

E AND R AMENDMENTS TO LB 1034

Introduced by Wishart, 27, Chairman Enrollment and Review

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

3           Section 1. Section 28-401, Revised Statutes Supplement, 2017, is  
4 amended to read:

5           28-401 As used in the Uniform Controlled Substances Act, unless the  
6 context otherwise requires:

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

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

14          (3) Administration means the Drug Enforcement Administration of the  
15 United States Department of Justice;

16          (4) Controlled substance means a drug, biological, substance, or  
17 immediate precursor in Schedules I ~~through~~ V of section 28-405.  
18 Controlled substance does not include distilled spirits, wine, malt  
19 beverages, tobacco, or any nonnarcotic substance if such substance may,  
20 under the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 301 et seq., as  
21 such act existed on January 1, 2014, and the law of this state, be  
22 lawfully sold over the counter without a prescription;

23          (5) Counterfeit substance means a controlled substance which, or the  
24 container or labeling of which, without authorization, bears the  
25 trademark, trade name, or other identifying mark, imprint, number, or  
26 device, or any likeness thereof, of a manufacturer, distributor, or  
27 dispenser other than the person or persons who in fact manufactured,

1 distributed, or dispensed such substance and which thereby falsely  
2 purports or is represented to be the product of, or to have been  
3 distributed by, such other manufacturer, distributor, or dispenser;

4 (6) Department means the Department of Health and Human Services;

5 (7) Division of Drug Control means the personnel of the Nebraska  
6 State Patrol who are assigned to enforce the Uniform Controlled  
7 Substances Act;

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

13 (9) Distribute means to deliver other than by administering or  
14 dispensing a controlled substance;

15 (10) Prescribe means to issue a medical order;

16 (11) Drug means (a) articles recognized in the official United  
17 States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United  
18 States, official National Formulary, or any supplement to any of them,  
19 (b) substances intended for use in the diagnosis, cure, mitigation,  
20 treatment, or prevention of disease in human beings or animals, and (c)  
21 substances intended for use as a component of any article specified in  
22 subdivision (a) or (b) of this subdivision, but does not include devices  
23 or their components, parts, or accessories;

24 (12) Deliver or delivery means the actual, constructive, or  
25 attempted transfer from one person to another of a controlled substance,  
26 whether or not there is an agency relationship;

27 (13) Marijuana means all parts of the plant of the genus cannabis,  
28 whether growing or not, the seeds thereof, and every compound,  
29 manufacture, salt, derivative, mixture, or preparation of such plant or  
30 its seeds, but does not include the mature stalks of such plant, hashish,  
31 tetrahydrocannabinols extracted or isolated from the plant, fiber

1 produced from such stalks, oil or cake made from the seeds of such plant,  
2 any other compound, manufacture, salt, derivative, mixture, or  
3 preparation of such mature stalks, the sterilized seed of such plant  
4 which is incapable of germination, or cannabidiol contained in a drug  
5 product approved by the federal Food and Drug Administration or obtained  
6 pursuant to sections 28-463 to 28-468. When the weight of marijuana is  
7 referred to in the Uniform Controlled Substances Act, it means its weight  
8 at or about the time it is seized or otherwise comes into the possession  
9 of law enforcement authorities, whether cured or uncured at that time.  
10 When industrial hemp as defined in section 2-5701 is in the possession of  
11 a person as authorized under section 2-5701, it is not considered  
12 marijuana for purposes of the Uniform Controlled Substances Act;

13 (14) Manufacture means the production, preparation, propagation,  
14 conversion, or processing of a controlled substance, either directly or  
15 indirectly, by extraction from substances of natural origin,  
16 independently by means of chemical synthesis, or by a combination of  
17 extraction and chemical synthesis, and includes any packaging or  
18 repackaging of the substance or labeling or relabeling of its container.  
19 Manufacture does not include the preparation or compounding of a  
20 controlled substance by an individual for his or her own use, except for  
21 the preparation or compounding of components or ingredients used for or  
22 intended to be used for the manufacture of methamphetamine, or the  
23 preparation, compounding, conversion, packaging, or labeling of a  
24 controlled substance: (a) By a practitioner as an incident to his or her  
25 prescribing, administering, or dispensing of a controlled substance in  
26 the course of his or her professional practice; or (b) by a practitioner,  
27 or by his or her authorized agent under his or her supervision, for the  
28 purpose of, or as an incident to, research, teaching, or chemical  
29 analysis and not for sale;

