' compensation
13 insurer, risk management pool, or self-insured employer shall give
14 notice to employees subject to the contract of eligible service
15 providers and such other information regarding the contract and
16 manner of receiving medical, surgical, and hospital services under
17 the managed care plan as the compensation court may prescribe.

18 Sec. 52. Section 69-2603, Reissue Revised Statutes of
19 Nebraska, is amended to read:

20 69-2603 Assistive device means any device, including a
21 demonstrator, that a consumer purchases or accepts transfer of in
22 this state which is used for a major life activity, including,
23 but not limited to, manual wheelchairs, motorized wheelchairs,
24 motorized scooters, and other aides that enhance the mobility of
25 an individual; hearing aids, instruments, telephone communication

1 devices for the deaf (TTY), assistive listening devices, and
2 other aides that enhance an individual's ability to hear; voice
3 synthesized computer modules, optical scanners, talking software,
4 braille printers, and other devices that enhance a sight-impaired
5 individual's ability to communicate; environmental control units;
6 and any other assistive device that enables a person with a
7 disability to communicate, see, hear, or maneuver.

8 Sec. 53. Section 71-201, Reissue Revised Statutes of
9 Nebraska, is amended to read:

10 71-201 No person shall practice or attempt to practice
11 barbering without a license issued pursuant to the Barber Act by
12 the board. It shall be unlawful to operate a barber shop unless it
13 is at all times under the direct supervision and management of a
14 licensed barber.

15 No person, partnership, limited liability company, or
16 corporation shall operate a barber shop or barber school until
17 a license has been obtained for that purpose from the board. If
18 the applicant is an individual, the application shall include the
19 applicant's social security number. No person shall lease space
20 on the premises of a barber shop to engage in the practice of
21 barbering as an independent contractor or a self-employed person
22 without obtaining a booth rental permit as provided in section 60
23 of this act. All barber shop licenses and booth rental permits
24 shall be issued on or before June 30 of each even-numbered year,
25 shall be effective as of July 1 of each even-numbered year, shall

1 be ~~good~~ valid for ~~one year,~~ two years, and shall expire on the
2 ~~succeeding~~ June 30 of the next succeeding even-numbered year.

3 Any barber shop which fails to renew its license or any
4 person who fails to renew his or her booth rental permit on or
5 before the expiration date may renew such license or booth rental
6 permit by payment of the renewal fee and a late renewal fee
7 established by the board within sixty days after such date or such
8 other time period as the board establishes.

9 Any barber shop or barber school license and any booth
10 rental permit may be suspended, revoked, or denied renewal by the
11 board for violation of any provision of the statutes or any rule or
12 regulation of the board pertaining to the operation or sanitation
13 of barber shops, ~~or~~ barber schools, or booths under a booth rental
14 permit after due notice and hearing before the board.

15 No person, partnership, limited liability company, or
16 corporation shall use the title of barber or barber shop or
17 indicate in any way that such person or entity offers barbering
18 services unless such person or entity is licensed pursuant to
19 the act. No person, partnership, limited liability company, or
20 corporation shall hold itself out as a barber shop or indicate
21 in any way that such person or entity offers barbering services
22 unless such person or entity and the personnel who purport to offer
23 barbering services in association with such person or entity are
24 licensed pursuant to the act.

25 No person, partnership, limited liability company, or

1 corporation shall display a barber pole or use a barber pole or
2 the image of a barber pole in its advertising unless such person
3 or entity is licensed to provide barbering services pursuant to the
4 act and the display or use of such barber pole or barber pole image
5 is to indicate that the person or entity is offering barbering
6 services.

7 Sec. 54. Section 71-208.02, Reissue Revised Statutes of
8 Nebraska, is amended to read:

9 71-208.02 (1) All instruction in barber schools shall be
10 conducted by registered barber instructors or registered assistant
11 barber instructors.

12 (2) A person shall be eligible for registration as a
13 barber instructor if:

14 (a) He or she has completed at least eighteen hours
15 of college credit at or above the postsecondary level, including
16 at least three credit hours each in (i) methods of teaching,
17 (ii) curriculum development, (iii) special vocational needs,
18 (iv) educational psychology, (v) speech communications, and (vi)
19 introduction to business;

20 (b) He or she has been a licensed and actively practicing
21 barber for the one year immediately preceding application, except
22 that for good cause the board may waive the requirement that the
23 applicant be an actively practicing barber for one year or that
24 such year immediately precede application;

25 (c) He or she has served as a registered assistant barber

1 instructor under the ~~direct inhouse~~ supervision of an active,
2 full-time, registered barber instructor, as provided in subsection
3 (5) of this section, for one year immediately preceding application
4 for registration, except that for good cause the board may waive
5 the requirement that such year immediately precede application;

6 (d) He or she has passed an examination prescribed by the
7 board; and

8 (e) He or she has paid the fees prescribed by section
9 71-219.

10 (3) One registered barber instructor or assistant barber
11 instructor shall be employed for each fifteen students, or fraction
12 thereof, enrolled in a barber school, except that each barber
13 school shall have not less than two instructors, one of whom
14 shall be a registered barber instructor, regardless of the number
15 of students. Additional assistant barber instructors shall be
16 permitted on a working ratio of two assistant barber instructors
17 for every registered barber instructor. A barber school operated
18 by a nonprofit organization which neither charges any tuition to
19 its students nor makes any charge to the persons upon whom work is
20 performed shall not be required to have more than one instructor,
21 regardless of the number of students, which instructor shall be a
22 registered barber instructor.

23 (4) No student at a barber school shall be permitted to
24 do any practical work upon any person unless a registered barber
25 instructor or registered assistant barber instructor is on the

1 premises and supervising the practical work being performed.

2 (5) (a) A person shall be eligible for registration as
3 an assistant barber instructor if he or she has paid the fee
4 prescribed by section 71-219, has been a licensed and actively
5 practicing barber for one year, and is currently enrolled or
6 will enroll at the first regular college enrollment date after
7 registration under this section in an educational program leading
8 to completion of the hours required under subsection (2) of this
9 section.

10 (b) A person registered pursuant to subdivision (a) of
11 this subsection shall serve as an assistant barber instructor under
12 direct supervision, except that he or she may serve as an assistant
13 barber instructor under indirect supervision if:

14 (i) He or she has completed nine college credit
15 hours, including three credit hours each in methods of teaching,
16 curriculum development, and special vocational needs; and

17 (ii) He or she has completed one year of instructor
18 training under the direct inhouse supervision of an active,
19 full-time, registered barber instructor or in lieu thereof has
20 completed the requirements of a barber instructor course developed
21 or approved by the board. The board may develop such courses
22 or approve courses developed by educational institutions or other
23 entities which meet requirements established by the board in rules
24 and regulations.

25 (c) A report of college credits earned pursuant to

1 subsection (2) of this section shall be submitted to the board at
2 the end of each academic year. Registration as an assistant barber
3 instructor shall be renewed ~~annually~~ in each even-numbered year
4 and shall be valid for three years from the date of registration
5 if the registrant pursues without interruption the educational
6 program described in subsection (2) of this section. A registrant
7 who fails to so maintain such program shall have his or her
8 registration revoked. Any such registration that has been revoked
9 shall be reinstated if all renewal fees have been paid and other
10 registration requirements of this subsection are met.

11 (6) A person who is a registered barber instructor before
12 September 9, 1993, may continue to practice as a registered barber
13 instructor on and after such date without meeting the changes in
14 the registration requirements of this section imposed by Laws 1993,
15 LB 226. A person who is a registered assistant barber instructor
16 before September 9, 1993, and who seeks to register as a barber
17 instructor on or after September 9, 1993, may meet the requirements
18 for registration as a barber instructor either as such requirements
19 existed before such date or as such requirements exist on or after
20 such date.

21 Sec. 55. Section 71-208.06, Reissue Revised Statutes of
22 Nebraska, is amended to read:

23 71-208.06 The license as a registered barber instructor
24 shall be issued on or before June 30 of each even-numbered year
25 effective as of July 1 of each even-numbered year and shall expire

1 ~~on the next succeeding June 30-~~ as provided in section 71-216. The
2 license application shall include the applicant's social security
3 number.

4 Sec. 56. Section 71-216, Reissue Revised Statutes of
5 Nebraska, is amended to read:

6 71-216 Every registered barber instructor and licensed
7 barber who continues in active practice or service shall on
8 or before June 30 of each even-numbered year renew his or her
9 license or registration and pay the required fee. Such license or
10 registration shall be effective as of July 1 of each even-numbered
11 year and shall terminate on June 30 of the next succeeding
12 even-numbered year.

13 Every registered assistant barber instructor shall,
14 subject to the requirements of section 71-208.02, renew his or her
15 registration on or before its expiration date during the period of
16 its validity established by such section and pay the required fee.

17 Every barber school shall on or before June 30 of each
18 even-numbered year obtain renewal of its license and pay the
19 required fee. Such renewal shall be effective as of July 1 of
20 each even-numbered year and shall expire on June 30 of the next
21 succeeding even-numbered year.

22 Any licensed barber, registered barber instructor,
23 registered assistant barber instructor, or barber school which
24 fails to renew his, her, or its license or registration on or
25 before the expiration date may renew such license or registration

1 by payment of the renewal fee and a late renewal fee established
2 by the board within sixty days after such date or such other time
3 period as the board establishes.

4 Any barber on inactive status or who withdraws from the
5 active practice of barbering may renew his or her license within
6 five years of its expiration date upon the payment of the required
7 restoration fee. Any barber who fails to renew his or her license
8 for five consecutive years shall be required to successfully
9 complete the examination for issuance of a new license.

10 Sec. 57. Section 71-219, Reissue Revised Statutes of
11 Nebraska, is amended to read:

12 71-219 The board shall set the fees to be paid:

13 (1) By an applicant for an examination to determine his
14 or her fitness to receive a license to practice barbering or a
15 registration as a barber instructor and for the issuance of the
16 license or registration;

17 (2) By an applicant for registration as an assistant
18 barber instructor;

19 (3) For the renewal of a license to practice barbering
20 and for restoration of an inactive license;

21 (4) For the renewal of a registration to practice as
22 a barber instructor and for the restoration of an inactive
23 registration;

24 (5) For renewal of a registration to practice as an
25 assistant barber instructor;

1 (6) For late renewal of a license issued under the Barber
2 Act;

3 (7) For an application for a license to establish a
4 barber shop or barber school and for the issuance of a license;

5 (8) For the transfer of license or change of ownership of
6 a barber shop or barber school;

7 (9) For renewal of a barber license, barber instructor
8 registration, barber shop license, or barber school license;

9 (10) For an application for a temporary license to
10 conduct classes of instruction in barbering;

11 (11) For an affidavit for purposes of reciprocity or
12 for issuance of a certification of licensure for purposes of
13 reciprocity;

14 (12) For an application for licensure without examination
15 pursuant to section 64 of this act and for the issuance of a
16 license pursuant to such section;

17 (13) For issuance of a booth rental permit under section
18 60 of this act;

19 ~~(12)~~ (14) For the sale of listings or labels; and

20 ~~(13)~~ (15) For a returned check because of insufficient
21 funds or no funds.

