

LEGISLATURE OF NEBRASKA
ONE HUNDRED FOURTH LEGISLATURE
FIRST SESSION

LEGISLATIVE BILL 543

Introduced by Harr, 8.

Read first time January 21, 2015

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to public health and welfare; to amend section
2 38-1201, Reissue Revised Statutes of Nebraska, and sections 38-1217
3 and 68-901, Revised Statutes Cumulative Supplement, 2014; to provide
4 for certification of community paramedics under the Emergency
5 Medical Services Practice Act; to provide for a waiver under the
6 Medical Assistance Act for payment of community paramedic services
7 as prescribed; to harmonize provisions; and to repeal the original
8 sections.
9 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 38-1201, Reissue Revised Statutes of Nebraska, is
2 amended to read:

3 38-1201 Sections 38-1201 to 38-1237 and section 3 of this act shall
4 be known and may be cited as the Emergency Medical Services Practice Act.

5 Sec. 2. Section 38-1217, Revised Statutes Cumulative Supplement,
6 2014, is amended to read:

7 38-1217 The board shall adopt rules and regulations necessary to:

8 (1)(a) For licenses issued prior to September 1, 2010, create the
9 following licensure classifications of out-of-hospital emergency care
10 providers: (i) First responder; (ii) emergency medical technician; (iii)
11 emergency medical technician-intermediate; and (iv) emergency medical
12 technician-paramedic; and (b) for licenses issued on or after September
13 1, 2010, create the following licensure classifications of out-of-
14 hospital emergency care providers: (i) Emergency medical responder; (ii)
15 emergency medical technician; (iii) advanced emergency medical
16 technician; and (iv) paramedic. The rules and regulations creating the
17 classifications shall include the practices and procedures authorized for
18 each classification, training and testing requirements, renewal and
19 reinstatement requirements, and other criteria and qualifications for
20 each classification determined to be necessary for protection of public
21 health and safety. A person holding a license issued prior to September
22 1, 2010, shall be authorized to practice in accordance with the laws,
23 rules, and regulations governing the license for the term of the license;

24 (2) Provide for temporary licensure of an out-of-hospital emergency
25 care provider who has completed the educational requirements for a
26 licensure classification enumerated in subdivision (1)(b) of this section
27 but has not completed the testing requirements for licensure under such
28 subdivision. Temporary licensure shall be valid for one year or until a
29 license is issued under such subdivision and shall not be subject to
30 renewal. The rules and regulations shall include qualifications and
31 training necessary for issuance of a temporary license, the practices and

1 procedures authorized for a temporary licensee, and supervision required
2 for a temporary licensee;

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

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

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

21 (6) Provide for the approval of training agencies and establish
22 minimum standards for services provided by training agencies;

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

25 (8) Provide for the use of physician medical directors, qualified
26 physician surrogates, model protocols, standing orders, operating
27 procedures, and guidelines which may be necessary or appropriate to carry
28 out the purposes of the Emergency Medical Services Practice Act. The
29 model protocols, standing orders, operating procedures, and guidelines
30 may be modified by the physician medical director for use by any out-of-
31 hospital emergency care provider or emergency medical service before or

1 after adoption;

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

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

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

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

25 (13) Establish criteria for emergency medical technicians-
26 intermediate, advanced emergency medical technicians, emergency medical
27 technicians-paramedic, or paramedics performing activities within their
28 scope of practice at a hospital or health clinic under subsection (3) of
29 section 38-1224. Such criteria shall include, but not be limited to: (a)
30 Requirements for the orientation of registered nurses, physician
31 assistants, and physicians involved in the supervision of such personnel;

1 (b) supervisory and training requirements for the physician medical
2 director or other person in charge of the medical staff at such hospital
3 or health clinic; and (c) a requirement that such activities shall only
4 be performed at the discretion of, and with the approval of, the
5 governing authority of such hospital or health clinic. For purposes of
6 this subdivision, health clinic has the definition found in section
7 71-416 and hospital has the definition found in section 71-419; ~~and~~

8 (14) Establish criteria and requirements for emergency medical
9 technicians-intermediate to renew licenses issued prior to September 1,
10 2010, and continue to practice after such classification has otherwise
11 terminated under subdivision (1) of this section. The rules and
12 regulations shall include the qualifications necessary to renew emergency
13 medical technicians-intermediate licenses after September 1, 2010, the
14 practices and procedures authorized for persons holding and renewing such
15 licenses, and the renewal and reinstatement requirements for holders of
16 such licenses; ~~and -~~

17 (15) Establish criteria and requirements to issue and renew
18 certification for community paramedics in accordance with section 3 of
19 this act.