30 (15) Narcotic drug means any of the following, whether produced  
31 directly or indirectly by extraction from substances of vegetable origin,

1 independently by means of chemical synthesis, or by a combination of  
2 extraction and chemical synthesis: (a) Opium, opium poppy and poppy  
3 straw, coca leaves, and opiates; (b) a compound, manufacture, salt,  
4 derivative, or preparation of opium, coca leaves, or opiates; or (c) a  
5 substance and any compound, manufacture, salt, derivative, or preparation  
6 thereof which is chemically equivalent to or identical with any of the  
7 substances referred to in subdivisions (a) and (b) of this subdivision,  
8 except that the words narcotic drug as used in the Uniform Controlled  
9 Substances Act does not include decocainized coca leaves or extracts of  
10 coca leaves, which extracts do not contain cocaine or ecgonine, or  
11 isoquinoline alkaloids of opium;

12 (16) Opiate means any substance having an addiction-forming or  
13 addiction-sustaining liability similar to morphine or being capable of  
14 conversion into a drug having such addiction-forming or addiction-  
15 sustaining liability. Opiate does not include the dextrorotatory isomer  
16 of 3-methoxy-n methylmorphinan and its salts. Opiate includes its racemic  
17 and levorotatory forms;

18 (17) Opium poppy means the plant of the species *Papaver somniferum*  
19 L., except the seeds thereof;

20 (18) Poppy straw means all parts, except the seeds, of the opium  
21 poppy after mowing;

22 (19) Person means any corporation, association, partnership, limited  
23 liability company, or one or more persons;

24 (20) Practitioner means a physician, a physician assistant, a  
25 dentist, a veterinarian, a pharmacist, a podiatrist, an optometrist, a  
26 certified nurse midwife, a certified registered nurse anesthetist, a  
27 nurse practitioner, a scientific investigator, a pharmacy, a hospital, or  
28 any other person licensed, registered, or otherwise permitted to  
29 distribute, dispense, prescribe, conduct research with respect to, or  
30 administer a controlled substance in the course of practice or research  
31 in this state, including an emergency medical service as defined in

1 section 38-1207;

2 (21) Production includes the manufacture, planting, cultivation, or  
3 harvesting of a controlled substance;

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

9 (23) State means the State of Nebraska;

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

14 (25) Hospital has the same meaning as in section 71-419;

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

20 (27) Hashish or concentrated cannabis means (a) the separated resin,  
21 whether crude or purified, obtained from a plant of the genus cannabis or  
22 (b) any material, preparation, mixture, compound, or other substance  
23 which contains ten percent or more by weight of tetrahydrocannabinols.  
24 When resins extracted from industrial hemp as defined in section 2-5701  
25 are in the possession of a person as authorized under section 2-5701,  
26 they are not considered hashish or concentrated cannabis for purposes of  
27 the Uniform Controlled Substances Act;

28 (28) Exceptionally hazardous drug means (a) a narcotic drug, (b)  
29 thiophene analog of phencyclidine, (c) phencyclidine, (d) amobarbital,  
30 (e) secobarbital, (f) pentobarbital, (g) amphetamine, or (h)  
31 methamphetamine;

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

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

22 (b) Controlled substance analogue does not include (i) a controlled  
23 substance, (ii) any substance generally recognized as safe and effective  
24 within the meaning of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C.  
25 301 et seq., as such act existed on January 1, 2014, (iii) any substance  
26 for which there is an approved new drug application, or (iv) with respect  
27 to a particular person, any substance if an exemption is in effect for  
28 investigational use for that person, under section 505 of the Federal  
29 Food, Drug, and Cosmetic Act, 21 U.S.C. 355, as such section existed on  
30 January 1, 2014, to the extent conduct with respect to such substance is  
31 pursuant to such exemption;

1 (31) Anabolic steroid means any drug or hormonal substance,  
2 chemically and pharmacologically related to testosterone (other than  
3 estrogens, progestins, and corticosteroids), that promotes muscle growth  
4 and includes any controlled substance in Schedule III(d) of section  
5 28-405. Anabolic steroid does not include any anabolic steroid which is  
6 expressly intended for administration through implants to cattle or other  
7 nonhuman species and has been approved by the Secretary of Health and  
8 Human Services for such administration, but if any person prescribes,  
9 dispenses, or distributes such a steroid for human use, such person shall  
10 be considered to have prescribed, dispensed, or distributed an anabolic  
11 steroid within the meaning of this subdivision;