22 Sec. 58. Section 71-219.01, Reissue Revised Statutes of
23 Nebraska, is amended to read:

24 71-219.01 Application for a license to operate a barber
25 school or college shall be made on a form furnished by the

1 board. It shall contain such information relative to ownership,
2 management, instructors, number of students, and other data
3 concerning such business as may be required by the board. The board
4 shall collect, in addition to the ~~annual~~ approval fee, a fee in
5 an amount set by the board for every barber school opened after
6 August 27, 1971. The ~~annual~~ fee for approval of a barber school
7 or college, the fee for reinstatement of a delinquent license, and
8 the fee for the transfer of license or change of ownership of a
9 barber school or college shall be set by the board. No fee shall
10 be collected if the change in ownership is caused by a present
11 license owner incorporating.

12 Sec. 59. Section 71-219.02, Reissue Revised Statutes of
13 Nebraska, is amended to read:

14 71-219.02 Application for a license to establish a
15 barber shop shall be made on a form furnished by the board. It
16 shall contain such information relative to ownership, management,
17 sanitation, and other data concerning such business as may
18 be required by the board. The board shall collect with such
19 application, in addition to the ~~annual~~ license fee, ~~paid for that~~
20 ~~year~~, a fee to be set by the board. A fee shall be collected for
21 the transfer of license or change of ownership of a barber shop,
22 but no fee shall be collected if the ownership results merely from
23 a present license holder incorporating his or her business. Every
24 barber shop shall be called upon by the state barber inspector at
25 least once each ~~year~~ licensing period for the purpose of inspection

1 in order to be eligible for ~~an annual~~ a permit to conduct a barber
2 shop, and no license shall be issued unless all deficiencies found
3 by inspection of such shop have been corrected.

4 Sec. 60. (1) Any barber who leases space on the premises
5 of a barber shop to engage in the practice of barbering as an
6 independent contractor or a self-employed person shall obtain a
7 booth rental permit.

8 (2) An application for a booth rental permit shall be
9 made on a form furnished by the board and shall include the
10 applicant's name, barber license number, telephone number, and work
11 address, whether the applicant is an independent contractor or
12 a self-employed person, and such other information as the board
13 deems necessary. The applicant's mailing address shall be the work
14 address shown on the permit application.

15 (3) The board shall issue a booth rental permit upon
16 receipt of an application containing the information required under
17 subsection (2) of this section and the fee established pursuant to
18 section 71-219.

19 (4) The holder of a booth rental permit shall provide the
20 board with ten days' written notice before changing his or her work
21 address.

22 Sec. 61. Section 71-223.01, Reissue Revised Statutes of
23 Nebraska, is amended to read:

24 71-223.01 The board shall by rules and regulations duly
25 adopted prescribe sanitary requirements for barber shops and barber

1 schools. The board or its employees shall regularly inspect all
2 barber shops and barber schools in this state to insure compliance
3 with such regulations. Such sanitary requirements and inspections
4 shall include all activities, in addition to barbering as defined
5 in section 71-202, taking place on the licensed premises. A written
6 report of each such inspection made shall be submitted to the
7 ~~barber~~ board. Each school or barber shop shall be called upon at
8 least once each ~~year~~ licensing period for the purpose of inspection
9 prior to the issuance of its license to be eligible for ~~annual~~
10 renewal of certification or registration.

11 Sec. 62. Section 71-224, Reissue Revised Statutes of
12 Nebraska, is amended to read:

13 71-224 Sections 71-201 to 71-248 and sections 60 and 64
14 of this act shall be known and may be cited as the Barber Act.

15 Sec. 63. Section 71-239, Reissue Revised Statutes of
16 Nebraska, is amended to read:

17 71-239 For purposes of recognizing licenses which have
18 been issued in other states or countries to practice barbering as a
19 licensed barber or registered barber instructor, the board may:

20 (1) Enter ~~enter~~ into a reciprocal agreement with any
21 state which is certified to it by the proper examining board under
22 the provisions of section 71-240; and-

23 (2) Provide for licensure without examination as provided
24 in section 64 of this act.

25 Sec. 64. (1) The board may issue a license without

1 examination to a person licensed in a state, territory, or country
2 with which the board has not entered into a reciprocal agreement
3 under section 71-239 as provided in this section.

4 (2) An applicant for licensure without examination under
5 subsection (1) of this section shall file with the board (a) an
6 application on a form provided by the board, (b) a copy of the
7 license issued by the state, territory, or country in which the
8 applicant is licensed, (c) the applicant's social security number,
9 (d) documents demonstrating that the requirements for licensure in
10 such state, territory, or country are substantially equivalent to
11 the requirements for licensure under the Barber Act, and (e) the
12 fee required pursuant to section 71-219.

13 (3) The board shall review each application and the
14 documents submitted under this section and determine within sixty
15 days after receiving such application and documentation whether to
16 issue a license without examination to the applicant. The board
17 shall notify the applicant of its decision within ten days after
18 the date of making the decision. If the board determines not to
19 issue a license without examination to the applicant, he or she
20 may appeal the decision of the board and the appeal shall be in
21 accordance with the Administrative Procedure Act.

22 (4) The board may adopt and promulgate rules and
23 regulations to carry out this section.

24 Sec. 65. Section 71-242, Reissue Revised Statutes of
25 Nebraska, is amended to read:

1 71-242 The board shall not enter into any reciprocal
2 agreement with any state or country with reference to the practice
3 of barbering as a licensed barber or registered barber instructor
4 for which the board conducts examinations unless every person
5 licensed or registered in such state or country when applying for a
6 license to practice in this state shall show:

7 (1) That the requirements for licensure or registration
8 were substantially equal to those in force in this state at the
9 time such license was issued; or

10 (2) Upon due proof that such applicant has continuously
11 practiced the practices or occupation for which application for a
12 license is made at least three years immediately prior to such
13 application.

14 The applicant shall also pay the fee set pursuant to
15 section 71-219 and provide his or her social security number.

16 ~~Any~~ Except as provided in section 64 of this act, any
17 applicant who fails to qualify for such exemption because his or
18 her study or training outside this state does not fulfill the
19 requirements of this section shall receive credit for the number
20 of hours of study and training successfully completed in the
21 particular state where he or she is registered or licensed, and
22 he or she shall be qualified for the examination upon completion
23 of such supplementary study and training in an accredited school
24 of barbering in this state as the board finds necessary to
25 substantially equal the study and training of a qualified person

1 who has studied and trained in an accredited school in this state
2 only. For the purposes of this section, each six months of practice
3 outside of this state of the practices or occupation for which
4 application for a license is made shall be deemed the equivalent of
5 one hundred hours of study and training required in this state in
6 order to qualify for the practice of barbering.

7 Sec. 66. Section 71-245, Reissue Revised Statutes of
8 Nebraska, is amended to read:

9 71-245 The provisions of the Barber Act, relating to
10 applications, transmittal of the names of eligible candidates,
11 certification of successful applicants, and issuance of licenses
12 thereto, in the case of regular examinations, ~~applies~~ apply as
13 far as applicable to applicants for a reciprocal license or for a
14 license issued without examination pursuant to section 64 of this
15 act.

16 Sec. 67. Section 71-604, Revised Statutes Cumulative
17 Supplement, 2008, is amended to read:

18 71-604 (1) A certificate for each live birth which
19 occurs in the State of Nebraska shall be filed on a standard
20 Nebraska certificate form. Such certificate shall be filed with the
21 department within five business days after the birth.

22 (2) When a birth occurs in an institution or en route
23 thereto, the person in charge of the institution or his or her
24 authorized designee shall obtain the personal data, prepare the
25 certificate which shall include the name, title, and address of

1 the attendant, certify that the child was born alive at the place
2 and time and on the date stated either by standard procedure or
3 by an approved electronic process, and file the certificate. The
4 physician, physician assistant, or other person in attendance shall
5 provide the medical information required for the certificate within
6 seventy-two hours after the birth.

7 (3) When a birth occurs outside an institution, the
8 certificate of birth shall be prepared and filed by one of the
9 following:

10 (a) The physician or physician assistant in attendance at
11 or immediately after the birth;

12 (b) The father, the mother, or, in the absence of the
13 father and the inability of the mother, the person in charge of the
14 premises where the birth occurred; or

15 (c) Any other person in attendance at or immediately
16 after the birth.

17 Sec. 68. Section 71-605, Revised Statutes Cumulative
18 Supplement, 2008, is amended to read:

19 71-605 (1) The funeral director and embalmer in charge
20 of the funeral of any person dying in the State of Nebraska
21 shall cause a certificate of death to be filled out with all the
22 particulars contained in the standard form adopted and promulgated
23 by the department. Such standard form shall include a space for
24 veteran status and the period of service in the armed forces of
25 the United States and a statement of the cause of death made

1 by a person holding a valid license as a physician or physician
2 assistant who last attended the deceased. The standard form shall
3 also include the deceased's social security number. Death and fetal
4 death certificates shall be completed by the funeral directors and
5 embalmers and physicians or physician assistants for the purpose of
6 filing with the department and providing child support enforcement
7 information pursuant to section 43-3340.

8 (2) The physician or physician assistant shall have the
9 responsibility and duty to complete and sign in his or her own
10 handwriting or by electronic means pursuant to section 71-603.01,
11 within twenty-four hours from the time of death, that part of the
12 certificate of death entitled medical certificate of death. In the
13 case of a death when no person licensed as a physician or physician
14 assistant was in attendance, the funeral director and embalmer
15 shall refer the case to the county attorney who shall have the
16 responsibility and duty to complete and sign the death certificate
17 in his or her own handwriting or by electronic means pursuant to
18 section 71-603.01.