20 Sec. 3. (1) To be eligible for certification by the board as a
21 community paramedic, an individual shall:

22 (a) Be licensed as a paramedic under the Emergency Medical Services
23 Practice Act and have two years of full-time service as a paramedic or
24 its part-time equivalent; and

25 (b) Have successfully completed a community paramedic education
26 program from a college or university that has been approved by the board
27 or accredited by a board-approved national accreditation organization.
28 The education program shall include clinical experience that is provided
29 under the supervision of a physician medical director, advanced practice
30 registered nurse, physician assistant, or public health nurse operating
31 under the direct authority of a local unit of government; and

1 (2) A community paramedic shall practice in accordance with
2 protocols and supervisory standards established by a physician medical
3 director in accordance with section 38-1217. A community paramedic may
4 provide services as directed by a patient care plan if the plan has been
5 developed by the patient's primary physician or by an advanced practice
6 registered nurse or a physician assistant, in conjunction with the
7 physician medical director and relevant local health care providers. The
8 care plan shall ensure that the services provided by the community
9 paramedic are consistent with the services offered by the patient's
10 health care home, if one exists, that the patient receives the necessary
11 services, and that there is no duplication of services to the patient.

12 (3) The certificate of a community paramedic is subject to the
13 disciplinary, complaint, renewal, and other regulatory requirements that
14 apply to the paramedic's license under the Emergency Medical Services
15 Practice Act.

16 Sec. 4. Section 68-901, Revised Statutes Cumulative Supplement,
17 2014, is amended to read:

18 68-901 Sections 68-901 to 68-974 and section 5 of this act shall be
19 known and may be cited as the Medical Assistance Act.

20 Sec. 5. (1) The department shall apply for a waiver to implement
21 this section.

22 (2) For purposes of this section:

23 (a) Community paramedic services includes health assessment, chronic
24 disease monitoring and education, medication compliance, immunizations
25 and vaccinations, laboratory specimen collection, hospital discharge
26 followup care, and minor medical procedures approved by the physician
27 medical director of the emergency medical service licensed under the
28 Emergency Medical Services Practice Act; and

29 (b) Eligible recipient means an individual who has received services
30 at a hospital emergency department three or more times in a period of
31 four consecutive months in the past twelve months or an individual who

1 has been identified by the individual's primary health care provider for
2 whom community paramedic services would likely prevent admission to or
3 would allow discharge from a nursing facility as defined in section
4 71-424 or would likely prevent readmission to a hospital as defined in
5 section 71-419 or a nursing facility.

6 (3) The medical assistance program shall cover community paramedic
7 services provided by community paramedics who are certified under the
8 Emergency Medical Services Practice Act when the community paramedic
9 services are provided in accordance with this section to an eligible
10 recipient.

11 (4) Payment for community paramedic services provided by a community
12 paramedic under this section shall be a part of a care plan ordered by a
13 primary health care provider in consultation with the physician medical
14 director of an emergency medical service licensed under the Emergency
15 Medical Services Practice Act and shall be billed by an eligible provider
16 enrolled in the medical assistance program that employs or contracts with
17 the community paramedic. The care plan shall ensure that the community
18 paramedic services provided by a community paramedic are coordinated with
19 other community health providers and local public health agencies and
20 that community paramedic services do not duplicate services already
21 provided to the patient, including home health and waiver services.

22 (5) Community paramedic services provided by a community paramedic
23 to an eligible recipient who is also receiving care coordination services
24 shall be in consultation with the providers of the recipient's care
25 coordination services.

26 Sec. 6. Original section 38-1201, Reissue Revised Statutes of
27 Nebraska, and sections 38-1217 and 68-901, Revised Statutes Cumulative
28 Supplement, 2014, are repealed.