12 (32) Chart order means an order for a controlled substance issued by  
13 a practitioner for a patient who is in the hospital where the chart is  
14 stored or for a patient receiving detoxification treatment or maintenance  
15 treatment pursuant to section 28-412. Chart order does not include a  
16 prescription;

17 (33) Medical order means a prescription, a chart order, or an order  
18 for pharmaceutical care issued by a practitioner;

19 (34) Prescription means an order for a controlled substance issued  
20 by a practitioner. Prescription does not include a chart order;

21 (35) Registrant means any person who has a controlled substances  
22 registration issued by the state or the Drug Enforcement Administration  
23 of the United States Department of Justice;

24 (36) Reverse distributor means a person whose primary function is to  
25 act as an agent for a pharmacy, wholesaler, manufacturer, or other entity  
26 by receiving, inventorying, and managing the disposition of outdated,  
27 expired, or otherwise nonsaleable controlled substances;

28 (37) Signature means the name, word, or mark of a person written in  
29 his or her own hand with the intent to authenticate a writing or other  
30 form of communication or a digital signature which complies with section  
31 86-611 or an electronic signature;

1 (38) Facsimile means a copy generated by a system that encodes a  
2 document or photograph into electrical signals, transmits those signals  
3 over telecommunications lines, and reconstructs the signals to create an  
4 exact duplicate of the original document at the receiving end;

5 (39) Electronic signature has the definition found in section  
6 86-621;

7 (40) Electronic transmission means transmission of information in  
8 electronic form. Electronic transmission includes computer-to-computer  
9 transmission or computer-to-facsimile transmission;

10 (41) Long-term care facility means an intermediate care facility, an  
11 intermediate care facility for persons with developmental disabilities, a  
12 long-term care hospital, a mental health substance use treatment center,  
13 a nursing facility, or a skilled nursing facility, as such terms are  
14 defined in the Health Care Facility Licensure Act;

15 (42) Compounding has the same meaning as in section 38-2811;

16 (43) Cannabinoid receptor agonist shall mean any chemical compound  
17 or substance that, according to scientific or medical research, study,  
18 testing, or analysis, demonstrates the presence of binding activity at  
19 one or more of the CB1 or CB2 cell membrane receptors located within the  
20 human body; and

21 (44) Lookalike substance means a product or substance, not  
22 specifically designated as a controlled substance in section 28-405, that  
23 is either portrayed in such a manner by a person to lead another person  
24 to reasonably believe that it produces effects on the human body that  
25 replicate, mimic, or are intended to simulate the effects produced by a  
26 controlled substance or that possesses one or more of the following  
27 indicia or characteristics:

28 (a) The packaging or labeling of the product or substance suggests  
29 that the user will achieve euphoria, hallucination, mood enhancement,  
30 stimulation, or another effect on the human body that replicates or  
31 mimics those produced by a controlled substance;



1 (b) The name or packaging of the product or substance uses images or  
2 labels suggesting that it is a controlled substance or produces effects  
3 on the human body that replicate or mimic those produced by a controlled  
4 substance;

5 (c) The product or substance is marketed or advertised for a  
6 particular use or purpose and the cost of the product or substance is  
7 disproportionately higher than other products or substances marketed or  
8 advertised for the same or similar use or purpose;

9 (d) The packaging or label on the product or substance contains  
10 words or markings that state or suggest that the product or substance is  
11 in compliance with state and federal laws regulating controlled  
12 substances;

13 (e) The owner or person in control of the product or substance uses  
14 evasive tactics or actions to avoid detection or inspection of the  
15 product or substance by law enforcement authorities;

16 (f) The owner or person in control of the product or substance makes  
17 a verbal or written statement suggesting or implying that the product or  
18 substance is a synthetic drug or that consumption of the product or  
19 substance will replicate or mimic effects on the human body to those  
20 effects commonly produced through use or consumption of a controlled  
21 substance;

22 (g) The owner or person in control of the product or substance makes  
23 a verbal or written statement to a prospective customer, buyer, or  
24 recipient of the product or substance implying that the product or  
25 substance may be resold for profit; or

26 (h) The product or substance contains a chemical or chemical  
27 compound that does not have a legitimate relationship to the use or  
28 purpose claimed by the seller, distributor, packer, or manufacturer of  
29 the product or substance or indicated by the product name, appearing on  
30 the product's packaging or label or depicted in advertisement of the  
31 product or substance.