19 No cause of death shall be certified in the case of the
20 sudden and unexpected death of a child between the ages of one week
21 and three years until an autopsy is performed at county expense by
22 a qualified pathologist pursuant to section 23-1824. The parents
23 or guardian shall be notified of the results of the autopsy by
24 their physician, physician assistant, community health official,
25 or county coroner within forty-eight hours. The term sudden infant

1 death syndrome shall be entered on the death certificate as the
2 principal cause of death when the term is appropriately descriptive
3 of the pathology findings and circumstances surrounding the death
4 of a child.

5 If the circumstances show it possible that death was
6 caused by neglect, violence, or any unlawful means, the case
7 shall be referred to the county attorney for investigation and
8 certification. The county attorney shall, within twenty-four hours
9 after taking charge of the case, state the cause of death as
10 ascertained, giving as far as possible the means or instrument
11 which produced the death. All death certificates shall show clearly
12 the cause, disease, or sequence of causes ending in death. If
13 the cause of death cannot be determined within the period of time
14 stated above, the death certificate shall be filed to establish
15 the fact of death. As soon as possible thereafter, and not more
16 than six weeks later, supplemental information as to the cause,
17 disease, or sequence of causes ending in death shall be filed with
18 the department to complete the record. For all certificates stated
19 in terms that are indefinite, insufficient, or unsatisfactory for
20 classification, inquiry shall be made to the person completing
21 the certificate to secure the necessary information to correct or
22 complete the record.

23 (3) A completed death certificate shall be filed with the
24 department within five business days after the date of death. If
25 it is impossible to complete the certificate of death within five

1 business days, the funeral director and embalmer shall notify the
2 department of the reason for the delay and file the certificate as
3 soon as possible.

4 (4) Before any dead human body may be cremated, a
5 cremation permit shall first be signed by the county attorney, or
6 by his or her authorized representative as designated by the county
7 attorney in writing, of the county in which the death occurred on a
8 form prescribed and furnished by the department.

9 (5) A permit for disinterment shall be required prior to
10 disinterment of a dead human body. The permit shall be issued by
11 the department to a licensed funeral director and embalmer upon
12 proper application. The request for disinterment shall be made by
13 the next of kin of the deceased, as listed in section 38-1425,
14 or a county attorney on a form furnished by the department.
15 The application shall be signed by the funeral director and
16 embalmer who will be directly supervising the disinterment. When
17 the disinterment occurs, the funeral director and embalmer shall
18 sign the permit giving the date of disinterment and file the permit
19 with the department within ten days of the disinterment.

20 (6) When a request is made under subsection (5) of this
21 section for the disinterment of more than one dead human body, an
22 order from a court of competent jurisdiction shall be submitted to
23 the department prior to the issuance of a permit for disinterment.
24 The order shall include, but not be limited to, the number of
25 bodies to be disinterred if that number can be ascertained, the

1 method and details of transportation of the disinterred bodies,
2 the place of reinterment, and the reason for disinterment. No
3 sexton or other person in charge of a cemetery shall allow the
4 disinterment of a body without first receiving from the department
5 a disinterment permit properly completed.

6 (7) No dead human body shall be removed from the
7 state for final disposition without a transit permit issued by
8 the funeral director and embalmer having charge of the body in
9 Nebraska, except that when the death is subject to investigation,
10 the transit permit shall not be issued by the funeral director and
11 embalmer without authorization of the county attorney of the county
12 in which the death occurred. No agent of any transportation company
13 shall allow the shipment of any body without the properly completed
14 transit permit prepared in duplicate.

15 (8) The interment, disinterment, or reinterment of a
16 dead human body shall be performed under the direct supervision
17 of a licensed funeral director and embalmer, except that hospital
18 disposition may be made of the remains of a child born dead
19 pursuant to section 71-20,121.

20 (9) All transit permits issued in accordance with the
21 law of the place where the death occurred in a state other than
22 Nebraska shall be signed by the funeral director and embalmer
23 in charge of burial and forwarded to the department within five
24 business days after the interment takes place.

25 Sec. 69. Section 71-2411, Revised Statutes Cumulative

1 Supplement, 2008, is amended to read:

2 71-2411 For purposes of the Emergency Box Drug Act:

3 (1) Authorized personnel ~~shall mean~~ means any medical
4 doctor, doctor of osteopathy, registered nurse, licensed practical
5 nurse, nurse practitioner, pharmacist, or ~~physician's~~ physician
6 assistant;

7 (2) Department ~~shall mean~~ means the Department of Health
8 and Human Services;

9 (3) Drug ~~shall mean~~ means any prescription drug or
10 device or legend drug or device defined under section 38-2841,
11 any nonprescription drug as defined under section 38-2829, any
12 controlled substance as defined under section 28-405, or any device
13 as defined under section 38-2814;

14 (4) Emergency box drugs ~~shall mean~~ means drugs required
15 to meet the immediate therapeutic needs of patients when the drugs
16 are not available from any other authorized source in time to
17 sufficiently prevent risk of harm to such patients by the delay
18 resulting from obtaining such drugs from such other authorized
19 source;

20 (5) ~~Institution shall mean~~ Long-term care facility means
21 an intermediate care facility, an intermediate care facility for
22 the mentally retarded, a long-term care hospital, a mental health
23 center, a nursing facility, ~~and or~~ a skilled nursing facility, as
24 such terms are defined in ~~sections 71-420, 71-421, 71-423, 71-424,~~
25 ~~and 71-429,~~ the Health Care Facility Licensure Act;

1 ~~(6)~~ Institutional pharmacy shall mean the physical
 2 portion of an institution engaged in the compounding, dispensing,
 3 and labeling of drugs which is operating pursuant to a pharmacy
 4 license issued by the department under the Health Care Facility
 5 Licensure Act;

6 ~~(7)~~ (6) Multiple dose vial shall mean means any bottle in
 7 which more than one dose of a liquid drug is stored or contained;
 8 and

9 ~~(8)~~ Supplying pharmacist shall mean the pharmacist in
 10 charge of an institutional pharmacy or a pharmacist who provides
 11 emergency box drugs to an institution pursuant to the Emergency
 12 Box Drug Act. Supplying pharmacist shall not include any agent or
 13 employee of the supplying pharmacist who is not a pharmacist.

14 (7) Pharmacist means a pharmacist as defined in section
 15 38-2832 who is employed by a supplying pharmacy or who has
 16 contracted with a long-term care facility to provide consulting
 17 services; and

18 (8) Supplying pharmacy means a pharmacy that supplies
 19 drugs for an emergency box located in a long-term care facility.
 20 Drugs in the emergency box are owned by the supplying pharmacy.

21 Sec. 70. Section 71-2412, Revised Statutes Cumulative
 22 Supplement, 2008, is amended to read:

23 71-2412 ~~(1)~~ Each institutional pharmacy shall be directed
 24 by a pharmacist, referred to as the pharmacist in charge as defined
 25 in section ~~38-2833~~, who is licensed to engage in the practice of

1 ~~pharmacy in this state.~~

2 ~~(2)~~ For an institution that does not have an
3 institutional pharmacy or during such times as an institutional
4 pharmacy may be unattended by a pharmacist, ~~drugs~~ Drugs may be
5 administered to residents of the ~~institution~~ a long-term care
6 facility by authorized personnel of the ~~institution~~ long-term care
7 facility from the contents of emergency boxes located within such
8 ~~facility~~ long-term care facility if such drugs and boxes meet all
9 of the following requirements:

10 ~~(a)~~ (1) All emergency box drugs shall be provided by and
11 all emergency boxes containing such drugs shall be sealed by a
12 supplying ~~pharmacist~~ pharmacy with the seal on such emergency box
13 to be of such a nature that it can be easily identified if it has
14 been broken;

15 ~~(b)~~ (2) Emergency boxes shall be stored in a medication
16 room or other secured area within the ~~institution.~~ long-term care
17 facility. Only the supplying ~~pharmacist~~ or authorized personnel of
18 the ~~institution~~ long-term care facility or the supplying pharmacy
19 shall obtain access to such room or secured area, by key or
20 combination, in order to prevent unauthorized access and to ensure
21 a proper environment for preservation of the emergency box drugs;

22 ~~(c)~~ (3) The exterior of each emergency box shall be
23 labeled so as to clearly indicate that it is an emergency box for
24 use in emergencies only. The label shall contain a listing of the
25 drugs contained in the box, including the name, strength, route of

1 administration, quantity, and expiration date of each drug, and the
2 name, address, and telephone number of the supplying ~~pharmacist,~~
3 pharmacy;

4 ~~(d) The expiration date of an emergency box shall be the~~
5 ~~earliest date of expiration of any drug contained in the box;~~

6 ~~(e) (4) All emergency boxes shall be inspected by the~~
7 ~~supplying pharmacist or another a pharmacist designated by the~~
8 ~~supplying pharmacist pharmacy at least once every thirty days or~~
9 ~~after a reported usage of any drug to determine the expiration~~
10 ~~date and quantity of the drugs in the box. Every inspection shall~~
11 ~~be documented and the record retained by the institution long-term~~
12 ~~care facility for a period of two five years;~~

13 ~~(f) (5) An emergency box shall not contain any multiple~~
14 ~~dose vials, and shall not contain more than ten drugs which are~~
15 ~~controlled substances, and shall contain no more than a total of~~
16 ~~fifty drugs; and~~

17 ~~(g) (6) All drugs in emergency boxes shall be in the~~
18 ~~original manufacturer's or distributor's containers or shall be~~
19 ~~repackaged by the supplying pharmacist pharmacy and shall include~~
20 ~~the manufacturer's or distributor's name, lot number, drug name,~~
21 ~~strength, dosage form, NDC number, route of administration, and~~
22 ~~expiration date on a typewritten label. Any drug which is~~
23 ~~repackaged shall contain on the label the calculated expiration~~
24 ~~date. For purposes of the Emergency Box Drug Act, calculated~~
25 ~~expiration date has the same meaning as in subdivision (7) (b) of~~

1 section 38-2884.

2 Sec. 71. Section 71-2413, Reissue Revised Statutes of
3 Nebraska, is amended to read:

4 71-2413 (1) The supplying ~~pharmacist~~ pharmacy and the
5 medical director and quality assurance committee of the ~~institution~~
6 long-term care facility shall jointly determine the drugs, by
7 identity and quantity, to be included in the emergency boxes.
8 Such drugs shall then be approved in advance of placement in
9 emergency boxes by the Board of Pharmacy, unless such drugs are
10 included on a general list of drugs previously approved by the
11 board for use in emergency boxes. The board may adopt a general
12 list of drugs to be included in emergency boxes. The supplying
13 ~~pharmacist~~ pharmacy shall maintain a list of emergency box drugs
14 in the pharmacy of the supplying ~~pharmacist~~ which is identical
15 to the list on the exterior of the emergency box and shall make
16 such list available to the department upon request. The supplying
17 ~~pharmacist~~ pharmacy shall obtain a receipt upon delivery of the
18 emergency box to the ~~institution~~ long-term care facility signed by
19 the director of nursing of the ~~institution~~ long-term care facility
20 which acknowledges that the drugs initially placed in the emergency
21 box are identical to the initial list on the exterior of the
22 emergency box. The receipt shall be retained by the supplying
23 ~~pharmacist~~ pharmacy for a period of ~~two~~ five years.

24 (2) Except for the removal of expired drugs as provided
25 in subsection (4) of this section, drugs shall be removed from

1 emergency boxes only pursuant to a prescription. Whenever access
2 to the emergency box occurs, the prescription and proof of use
3 shall be provided to the supplying ~~pharmacist~~ pharmacy and shall be
4 recorded on the resident's medical record by authorized personnel
5 of the ~~institution~~, long-term care facility. Removal of any drug
6 from an emergency box by authorized personnel of the ~~institution~~
7 long-term care facility shall be recorded on a form showing the
8 name of the resident who received the drug, his or her room number,
9 the name of the drug, the strength of the drug, the quantity used,
10 the dose administered, the route of administration, the date the
11 drug was used, the time of usage, the disposal of waste, if any,
12 and the signature ~~of the~~ or signatures of authorized personnel. The
13 form shall be maintained at the ~~institution~~ long-term care facility
14 for a period of ~~twenty-four months~~ five years from the date of
15 removal with a copy of the form to be provided to the supplying
16 ~~pharmacist~~, pharmacy.

17 (3) Whenever an emergency box is opened, the supplying
18 ~~pharmacist~~ pharmacy shall be notified by the charge nurse or the
19 director of nursing of the ~~institution~~ long-term care facility
20 within twenty-four hours and ~~the supplying pharmacist or another~~
21 a pharmacist designated by the supplying ~~pharmacist~~ pharmacy shall
22 restock and refill the box, reseal the box, and update the drug
23 listing on the exterior of the box, ~~within seventy-two hours~~.

24 (4) Upon the expiration of any drug in the emergency
25 box, the supplying ~~pharmacist or another pharmacist~~ designated

1 by the ~~supplying pharmacist~~ pharmacy shall replace the expired
2 drug, reseal the box, and update the drug listing on the exterior
3 of the box. The expired drug shall be immediately destroyed
4 within the institution by a pharmacist, and such destruction
5 shall be witnessed and documented by such pharmacist. If the
6 expired drug is a controlled substance listed in Schedule II,
7 III, IV, or V of section 28-405, it shall be destroyed pursuant
8 to subdivision (3)(f)(iv) of section 28-414. Records pertaining
9 to the documentation of expired drugs which are destroyed shall
10 be maintained at the institution for a period of five years
11 from the date of destruction with a copy of such records to be
12 provided to the supplying pharmacist. Emergency box drugs shall
13 be considered inventory of the supplying pharmacy of the supplying
14 pharmacist until such time as they are removed for administration,
15 or destruction.

16 (5) Authorized personnel of the ~~institution~~ long-term
17 care facility shall examine the emergency boxes once every
18 twenty-four hours and shall immediately notify the supplying
19 pharmacist pharmacy upon discovering evidence of tampering with
20 any emergency box. Proof of examination by authorized personnel
21 of the ~~institution~~ long-term care facility shall be recorded and
22 maintained at the ~~institution~~ long-term care facility for a period
23 of ~~twenty-four months~~ five years from the date of examination.

24 (6) The supplying pharmacist pharmacy and the medical
25 director and quality assurance committee of the ~~institution~~

1 long-term care facility shall jointly establish written procedures
2 for the safe and efficient distribution of emergency box drugs.

3 Sec. 72. Section 71-2414, Reissue Revised Statutes of
4 Nebraska, is amended to read:

5 71-2414 The department shall have (1) the authority to
6 inspect any emergency box and (2) access to the records of the
7 supplying ~~pharmacist and the institution~~ pharmacy and the long-term
8 care facility for inspection. Refusal to allow the department to
9 inspect an emergency box or to have access to records shall be
10 grounds for a disciplinary action against the supplying ~~pharmacist~~
11 ~~or the license of the institution.~~ pharmacy or the license of the
12 long-term care facility.

13 Sec. 73. Section 71-2416, Reissue Revised Statutes of
14 Nebraska, is amended to read:

15 71-2416 (1) The department may limit, suspend, or revoke
16 the authority of a supplying ~~pharmacist~~ pharmacy to maintain
17 emergency boxes in ~~an institution~~ a long-term care facility for any
18 violation of the Emergency Box Drug Act. The department may limit,
19 suspend, or revoke the authority of ~~an institution~~ a long-term care
20 facility to maintain an emergency box for any violation of the
21 act. The taking of such action against the supplying ~~pharmacist~~ ~~or~~
22 ~~institution~~ pharmacy or the long-term care facility or both shall
23 not prohibit the department from taking other disciplinary actions
24 against the supplying ~~pharmacist~~ ~~or the institution.~~ pharmacy or
25 the long-term care facility.

1 (2) If the department determines to limit, suspend, or
2 revoke the authority of a supplying ~~pharmacist~~ pharmacy to maintain
3 emergency boxes in an ~~institution~~ a long-term care facility or
4 to limit, suspend, or revoke the authority of an ~~institution~~ a
5 long-term care facility to maintain an emergency box, it shall
6 send to the supplying ~~pharmacist~~ ~~or institution~~ pharmacy or the
7 long-term care facility a notice of such determination. The notice
8 may be served by any method specified in section 25-505.01, or
9 the department may permit substitute or constructive service as
10 provided in section 25-517.02 when service cannot be made with
11 reasonable diligence by any of the methods specified in section
12 25-505.01. The limitation, suspension, or revocation shall become
13 final thirty days after receipt of the notice unless the supplying
14 ~~pharmacist or institution,~~ pharmacy or the long-term care facility,
15 within such thirty-day period, requests a hearing in writing. The
16 supplying ~~pharmacist or institution~~ pharmacy or the long-term care
17 facility shall be given a fair hearing before the department and
18 may present such evidence as may be proper. On the basis of such
19 evidence, the determination involved shall be affirmed, set aside,
20 or modified, and a copy of such decision setting forth the findings
21 of facts and the particular reasons on which it is based shall be
22 sent to the supplying ~~pharmacist or institution.~~ pharmacy or the
23 long-term care facility. The parties may appeal the final decision
24 in accordance with the Administrative Procedure Act. Witnesses may
25 be subpoenaed by either party and shall be allowed a fee at the

1 statutory rate.

2 (3) The procedure governing hearings authorized by the
3 Emergency Box Drug Act shall be in accordance with rules and
4 regulations adopted and promulgated by the department.

5 (4) The supplying ~~pharmacist or institution~~ pharmacy or
6 the long-term care facility shall not maintain an emergency box
7 after ~~his, her, or~~ its authority to maintain such box has been
8 revoked or during the time such authority has been suspended. If
9 the authority is suspended, the suspension shall be for a definite
10 period of time. Such authority shall be automatically reinstated on
11 the expiration of such period. If such authority has been revoked,
12 such revocation shall be permanent, except that at any time after
13 the expiration of two years, application for reinstatement of
14 authority may be made to the department. ~~Any such application for~~
15 ~~reinstatement by a supplying pharmacist may not be received by~~
16 ~~the department unless accompanied by a written recommendation of~~
17 ~~reinstatement by the Board of Pharmacy.~~

18 (5) Any person who commits any of the acts prohibited
19 by the act Emergency Box Drug Act shall be guilty of a Class II
20 misdemeanor. The department may maintain an action in the name
21 of the state against any person for maintaining an emergency box
22 in violation of the act. Each day a violation continues shall
23 constitute a separate violation.

24 Sec. 74. Section 71-2417, Reissue Revised Statutes of
25 Nebraska, is amended to read:

1 71-2417 Any emergency box containing a controlled
2 substance listed in section 28-405 and maintained at ~~an institution~~
3 a long-term care facility shall be exempt from the provisions of
4 subdivision (3)(g) of section 28-414.

5 Sec. 75. Section 71-2445, Revised Statutes Cumulative
6 Supplement, 2008, is amended to read:

7 71-2445 For purposes of the Automated Medication Systems
8 Act:

9 (1) Automated medication distribution machine means a
10 type of automated medication system that stores medication to be
11 administered to a patient by a person credentialed ~~before December~~
12 ~~17, 2008,~~ under the Uniform Licensing Law and ~~on or after December~~
13 ~~17, 2008,~~ under the Uniform Credentialing Act;

14 (2) Automated medication system means a mechanical system
15 that performs operations or activities, other than compounding,
16 administration, or other technologies, relative to storage and
17 packaging for dispensing or distribution of medications and that
18 collects, controls, and maintains all transaction information
19 and includes, but is not limited to, a prescription medication
20 distribution machine or an automated medication distribution
21 machine. An automated medication system may only be used in
22 conjunction with the provision of pharmacist care;

23 (3) Chart order means an order for a drug or device
24 issued by a practitioner for a patient who is in the hospital
25 where the chart is stored or for a patient receiving detoxification

1 treatment or maintenance treatment pursuant to section 28-412.