1           Sec. 2. Section 28-470, Revised Statutes Supplement, 2017, is  
2 amended to read:

3           28-470 (1) A health professional who is authorized to prescribe or  
4 dispense naloxone, if acting with reasonable care, may prescribe,  
5 administer, or dispense naloxone to any of the following persons without  
6 being subject to administrative action or criminal prosecution:

7           (a) A person who is apparently experiencing or who is likely to  
8 experience an opioid-related overdose; or

9           (b) A family member, friend, or other person in a position to assist  
10 a person who is apparently experiencing or who is likely to experience an  
11 opioid-related overdose.

12           (2) A family member, friend, or other person who is in a position to  
13 assist a person who is apparently experiencing or who is likely to  
14 experience an opioid-related overdose, other than an emergency responder  
15 or peace officer, is not subject to actions under the Uniform  
16 Credentialing Act, administrative action, or criminal prosecution if the  
17 person, acting in good faith, obtains naloxone from a health professional  
18 or a prescription for naloxone from a health professional and administers  
19 the naloxone obtained from the health professional or acquired pursuant  
20 to the prescription to a person who is apparently experiencing an opioid-  
21 related overdose.

22           (3) An emergency responder who, acting in good faith, obtains  
23 naloxone from the emergency responder's emergency medical service  
24 organization and administers the naloxone to a person who is apparently  
25 experiencing an opioid-related overdose shall not be:

26           (a) Subject to administrative action or criminal prosecution; or

27           (b) Personally liable in any civil action to respond in damages as a  
28 result of his or her acts of commission or omission arising out of and in  
29 the course of his or her rendering such care or services or arising out  
30 of his or her failure to act to provide or arrange for further medical  
31 treatment or care for the person who is apparently experiencing an

1 opioid-related overdose, unless the emergency responder caused damage or  
2 injury by his or her willful, wanton, or grossly negligent act of  
3 commission or omission. This subdivision shall not affect the liability  
4 of such emergency medical service organization for the emergency  
5 responder's acts of commission or omission.

6 (4) A peace officer who, acting in good faith, obtains naloxone from  
7 the peace officer's law enforcement agency and administers the naloxone  
8 to a person who is apparently experiencing an opioid-related overdose  
9 shall not be:

10 (a) Subject to administrative action or criminal prosecution; or

11 (b) Personally liable in any civil action to respond in damages as a  
12 result of his or her acts of commission or omission arising out of and in  
13 the course of his or her rendering such care or services or arising out  
14 of his or her failure to act to provide or arrange for further medical  
15 treatment or care for the person who is apparently experiencing an  
16 opioid-related overdose, unless the peace officer caused damage or injury  
17 by his or her willful, wanton, or grossly negligent act of commission or  
18 omission. This subdivision shall not affect the liability of such law  
19 enforcement agency for the peace officer's acts of commission or  
20 omission.

21 (5) For purposes of this section:

22 (a) Administer has the same meaning as in section 38-2806;

23 (b) Dispense has the same meaning as in section 38-2817;

24 (c) Emergency responder means an emergency medical responder, an  
25 emergency medical technician, an advanced emergency medical technician,  
26 or a paramedic licensed under the Emergency Medical Services Practice Act  
27 or practicing pursuant to the EMS Personnel Licensure Interstate Compact;

28 (d) Health professional means a physician, physician assistant,  
29 nurse practitioner, or pharmacist licensed under the Uniform  
30 Credentialing Act;

31 (e) Law enforcement agency means a police department, a town

1 marshal, the office of sheriff, or the Nebraska State Patrol;

2 (f) Naloxone means naloxone hydrochloride; and

3 (g) Peace officer has the same meaning as in section 49-801.