2 Chart order does not include a prescription;

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

4 (5) Long-term care facility means an intermediate care
5 facility, an intermediate care facility for the mentally retarded,
6 a long-term care hospital, a mental health center, a nursing
7 facility, or a skilled nursing facility, as such terms are defined
8 in the Health Care Facility Licensure Act;

9 ~~(5)~~ (6) Medical order means a prescription, a chart
10 order, or an order for pharmaceutical care issued by a
11 practitioner;

12 ~~(6)~~ (7) Pharmacist means any person who is licensed by
13 the State of Nebraska to practice pharmacy;

14 ~~(7)~~ (8) Pharmacist care means the provision by a
15 pharmacist of medication therapy management, with or without the
16 dispensing of drugs or devices, intended to achieve outcomes
17 related to the cure or prevention of a disease, elimination or
18 reduction of a patient's symptoms, or arresting or slowing of a
19 disease process;

20 ~~(8)~~ (9) Pharmacist remote order entry means entering an
21 order into a computer system or drug utilization review by a
22 pharmacist licensed to practice pharmacy in the State of Nebraska
23 and located within the United States, pursuant to medical orders in
24 a hospital, long-term care facility, or pharmacy licensed under the
25 Health Care Facility Licensure Act;

1 ~~(9)~~ (10) Practice of pharmacy means (a) the
2 interpretation, evaluation, and implementation of a medical
3 order, (b) the dispensing of drugs and devices, (c) drug product
4 selection, (d) the administration of drugs or devices, (e) drug
5 utilization review, (f) patient counseling, (g) the provision of
6 pharmaceutical care, and (h) the responsibility for compounding
7 and labeling of dispensed or repackaged drugs and devices, proper
8 and safe storage of drugs and devices, and maintenance of proper
9 records. The active practice of pharmacy means the performance of
10 the functions set out in this subdivision by a pharmacist as his or
11 her principal or ordinary occupation;

12 ~~(10)~~ (11) Practitioner means a certified registered nurse
13 anesthetist, a certified nurse midwife, a dentist, an optometrist,
14 a nurse practitioner, a physician assistant, a physician, a
15 podiatrist, or a veterinarian;

16 (12) Prescription means an order for a drug or device
17 issued by a practitioner for a specific patient, for emergency use,
18 or for use in immunizations. Prescription does not include a chart
19 order;

20 ~~(11)~~ (13) Prescription medication distribution machine
21 means a type of automated medication system that packages, labels,
22 or counts medication in preparation for dispensing of medications
23 by a pharmacist pursuant to a prescription; and

24 ~~(12)~~ (14) Telepharmacy means the provision of pharmacist
25 care, by a pharmacist located within the United States, using

1 telecommunications, remote order entry, or other automations and
2 technologies to deliver care to patients or their agents who are
3 located at sites other than where the pharmacist is located.

4 Sec. 76. Section 71-2447, Revised Statutes Cumulative
5 Supplement, 2008, is amended to read:

6 71-2447 Any hospital, long-term care facility, or
7 pharmacy that uses an automated medication system shall develop,
8 maintain, and comply with policies and procedures developed in
9 consultation with the pharmacist responsible for pharmacist care
10 for that hospital, long-term care facility, or pharmacy. At a
11 minimum, the policies and procedures shall address the following:

12 (1) The description and location within the hospital,
13 long-term care facility, or pharmacy of the automated medication
14 system or equipment being used;

15 (2) The name of the individual or individuals responsible
16 for implementation of and compliance with the policies and
17 procedures;

18 (3) Medication access and information access procedures;

19 (4) Security of inventory and confidentiality of records
20 in compliance with state and federal laws, rules, and regulations;

21 (5) A description of how and by whom the automated
22 medication system is being utilized, including processes for
23 filling, verifying, dispensing, and distributing medications;

24 (6) Staff education and training;

25 (7) Quality assurance and quality improvement programs

1 and processes;

2 (8) Inoperability or emergency downtime procedures;

3 (9) Periodic system maintenance; and

4 (10) Medication security and controls.

5 Sec. 77. Section 71-2449, Revised Statutes Cumulative
6 Supplement, 2008, is amended to read:

7 71-2449 (1) An automated medication distribution machine:

8 (a) Is subject to the requirements of section 71-2447;

9 and

10 (b) May be operated in a hospital or long-term care
11 facility for medication administration pursuant to a chart order or
12 prescription by a licensed health care professional.

13 (2) Drugs placed in an automated medication distribution
14 machine shall be in the manufacturer's original packaging or in
15 containers repackaged in compliance with state and federal laws,
16 rules, and regulations relating to repackaging, labeling, and
17 record keeping.

18 (3) The inventory which is transferred to an automated
19 medication distribution machine in a hospital or long-term care
20 facility shall be excluded from the percent of total prescription
21 drug sales revenue described in section 71-7454.

22 Sec. 78. Section 71-2450, Revised Statutes Cumulative
23 Supplement, 2008, is amended to read:

24 71-2450 A pharmacist providing pharmacist remote order
25 entry shall:

- 1 (1) Be located within the United States;
- 2 (2) Maintain adequate security and privacy in accordance
3 with state and federal laws, rules, and regulations;
- 4 (3) Be linked to one or more hospitals, long-term care
5 facilities, or pharmacies for which services are provided via
6 computer link, video link, audio link, or facsimile transmission;
- 7 (4) Have access to each patient's medical information
8 necessary to perform via computer link, video link, or facsimile
9 transmission a prospective drug utilization review as specified
10 before ~~December 1, 2008~~, in section 71-1,147.35 and on or after
11 ~~December 1, 2008~~, in section 38-2869; and
- 12 (5) Be employed by or have a contractual agreement to
13 provide such services with the hospital, long-term care facility,
14 or pharmacy where the patient is located.

15 Sec. 79. Section 71-3601, Revised Statutes Cumulative
16 Supplement, 2008, is amended to read:

17 71-3601 For purposes of the Tuberculosis Detection and
18 Prevention Act:

19 (1) Communicable tuberculosis means tuberculosis
20 manifested by a laboratory report of sputum or other body fluid
21 or excretion found to contain tubercle bacilli or by chest X-ray
22 findings interpreted as active tuberculosis by competent medical
23 authority;

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

1 ~~(3)~~ (3) Directed health measure means any measure, whether
2 prophylactic or remedial, intended and directed to prevent, treat,
3 or limit the spread of tuberculosis;

4 ~~(3)~~ (4) Facility means a structure in which suitable
5 isolation for tuberculosis can be given and which is approved
6 by the department for the detention of recalcitrant ~~tuberculosis~~
7 tuberculous persons;

8 ~~(4)~~ (5) Local health officer means (a) the health
9 director of a local public health department as defined in section
10 71-1626 or (b) the medical advisor to the board of health of a
11 county, city, or village;

12 ~~(5)~~ (6) Recalcitrant tuberculous person means a person
13 affected with tuberculosis in an active stage who by his or her
14 conduct or mode of living endangers the health and well-being of
15 other persons, by exposing them to tuberculosis, and who refuses to
16 accept adequate treatment; and

17 ~~(6)~~ (7) State health officer means the chief medical
18 officer as described in section 81-3115.

19 Sec. 80. Section 71-3602, Revised Statutes Cumulative
20 Supplement, 2008, is amended to read:

21 71-3602 (1) ~~When a person with communicable tuberculosis~~
22 ~~violates the rules, regulations, or orders adopted and promulgated~~
23 ~~by the department and is thereby conducting himself or herself~~
24 ~~in such a way as to expose others to danger of infection, after~~
25 ~~having been ordered by the state health officer or a local health~~

1 ~~officer to comply,~~ there are reasonable grounds to believe that
2 a person has communicable tuberculosis and the person refuses to
3 submit to the examination necessary to determine the existence of
4 communicable tuberculosis, the state health officer or local health
5 officer may order such person to submit to such examination. If
6 such person refuses to comply with such order, the state health
7 officer or a local health officer shall institute proceedings
8 for commitment, returnable to the county court of the county in
9 which the person resides or, if the person is a nonresident or
10 has no permanent residence, in the county in which the person
11 is found. Strictness of pleading is not required, and a general
12 allegation that the public health requires commitment of the person
13 is sufficient.

14 (2) When a person with communicable tuberculosis conducts
15 himself or herself in such a way as to expose another person
16 to the danger of infection, the state health officer or local
17 health officer may order such person to submit to directed health
18 measures necessary for the treatment of the person and to prevent
19 the transmission of the disease. If such person refuses to comply
20 with such order, the state health officer or a local health
21 officer shall institute proceedings for commitment, returnable to
22 the county court of the county in which the person resides or, if
23 the person is a nonresident or has no permanent residence, in the
24 county in which the person is found. Strictness of pleading is not
25 required, and a general allegation that the public health requires

1 commitment of the person is sufficient.

2 Sec. 81. Section 71-3604, Reissue Revised Statutes of
3 Nebraska, is amended to read:

4 71-3604 (1) Upon the hearing set in the order, the person
5 named in the order shall have a right to be represented by counsel,
6 to confront and cross-examine witnesses against him or her, and to
7 have compulsory process for the securing of witnesses and evidence
8 in his or her own behalf.

9 (2) Upon a consideration of the petition and evidence:
10 ~~if~~

11 (a) If the court finds that there are reasonable grounds
12 to believe that the person named in the petition has communicable
13 tuberculosis and has refused to submit to an examination to
14 determine the existence of communicable tuberculosis, the court
15 shall order such person to submit to such examination. If after
16 such examination is completed it is determined that the person has
17 communicable tuberculosis, the court shall order directed health
18 measures necessary for the treatment of the person and to prevent
19 the transmission of the disease; or

20 (b) If the court finds that the person named in the
21 petition has communicable tuberculosis and conducts himself or
22 herself in such a way as to be a danger to the public health, an
23 order shall be issued committing the person named to a facility
24 and directing the sheriff to take him or her into custody and
25 deliver him or her to the facility or to submit to directed health

1 measures necessary for the treatment of the person and to prevent
2 the transmission of the disease.

3 (3) If the court does not so find, the petition shall
4 be dismissed. The cost of transporting such person to the facility
5 shall be paid from county general funds.

6 Sec. 82. Section 71-3614, Revised Statutes Cumulative
7 Supplement, 2008, is amended to read:

8 71-3614 (1) When any person who has communicable ~~e~~
9 ~~contagious~~ tuberculosis and who has relatives, friends, or a
10 private or public agency or organization willing to undertake the
11 obligation to support him or her or to aid in supporting him or her
12 in any other state or country, the department may furnish him or
13 her with the cost of transportation to such other state or country
14 if it finds that the interest of the State of Nebraska and the
15 welfare of such person will be promoted thereby. The expense of
16 such transportation shall be paid by the department out of funds
17 appropriated to it for the purpose of carrying out the Tuberculosis
18 Detection and Prevention Act.

19 (2) No funds appropriated to the department for the
20 purpose of carrying out the act shall be used for meeting the
21 cost of the care, maintenance, or treatment of any person who has
22 communicable ~~e~~ ~~contagious~~ tuberculosis in a health care facility
23 on either an inpatient or an outpatient basis, or otherwise, for
24 directed health measures, or for transportation to another state
25 or country, to the extent that such cost is covered by an insurer

1 or other third-party payor or any other entity under obligation to
2 such person by contract, policy, certificate, or any other means
3 whatsoever. The department in no case shall expend any such funds
4 to the extent that any such person is able to bear the cost of
5 such care, maintenance, treatment, or transportation. To protect
6 the health and safety of the public, the department may pay, in
7 part or in whole, the cost of drugs and medical care used to
8 treat any person for or to prevent the spread of communicable
9 tuberculosis and for evaluation and diagnosis of persons who
10 have been identified as contacts of a person with communicable
11 tuberculosis. The department shall determine the ability of a
12 person to pay by consideration of the following factors: (a) The
13 person's age, (b) the number of his or her dependents and their
14 ages and physical condition, (c) the person's length of care,
15 maintenance, or treatment, (d) his or her liabilities, and (e) the
16 extent that such cost is covered by an insurer or other third-party
17 payor, and (f) his or her assets. Pursuant to the Administrative
18 Procedure Act, the department shall adopt and promulgate rules
19 and regulations for making the determinations required by this
20 subsection.

21 Rules, regulations, and orders in effect under this
22 section prior to July 16, 2004, shall continue to be effective
23 until revised, amended, repealed, or nullified pursuant to law.

24 Sec. 83. Section 71-5403, Revised Statutes Cumulative
25 Supplement, 2008, is amended to read:

1 71-5403 (1) A pharmacist may drug product select except
2 when:

3 (a) A practitioner designates that drug product selection
4 is not permitted by specifying on ~~the face of~~ the prescription
5 or by telephonic, facsimile, or electronic transmission that there
6 shall be no drug product selection. For written prescriptions, the
7 practitioner shall specify in his or her own handwriting on the
8 prescription the phrase "no drug product selection", "dispense as
9 written", "brand medically necessary", or "no generic substitution"
10 or the notation "N.D.P.S.", "D.A.W.", or "B.M.N." or words or
11 notations of similar import to indicate that drug product selection
12 is not permitted. The pharmacist shall note "N.D.P.S.", "D.A.W.",
13 "B.M.N.", "no drug product selection", "dispense as written",
14 "brand medically necessary", "no generic substitution", or words
15 or notations of similar import on ~~the face of~~ the prescription to
16 indicate that drug product selection is not permitted if such is
17 communicated orally by the prescribing practitioner; or

18 (b) A patient or designated representative or caregiver
19 of such patient instructs otherwise.

20 (2) A pharmacist shall not drug product select a drug
21 product unless:

22 (a) The drug product, if it is in solid dosage form, has
23 been marked with an identification code or monogram directly on the
24 dosage unit;

25 (b) The drug product has been labeled with an expiration

1 date;

2 (c) The manufacturer, distributor, or packager of the
3 drug product provides reasonable services, as determined by the
4 board, to accept the return of drug products that have reached
5 their expiration date; and

6 (d) The manufacturer, distributor, or packager maintains
7 procedures for the recall of unsafe or defective drug products.

8 Sec. 84. Section 71-5829.03, Revised Statutes Cumulative
9 Supplement, 2008, is amended to read:

10 71-5829.03 ~~No~~ Except as provided in section 71-5830.01,
11 no person, including persons acting for or on behalf of a health
12 care facility, shall engage in any of the following activities
13 without having first applied for and received the necessary
14 certificate of need:

15 (1) The initial establishment of long-term care beds or
16 rehabilitation beds except as permitted under subdivisions ~~(6)~~ (4)
17 and ~~(7)~~ (5) of this section;

18 (2) An increase in the long-term care beds of a health
19 care facility by more than ten long-term care beds or more than ten
20 percent of the total long-term care bed capacity of such facility,
21 whichever is less, over a two-year period;

22 (3) An increase in the rehabilitation beds of a health
23 care facility by more than ten rehabilitation beds or more than ten
24 percent of the total rehabilitation bed capacity of such facility,
25 whichever is less, over a two-year period;

1 ~~(4)~~ A relocation of long-term care beds from a health
2 care facility at one physical facility or contiguous site to
3 another noncontiguous site within the same health planning region
4 if the relocation will cause an aggregate increase in long-term
5 care beds between those locations of more than ten beds or more
6 than ten percent of the total bed capacity, whichever is less, over
7 a two-year period;

8 ~~(5)~~ Any relocation of long-term care beds from a health
9 care facility located in one health planning region to a health
10 care facility in a different health planning region;

11 ~~(6)~~ (4) Any initial establishment of long-term care beds
12 through conversion by a hospital of any type of hospital beds to
13 long-term care beds if the total beds converted by the hospital
14 are more than ten beds or more than ten percent of the total
15 bed capacity of such hospital, whichever is less, over a two-year
16 period;

17 ~~(7)~~ (5) Any initial establishment of rehabilitation beds
18 through conversion by a hospital of any type of hospital beds to
19 rehabilitation beds if the total beds converted by the hospital
20 are more than ten beds or more than ten percent of the total
21 bed capacity of such hospital, whichever is less, over a two-year
22 period; or

23 ~~(8)~~ (6) Any relocation of rehabilitation beds in Nebraska
24 from one health care facility to another health care facility.

25 Sec. 85. Section 71-5829.04, Reissue Revised Statutes of

1 Nebraska, is amended to read:

2 71-5829.04 (1) All long-term care beds which require a
3 certificate of need under section 71-5829.03 are subject to a
4 moratorium unless one of the following exceptions applies:

5 (a) An exception to the moratorium may be granted if the
6 department establishes that the needs of individuals whose medical
7 and nursing needs are complex or intensive and are above the
8 level of capabilities of staff and above the services ordinarily
9 provided in a long-term care bed are not currently being met by the
10 long-term care beds licensed in the health planning region; or

11 (b) If the average occupancy for all licensed long-term
12 care beds located in a twenty-five mile radius of the proposed
13 site have exceeded ninety percent occupancy during the most recent
14 three consecutive calendar quarters as reported at the time of
15 the application filing and there is a long-term care bed need as
16 determined by the formula ~~in~~ under this section, the department
17 may grant an exception to the moratorium and issue a certificate
18 of need. If the department determines average occupancy for all
19 licensed long-term care beds located in a twenty-five mile radius
20 of the proposed site has not exceeded ninety percent occupancy
21 during the most recent three consecutive calendar quarters as
22 reported at the time of the application filing, the department
23 shall deny the application.

24 (2) The department shall review applications which
25 require a certificate of need under section 71-5829.03 and

1 determine if there is a need for additional long-term care beds
2 based on the following formula: as provided in this section.
3 No such application shall be approved if the current supply of
4 licensed long-term care beds in the health planning region of the
5 proposed site exceeds the long-term care bed need for that health
6 planning region. For purposes of this section:

7 (a) Long-term care bed need is equal to the population
8 of the health planning region, multiplied by the utilization rate
9 goal, of long-term care beds within the health planning region, and
10 the result divided by the minimum occupancy rate of long-term care
11 beds within the health planning region;goal. No such application
12 shall be approved if the current supply of licensed long-term care
13 beds in the health planning region of the proposed site exceeds the
14 long-term care bed need for that health planning region, determined
15 by aggregating the long-term care bed need established for each sex
16 and age group using the formula.

17 In reaching this determination:

18 (a) The population includes the total population of the
19 health planning region of the proposed site, disaggregated into
20 the following age categories: Birth through sixty-four years of
21 age, sixty-five years of age through seventy-four years of age,
22 seventy-five years of age through eighty-four years of age, and
23 eighty-five years of age and over. Each listed age category shall
24 be further categorized by gender. The most recent population
25 projections available from the department for the year which is

1 closest to the fifth year following the date of the application
2 shall be used to determine the population used in the formula;

3 (b) Population is the most recent projection of
4 population for the health planning region for the year which is
5 closest to the fifth year immediately following the date of the
6 application. The applicant shall provide such projection as part of
7 the application using data from the University of Nebraska-Lincoln
8 Bureau of Business Research or other source approved by the
9 department;

10 ~~(b)~~ (c) The utilization rate goal is the number of people
11 using long-term care beds per one thousand persons living in the
12 health planning region in which the proposed project is located
13 divided by the population of the health planning region; - Such
14 utilization rate shall be computed for each of the population
15 categories listed in subdivision ~~(2)~~(a) of this section and based
16 on the most current utilization data available from the department;
17 and

18 ~~(e)~~ (d) The minimum occupancy rate goal is ninety-five
19 percent for health planning regions which are part of or contain
20 a Metropolitan Statistical Area as defined by the United States
21 Bureau of the Census. For all other health planning regions in the
22 state, the minimum occupancy rate goal is ninety percent.

23 (3) To facilitate the review and determination required
24 by this section, each health care facility with long-term care beds
25 shall report on a quarterly basis to the department the number

1 of residents at such facility on the last day of the immediately
2 preceding quarter on a form provided by the department. Such report
3 shall be provided to the department no later than ninety days after
4 the last day of the immediately preceding quarter. The department
5 shall provide the occupancy data collected from such reports upon
6 request. Any facility failing to timely report such information
7 shall be ineligible for any exception to the requirement for a
8 certificate of need under section 71-5830.01 and any exception to
9 the moratorium imposed under this section and may not receive,
10 transfer, or relocate long-term care beds.

11 Sec. 86. Section 71-5830.01, Revised Statutes Cumulative
12 Supplement, 2008, is amended to read:

13 71-5830.01 Notwithstanding any other provisions of the
14 Nebraska Health Care Certificate of Need Act, a certificate of need
15 is not required for:

16 (1) A change in classification between an intermediate
17 care facility, a nursing facility, or a skilled nursing facility;

18 (2) A project of a county in which is located a city of
19 the metropolitan class for which a bond issue has been approved by
20 the electorate of such county on or after January 1, 1994; and

21 (3) A project of a federally recognized Indian tribe
22 to be located on tribal lands within the exterior boundaries of
23 the State of Nebraska where (a) a determination has been made by
24 the tribe's governing body that the cultural needs of the tribe's
25 members cannot be adequately met by existing facilities if such

1 project has been approved by the tribe's governing body and (b)
2 the tribe has a self-determination agreement in place with the
3 Indian Health Service of the United States Department of Health and
4 Human Services so that payment for enrolled members of a federally
5 recognized Indian tribe who are served at such facility will be
6 made with one hundred percent federal reimbursement; and-

7 (4) A transfer or relocation of long-term care beds from
8 one facility to another entity in the same health planning region
9 or any other health planning region. The receiving entity shall
10 obtain a license for the transferred or relocated beds within
11 two years after the transfer or relocation. The department shall
12 grant an extension of such time if the receiving entity is making
13 progress toward the licensure of such beds.