4 Sec. 3. Section 29-2261, Revised Statutes Supplement, 2017, is  
5 amended to read:

6 29-2261 (1) Unless it is impractical to do so, when an offender has  
7 been convicted of a felony other than murder in the first degree, the  
8 court shall not impose sentence without first ordering a presentence  
9 investigation of the offender and according due consideration to a  
10 written report of such investigation. When an offender has been convicted  
11 of murder in the first degree and (a) a jury renders a verdict finding  
12 the existence of one or more aggravating circumstances as provided in  
13 section 29-2520 or (b)(i) the information contains a notice of  
14 aggravation as provided in section 29-1603 and (ii) the offender waives  
15 his or her right to a jury determination of the alleged aggravating  
16 circumstances, the court shall not commence the sentencing determination  
17 proceeding as provided in section 29-2521 without first ordering a  
18 presentence investigation of the offender and according due consideration  
19 to a written report of such investigation.

20 (2) A court may order a presentence investigation in any case,  
21 except in cases in which an offender has been convicted of a Class IIIA  
22 misdemeanor, a Class IV misdemeanor, a Class V misdemeanor, a traffic  
23 infraction, or any corresponding city or village ordinance.

24 (3) The presentence investigation and report shall include, when  
25 available, an analysis of the circumstances attending the commission of  
26 the crime, the offender's history of delinquency or criminality, physical  
27 and mental condition, family situation and background, economic status,  
28 education, occupation, and personal habits, and any other matters that  
29 the probation officer deems relevant or the court directs to be included.  
30 All local and state police agencies and Department of Correctional  
31 Services adult correctional facilities shall furnish to the probation

1 officer copies of such criminal records, in any such case referred to the  
2 probation officer by the court of proper jurisdiction, as the probation  
3 officer shall require without cost to the court or the probation officer.

4 Such investigation shall also include:

5 (a) Any written statements submitted to the county attorney by a  
6 victim; and

7 (b) Any written statements submitted to the probation officer by a  
8 victim.

9 (4) If there are no written statements submitted to the probation  
10 officer, he or she shall certify to the court that:

11 (a) He or she has attempted to contact the victim; and

12 (b) If he or she has contacted the victim, such officer offered to  
13 accept the written statements of the victim or to reduce such victim's  
14 oral statements to writing.

15 For purposes of subsections (3) and (4) of this section, the term  
16 victim shall be as defined in section 29-119.

17 (5) Before imposing sentence, the court may order the offender to  
18 submit to psychiatric observation and examination for a period of not  
19 exceeding sixty days or such longer period as the court determines to be  
20 necessary for that purpose. The offender may be remanded for this purpose  
21 to any available clinic or mental hospital, or the court may appoint a  
22 qualified psychiatrist to make the examination. The report of the  
23 examination shall be submitted to the court.

24 (6)(a) ~~(6)~~ Any presentence report, substance abuse evaluation, or  
25 psychiatric examination shall be privileged and shall not be disclosed  
26 directly or indirectly to anyone other than a judge; ~~τ~~ probation officers  
27 to whom an offender's file is duly transferred; ~~τ~~ the probation  
28 administrator or his or her designee; ~~τ~~ alcohol and drug counselors,  
29 mental health practitioners, psychiatrists, and psychologists licensed or  
30 certified under the Uniform Credentialing Act to conduct substance abuse  
31 evaluations and treatment; ~~τ~~ or others entitled by law to receive such

1 information, including personnel and mental health professionals for the  
2 Nebraska State Patrol specifically assigned to sex offender registration  
3 and community notification for the sole purpose of using such report,  
4 evaluation, or examination for assessing risk and for community  
5 notification of registered sex offenders.

6 (b) For purposes of this subsection, mental health professional  
7 means (i) ~~(a)~~ a practicing physician licensed to practice medicine in  
8 this state under the Medicine and Surgery Practice Act, (ii) ~~(b)~~ a  
9 practicing psychologist licensed to engage in the practice of psychology  
10 in this state as provided in section 38-3111 or as provided under similar  
11 provisions of the Psychology Interjurisdictional Compact, or (iii) ~~(c)~~ a  
12 practicing mental health professional licensed or certified in this state  
13 as provided in the Mental Health Practice Act.

14 (7) The court shall permit inspection of the presentence report,  
15 substance abuse evaluation, or psychiatric examination or parts of the  
16 report, evaluation, or examination, as determined by the court, by the  
17 prosecuting attorney and defense counsel. Beginning July 1, 2016, such  
18 inspection shall be by electronic access only unless the court determines  
19 such access is not available to the prosecuting attorney or defense  
20 counsel. The State Court Administrator shall determine and develop the  
21 means of electronic access to such presentence reports, evaluations, and  
22 examinations. Upon application by the prosecuting attorney or defense  
23 counsel, the court may order that addresses, telephone numbers, and other  
24 contact information for victims or witnesses named in the report,  
25 evaluation, or examination be redacted upon a showing by a preponderance  
26 of the evidence that such redaction is warranted in the interests of  
27 public safety. The court may permit inspection of the presentence report,  
28 substance abuse evaluation, or psychiatric examination or examination of  
29 parts of the report, evaluation, or examination by any other person  
30 having a proper interest therein whenever the court finds it is in the  
31 best interest of a particular offender. The court may allow fair

1 opportunity for an offender to provide additional information for the  
2 court's consideration.

3 (8) If an offender is sentenced to imprisonment, a copy of the  
4 report of any presentence investigation, substance abuse evaluation, or  
5 psychiatric examination shall be transmitted immediately to the  
6 Department of Correctional Services. Upon request, the Board of Parole or  
7 the Office of Parole Administration may receive a copy of the report from  
8 the department.

9 (9) Notwithstanding subsections (6) and (7) of this section, the  
10 Supreme Court or an agent of the Supreme Court acting under the direction  
11 and supervision of the Chief Justice shall have access to psychiatric  
12 examinations, substance abuse evaluations, and presentence investigations  
13 and reports for research purposes. The Supreme Court and its agent shall  
14 treat such information as confidential, and nothing identifying any  
15 individual shall be released.

16 Sec. 4. Section 38-122, Reissue Revised Statutes of Nebraska, is  
17 amended to read:

18 38-122 Every initial credential to practice a profession or engage  
19 in a business shall be in the form of a document under the name of the  
20 department ~~and signed by the director, the Governor, and the officers of~~  
21 ~~the appropriate board, if any.~~

22 Sec. 5. Section 38-131, Reissue Revised Statutes of Nebraska, is  
23 amended to read:

24 38-131 (1) An applicant for an initial license to practice as a  
25 registered nurse, ~~or~~ a licensed practical nurse, a psychologist, an  
26 advanced emergency medical technician, an emergency medical technician,  
27 or a paramedic or to practice a profession which is authorized to  
28 prescribe controlled substances shall be subject to a criminal background  
29 check. A criminal background check may also be required for initial  
30 licensure or reinstatement of a license governed by the Uniform  
31 Credentialing Act if a criminal background check is required by an

1 interstate licensure compact. Except as provided in subsection (3) of  
2 this section, the applicant shall submit with the application a full set  
3 of fingerprints which shall be forwarded to the Nebraska State Patrol to  
4 be submitted to the Federal Bureau of Investigation for a national  
5 criminal history record information check. The applicant shall authorize  
6 release of the results of the national criminal history record  
7 information check to the department. The applicant shall pay the actual  
8 cost of the fingerprinting and criminal background check.

9 (2) This section shall not apply to a dentist who is an applicant  
10 for a dental locum tenens under section 38-1122, to a physician or  
11 osteopathic physician who is an applicant for a physician locum tenens  
12 under section 38-2036, or to a veterinarian who is an applicant for a  
13 veterinarian locum tenens under section 38-3335.

14 (3) An applicant for a temporary educational permit as defined in  
15 section 38-2019 shall have ninety days from the issuance of the permit to  
16 comply with subsection (1) of this section and shall have his or her  
17 permit suspended after such ninety-day period if the criminal background  
18 check is not complete or revoked if the criminal background check reveals  
19 that the applicant was not qualified for the permit.

20 Sec. 6. Section 38-319, Revised Statutes Supplement, 2017, is  
21 amended to read:

22 38-319 The department, with the recommendation of the board, may  
23 issue a license based on licensure in another jurisdiction to an  
24 individual who (1) meets the requirements of the Alcohol and Drug  
25 Counseling Practice Act, (2) meets or substantially equivalent  
26 requirements as determined by the department, with the recommendation of  
27 the board, or (3) holds a license or certification that is current in  
28 another jurisdiction that authorizes the applicant to provide alcohol and  
29 drug counseling, has at least two hundred seventy hours of alcohol and  
30 drug counseling education, has at least three years of full-time alcohol  
31 and drug counseling practice following initial licensure or certification



1 in the other jurisdiction, and has passed an alcohol and drug counseling  
2 examination. An applicant who is a military spouse may apply for a  
3 temporary license as provided in section 38-129.01.