14 Sec. 87. Section 71-5865, Reissue Revised Statutes of
15 Nebraska, is amended to read:

16 71-5865 In an appeal of a decision to deny a certificate
17 of need, the person requesting the appeal shall bear the burden of
18 proving that the project meets the applicable criteria established
19 in sections ~~71-5829.02~~ 71-5829.03 to 71-5829.06.

20 Sec. 88. Section 71-8205, Reissue Revised Statutes of
21 Nebraska, is amended to read:

22 71-8205 Advanced level trauma center means a trauma
23 center which, in addition to providing all of the services provided
24 by basic level and general level trauma centers, also provides
25 definitive care for complex and severe trauma, an emergency

1 trauma team available within fifteen minutes, twenty-four hours
2 per day, inhouse operating room personnel who initiate surgery,
3 a neurosurgeon available who provides neurological assessment
4 and stabilization, a broad range of specialists available ~~within~~
5 ~~fifteen minutes or less~~ for consultation or care, comprehensive
6 diagnostic capabilities and support equipment, and appropriate
7 equipment for pediatric trauma patients in the emergency
8 department, intensive care unit, and operating room.

9 Sec. 89. Section 71-8207, Reissue Revised Statutes of
10 Nebraska, is amended to read:

11 71-8207 Basic level trauma center means a trauma center
12 which has a trauma-trained physician, advanced practice registered
13 nurse, or physician assistant available within ~~fifteen~~ thirty
14 minutes to provide stabilization and transfer to a higher level
15 trauma center when appropriate, which has basic equipment for
16 resuscitation and stabilization, which maintains appropriate
17 equipment for pediatric trauma patients for resuscitation and
18 stabilization, and which may provide limited surgical intervention
19 based upon the expertise of available onsite staff.

20 Sec. 90. Section 71-8208, Reissue Revised Statutes of
21 Nebraska, is amended to read:

22 71-8208 Communications system means a ~~radie and landline~~
23 any network which provides rapid public access, coordinated central
24 dispatching of services, and coordination of personnel, equipment,
25 and facilities in the trauma system.

1 Sec. 91. Section 71-8210, Reissue Revised Statutes of
2 Nebraska, is amended to read:

3 71-8210 Comprehensive level trauma center means a trauma
4 center which (1) provides the highest level of definitive,
5 comprehensive care for patients with complex traumatic injury, (2)
6 provides an emergency trauma team available within fifteen minutes,
7 twenty-four hours per day, including inhouse, immediately available
8 personnel who can initiate surgery and appropriate equipment for
9 pediatric trauma patients in the emergency department, intensive
10 care unit, and operating room, and ~~(2)~~ (3) is responsible for
11 research, education, and outreach programs for trauma.

12 Sec. 92. Section 71-8216, Reissue Revised Statutes of
13 Nebraska, is amended to read:

14 71-8216 Emergency medical services and trauma plan
15 means the statewide plan that identifies statewide emergency
16 medical service and trauma care objectives and priorities and
17 identifies equipment, facilities, personnel, training, and other
18 needs required to create and maintain the statewide trauma system
19 established in section 71-8239. Emergency medical services and
20 trauma plan also includes a plan of implementation that identifies
21 the state and regional activities that will create, operate,
22 maintain, and enhance the system. The plan shall be formulated
23 by incorporating the regional trauma plans required under the
24 Statewide Trauma System Act. The plan shall be updated every ~~two~~
25 five years.

1 Sec. 93. Section 71-8218, Reissue Revised Statutes of
2 Nebraska, is amended to read:

3 71-8218 General level trauma center means a trauma
4 center that (1) provides initial evaluation and stabilization,
5 including surgical stabilization if appropriate, and general
6 medical and surgical inpatient services to patients who can be
7 maintained in a stable or improving condition without specialized
8 care, (2) prepares for transfer and transfers patients meeting
9 predetermined criteria pursuant to the rules and regulations
10 adopted under the Statewide Trauma System Act to higher level
11 trauma centers, (3) is physician directed within a formally
12 organized trauma team, (4) provides trauma-trained physicians and
13 nurses to the emergency department within ~~fifteen~~ thirty minutes of
14 notification, (5) has personnel available who can initiate surgery,
15 (6) has appropriate diagnostic capabilities and equipment, and (7)
16 maintains appropriate equipment for pediatric trauma patients in
17 the emergency department, intensive care unit, and operating room.

18 Sec. 94. Section 71-8222, Reissue Revised Statutes of
19 Nebraska, is amended to read:

20 71-8222 On-line ~~medical controller~~ physician or qualified
21 physician surrogate means a physician or a qualified physician
22 surrogate, preferably within the region, who is ~~in contact with~~
23 ~~the on-scene medical director~~ providing medical direction to the
24 emergency medical service providing life support and stabilization
25 and includes interfacility or intrafacility transfer and bypass to

1 a higher level trauma center.

2 Sec. 95. Section 71-8230, Reissue Revised Statutes of
3 Nebraska, is amended to read:

4 71-8230 Specialty level burn or pediatric trauma center
5 means a trauma center that (1) provides specialized care in the
6 areas of burns or pediatrics, (2) is designated or verified by its
7 professional association governing body, (3) provides continuous
8 accessibility regardless of day, season, or patient's ability to
9 pay, and (4) has entry access from each of the designation levels
10 as its on-line ~~medical controller~~ physician or qualified physician
11 surrogate deems appropriate.

12 Sec. 96. Section 71-8232, Reissue Revised Statutes of
13 Nebraska, is amended to read:

14 71-8232 Trauma means a ~~major~~ single-system or multisystem
15 injury requiring immediate medical or surgical intervention or
16 treatment to prevent death or permanent disability. ~~For purposes of~~
17 ~~this section, major has the definition of the American Society for~~
18 ~~Testing and Materials.~~

19 Sec. 97. Section 71-8234, Reissue Revised Statutes of
20 Nebraska, is amended to read:

21 71-8234 Trauma team means a team of physicians, nurses,
22 medical technicians, and ~~specialists~~ other personnel compiled to
23 create a seamless response to a ~~medical emergency~~ an acutely
24 injured patient in a hospital emergency ~~room.~~ department.

25 Sec. 98. Section 71-8235, Reissue Revised Statutes of

1 Nebraska, is amended to read:

2 71-8235 Trauma system means an organized approach
3 to providing care to trauma patients that provides personnel,
4 facilities, and equipment for effective and coordinated trauma
5 care. The trauma system shall identify facilities with specific
6 capabilities to provide care and provide that trauma patients be
7 treated at a designated trauma center appropriate to the patient's
8 level of injury. Trauma system includes prevention, prehospital or
9 out-of-hospital care, hospital care, and rehabilitative services
10 regardless of insurance carrier or ability to pay. ~~The trauma~~
11 ~~system shall not restrict transfers for rehabilitative services.~~

12 Sec. 99. Section 71-8237, Reissue Revised Statutes of
13 Nebraska, is amended to read:

14 71-8237 The State Trauma Advisory Board shall:

15 (1) Advise the department regarding trauma care needs
16 throughout the state;

17 (2) Advise the Board of Emergency Medical Services
18 regarding trauma care to be provided throughout the state by
19 out-of-hospital and emergency medical services;

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

22 (4) Review proposed departmental rules and regulations
23 for trauma care;

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

1 (6) Draft a ~~two-year~~ five-year statewide prevention plan
2 that each trauma care region shall implement.

3 Sec. 100. Section 71-8239, Revised Statutes Cumulative
4 Supplement, 2008, is amended to read:

5 71-8239 (1) The department, in consultation with and
6 having solicited the advice of the State Trauma Advisory Board,
7 shall establish and maintain the statewide trauma system.

8 (2) The department, with the advice of the board, shall
9 adopt and promulgate rules and regulations to carry out the
10 Statewide Trauma System Act.

11 (3) The Director of Public Health or his or her designee
12 shall appoint the state trauma medical director and the regional
13 medical directors.

14 Sec. 101. Section 71-8240, Reissue Revised Statutes of
15 Nebraska, is amended to read:

16 71-8240 The department shall establish and maintain the
17 following on a statewide basis:

18 (1) ~~By February 1998,~~ Trauma Trauma system objectives and
19 priorities;

20 (2) ~~By March 1998,~~ Minimum Minimum trauma standards
21 for facilities, equipment, and personnel for advanced, basic,
22 comprehensive, and general level trauma centers and specialty level
23 burn or pediatric trauma centers;

24 (3) ~~By March 1998,~~ Minimum Minimum standards for
25 facilities, equipment, and personnel for advanced, basic, and

1 general level rehabilitation centers;

2 (4) ~~By April 1998, minimum~~ Minimum trauma standards for
3 the development of facility patient care protocols;

4 (5) ~~By April 1998, trauma~~ Trauma care regions as provided
5 for in section 71-8250;

6 (6) ~~By September 1998, recommendations~~ Recommendations
7 for an effective trauma transportation system;

8 (7) ~~By September 1998, the~~ The minimum number of
9 hospitals and health care facilities in the state and within
10 each trauma care region that may provide designated trauma care
11 services based upon approved regional trauma plans;

12 (8) ~~By September 1998, the~~ The minimum number of
13 prehospital or out-of-hospital care providers in the state and
14 within each trauma care region that may provide trauma care
15 services based upon approved regional trauma plans;

16 (9) ~~By September 1998, a~~ A format for submission of the
17 regional trauma plans to the department;

18 (10) ~~By December 1998, a~~ A program for emergency medical
19 services and trauma care research and development;

20 (11) ~~By December 1998, review~~ Review and approve regional
21 trauma plans;

22 (12) ~~By January 2000, the~~ The initial designation of
23 hospitals and health care facilities to provide designated trauma
24 care services in accordance with needs identified in the approved
25 regional trauma plan; and

1 (13) ~~By April 2000,~~ the The trauma implementation plan
2 incorporating the regional trauma plans ~~and~~

3 ~~(14) On or before January 1, 2002, all emergency medical~~
4 ~~services when responding to a trauma call shall have access to an~~
5 ~~on-line medical controller, which could be the physician medical~~
6 ~~director, available twenty-four hours a day, seven days a week.~~

7 Sec. 102. Section 71-8242, Reissue Revised Statutes of
8 Nebraska, is amended to read:

9 71-8242 ~~By December 1998,~~ the The department shall:

10 (1) Purchase and maintain the statewide trauma registry
11 pursuant to section 71-8248 to assess the effectiveness of trauma
12 delivery and modify standards and other requirements of the
13 statewide trauma system, to improve the provision of emergency
14 medical services and trauma care;

15 (2) Develop patient outcome measures to assess the
16 effectiveness of trauma care in the system;

17 (3) Develop standards for regional trauma care quality
18 assurance programs; and

19 (4) ~~Begin coordination and development of~~ Coordinate and
20 develop trauma prevention and education programs.

21 The department shall administer funding allocated to the
22 department for the purpose of creating, maintaining, or enhancing
23 the statewide trauma system.

24 Sec. 103. Section 71-8243, Reissue Revised Statutes of
25 Nebraska, is amended to read:

1 71-8243 Designated trauma centers and rehabilitation
2 centers that receive trauma patients shall be categorized according
3 to designation under the Statewide Trauma System Act. All levels
4 of centers shall ~~have agreements for transfer with higher-level~~
5 ~~and lower-level centers,~~ follow federal regulation guidelines and
6 established referral patterns, as appropriate, to facilitate a
7 seamless patient-flow system.

8 Sec. 104. Section 71-8244, Reissue Revised Statutes of
9 Nebraska, is amended to read:

10 71-8244 Any hospital, facility, rehabilitation center,
11 or specialty level burn or pediatric trauma center that desires
12 to be a designated center shall request designation from the
13 department whereby each agrees to maintain a level of commitment
14 and resources sufficient to meet responsibilities and standards
15 required by the statewide trauma system. The ~~to~~ ~~have an~~
16 ~~on-line medical controller available to out-of-hospital emergency~~
17 ~~medical services twenty-four hours a day, seven days a week.~~
18 ~~By December 1998,~~ the department shall determine by rule and
19 regulation the manner and form of such requests. Upon receiving
20 a request, the department shall review the request to determine
21 whether there is compliance with standards for the trauma care
22 level for which designation is desired or whether the appropriate
23 governing body verification documentation has been submitted. Any
24 hospital, facility, rehabilitation center, or specialty level burn
25 or pediatric trauma center which ~~meets such standards~~ submits such

1 verification documentation shall be designated by the department
2 and shall be included in the trauma system or plan established
3 under the Statewide Trauma System Act. Any medical facility
4 applying for designation may appeal its designation. The appeal
5 shall be in accordance with the Administrative Procedure Act.

6 Designation is valid for a period of four years and is
7 renewable upon receipt of a request from the medical facility for
8 renewal prior to expiration. Any medical facility that is currently
9 verified by ~~the American College of Surgeons~~ its governing body
10 shall be designated at the corresponding level of designation for
11 the same time period in Nebraska without the necessity of an onsite
12 review by the department. Regional trauma advisory boards shall
13 be notified promptly of designated medical facilities in their
14 region so they may incorporate them into the regional plan. The
15 department may revoke or suspend a designation if it determines
16 that the medical facility is substantially out of compliance with
17 the standards and has refused or been unable to comply after
18 a reasonable period of time has elapsed. The department shall
19 promptly notify the regional trauma advisory board of designation
20 suspensions and revocations. Any rehabilitation or trauma center
21 the designation of which has been revoked or suspended may request
22 a hearing to review the action of the department.

23 Sec. 105. Section 71-8245, Reissue Revised Statutes of
24 Nebraska, is amended to read:

25 71-8245 As part of the process to designate and renew the

1 designation of hospitals and health care facilities as advanced,
2 basic, comprehensive, or general level trauma centers, ~~advanced,~~
3 ~~basic, or general level rehabilitation centers, or specialty level~~
4 ~~burn or pediatric trauma centers,~~ the department may contract
5 for onsite reviews of such hospitals and health care facilities
6 to determine compliance with required standards. As part of the
7 process to designate a health care facility as a basic or general
8 rehabilitation center or specialty level burn or pediatric trauma
9 center, the applicant shall submit to the department documentation
10 of current verification from its governing body in its specialty
11 area. Members of onsite review teams and staff included in onsite
12 visits shall not divulge and cannot be subpoenaed to divulge
13 information obtained or reports written pursuant to this section
14 in any civil action, except pursuant to a court order which
15 provides for the protection of sensitive information of interested
16 parties, including the department: (1) In actions arising out of
17 the designation of a hospital or health care facility pursuant to
18 section 71-8244; (2) in actions arising out of the revocation or
19 suspension of a designation under such section; or (3) in actions
20 arising out of the restriction or revocation of the clinical
21 or staff privileges of a health care provider, subject to any
22 further restrictions on disclosure that may apply. Information
23 that identifies an individual patient shall not be publicly
24 disclosed without the patient's consent. When a medical facility
25 requests designation for more than one service, the department may

1 coordinate the joint consideration of such requests. Composition
2 and qualification of the designation team shall be set forth in
3 rules and regulations adopted under the Statewide Trauma System
4 Act. Reports prepared pursuant to this section shall not be
5 considered public records.

6 The department may establish fees to defray the costs
7 of carrying out onsite reviews required by this section, but such
8 fees shall not be assessed to health care facilities designated as
9 basic or general level trauma centers or basic level rehabilitation
10 centers.

11 This section does not restrict the authority of a
12 hospital or a health care provider to provide services which
13 it has been authorized to provide by state law.

14 Sec. 106. Section 71-8246, Reissue Revised Statutes of
15 Nebraska, is amended to read:

16 71-8246 ~~By May 1998, the department shall begin the~~
17 ~~development of~~ The department shall develop the regional trauma
18 system. The department shall:

- 19 (1) Assess and analyze regional trauma care needs;
- 20 (2) Identify personnel, agencies, facilities, equipment,
21 training, and education needed to meet regional needs;
- 22 (3) Identify specific activities necessary to meet
23 statewide standards and patient care outcomes and develop a plan of
24 implementation for regional compliance;
- 25 (4) ~~Establish~~ Promote agreements with providers outside

1 the region to facilitate patient transfer;

2 (5) Establish a regional budget;

3 (6) Establish the minimum number and level of facilities
4 to be designated which are consistent with state standards and
5 based upon availability of resources and the distribution of trauma
6 within the region; and

7 (7) Include other specific elements defined by the
8 department.

9 Sec. 107. Section 71-8247, Reissue Revised Statutes of
10 Nebraska, is amended to read:

11 71-8247 ~~By December 1998,~~ in In each trauma region,
12 a regional trauma system quality assurance program shall be
13 established by the health care facilities designated as advanced,
14 basic, comprehensive, and general level trauma centers. The quality
15 assurance program shall evaluate trauma data quality, trauma care
16 delivery, patient care outcomes, and compliance with the Statewide
17 Trauma System Act. The regional medical director and all health
18 care providers and facilities which provide trauma care services
19 within the region shall be invited to participate in the quality
20 assurance program.

21 Sec. 108. Section 71-8248, Reissue Revised Statutes of
22 Nebraska, is amended to read:

23 71-8248 ~~By December 1998,~~ the The department shall
24 establish and maintain a statewide trauma registry to collect
25 and analyze data on the incidence, severity, and causes of

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

15 Sec. 109. Section 86-275, Reissue Revised Statutes of
16 Nebraska, is amended to read:

17 86-275 Electronic, mechanical, or other device means
18 any device or apparatus which can be used to intercept a wire,
19 electronic, or oral communication other than:

20 (1) Any telephone or telegraph instrument, equipment, or
21 facility, or any component thereof, (a) furnished to the subscriber
22 or user by a provider in the ordinary course of its business and
23 being used by the subscriber or user in the ordinary course of its
24 business or furnished by such subscriber or user for connection
25 to the facilities of such service and used by the subscriber or

1 user in the ordinary course of its business or (b) being used
 2 by a provider in the ordinary course of its business or by an
 3 investigative or law enforcement officer in the ordinary course of
 4 his or her duties; or

5 (2) A hearing ~~aid~~ instrument or similar device being used
 6 to correct subnormal hearing to not better than normal.

7 Sec. 110. Original sections 28-401, 28-407, 28-414,
 8 37-413, 38-101, 38-121, 38-167, 38-507, 38-511, 38-512, 38-524,
 9 38-1215, 38-1217, 38-1218, 38-1219, 38-1221, 38-1224, 38-1232,
 10 38-1501, 38-1502, 38-1503, 38-1504, 38-1505, 38-1506, 38-1507,
 11 38-1508, 38-1509, 38-1510, 38-1511, 38-1512, 38-1513, 38-1514,
 12 38-1515, 38-1516, 38-1517, 38-1518, 38-2008, 38-2014, 38-2015,
 13 38-2017, 38-2018, 38-2037, 38-2047, 38-2049, 38-2050, 38-2055,
 14 38-2801, 38-2802, 38-2871, 69-2603, 71-201, 71-208.02, 71-208.06,
 15 71-216, 71-219, 71-219.01, 71-219.02, 71-223.01, 71-224, 71-239,
 16 71-242, 71-245, 71-2413, 71-2414, 71-2416, 71-2417, 71-3604,
 17 71-5829.04, 71-5865, 71-8205, 71-8207, 71-8208, 71-8210, 71-8216,
 18 71-8218, 71-8222, 71-8230, 71-8232, 71-8234, 71-8235, 71-8237,
 19 71-8240, 71-8242, 71-8243, 71-8244, 71-8245, 71-8246, 71-8247,
 20 71-8248, and 86-275, Reissue Revised Statutes of Nebraska, and
 21 sections 48-120, 71-604, 71-605, 71-2411, 71-2412, 71-2445,
 22 71-2447, 71-2449, 71-2450, 71-3601, 71-3602, 71-3614, 71-5403,
 23 71-5829.03, 71-5830.01, and 71-8239, Revised Statutes Cumulative
 24 Supplement, 2008, are repealed.

25 Sec. 111. The following sections are outright repealed:

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1 Sections 38-2009, 38-2051, 71-2415, 71-5829.01, 71-5829.02, and
2 71-8223, Reissue Revised Statutes of Nebraska, and section
3 71-1,106.01, Revised Statutes Cumulative Supplement, 2008.