4 Sec. 7. Section 38-321, Reissue Revised Statutes of Nebraska, is  
5 amended to read:

6 38-321 ~~(1)~~—The department, with the recommendation of the board,  
7 shall adopt and promulgate rules and regulations to administer the  
8 Alcohol and Drug Counseling Practice Act, including rules and regulations  
9 governing:

10 (1) (a) Ways of clearly identifying students, interns, and other  
11 persons providing alcohol and drug counseling under supervision;

12 (2) (b) The rights of persons receiving alcohol and drug counseling;

13 (3) (c) The rights of clients to gain access to their records,  
14 except that records relating to substance abuse may be withheld from a  
15 client if an alcohol and drug counselor determines, in his or her  
16 professional opinion, that release of the records to the client would not  
17 be in the best interest of the client or would pose a threat to another  
18 person, unless the release of the records is required by court order;

19 (4) (d) The contents and methods of distribution of disclosure  
20 statements to clients of alcohol and drug counselors; and

21 (5) (e) Standards of professional conduct and a code of ethics.

22 ~~(2) The rules and regulations governing certified alcohol and drug~~  
23 ~~counselors shall remain in effect to govern licensure until modified~~  
24 ~~under this section, except that if there is any conflict with the Alcohol~~  
25 ~~and Drug Counseling Practice Act, the provisions of the act shall~~  
26 ~~prevail.~~

27 Sec. 8. Section 38-1201, Reissue Revised Statutes of Nebraska, is  
28 amended to read:

29 38-1201 Sections 38-1201 to 38-1237 and sections 10, 12, 13, 14, 16,  
30 17, and 22 of this act shall be known and may be cited as the Emergency  
31 Medical Services Practice Act.

1           Sec. 9. Section 38-1204, Reissue Revised Statutes of Nebraska, is  
2 amended to read:

3           38-1204 For purposes of the Emergency Medical Services Practice Act  
4 and elsewhere in the Uniform Credentialing Act, unless the context  
5 otherwise requires, the definitions found in sections 38-1205 to 38-1214  
6 and sections 10, 12, 13, 14, 16, and 17 of this act apply.

7           Sec. 10. Advanced emergency medical technician practice of out-of-  
8 hospital emergency medical care means care provided in accordance with  
9 the knowledge and skill acquired through successful completion of an  
10 approved program for an advanced emergency medical technician. Such care  
11 includes, but is not limited to, (1) all of the acts that an emergency  
12 medical technician is authorized to perform and (2) complex  
13 interventions, treatments, and pharmacological interventions.

14          Sec. 11. Section 38-1205, Reissue Revised Statutes of Nebraska, is  
15 amended to read:

16          38-1205 Ambulance means any privately or publicly owned motor  
17 vehicle or aircraft that is especially designed, constructed or modified,  
18 and equipped and is intended to be used and is maintained or operated for  
19 the overland or air transportation of patients upon the streets, roads,  
20 highways, airspace, or public ways in this state, ~~including funeral~~  
21 ~~coaches or hearses,~~ or any other motor vehicles or aircraft used for such  
22 purposes.

23          Sec. 12. Emergency medical responder practice of out-of-hospital  
24 emergency medical care means care provided in accordance with the  
25 knowledge and skill acquired through successful completion of an approved  
26 program for an emergency medical responder. Such care includes, but is  
27 not limited to, (1) contributing to the assessment of the health status  
28 of an individual, (2) simple, noninvasive interventions, and (3)  
29 minimizing secondary injury to an individual.

30          Sec. 13. Emergency medical technician practice of out-of-hospital  
31 emergency medical care means care provided in accordance with the

1 knowledge and skill acquired through successful completion of an approved  
2 program for an emergency medical technician. Such care includes, but is  
3 not limited to, (1) all of the acts that an emergency medical responder  
4 can perform, and (2) simple invasive interventions, management and  
5 transportation of individuals, and nonvisualized intubation.

6       Sec. 14. Emergency medical technician-intermediate practice of out-  
7 of-hospital emergency medical care means care provided in accordance with  
8 the knowledge and skill acquired through successful completion of an  
9 approved program for an emergency medical technician-intermediate. Such  
10 care includes, but is not limited to, (1) all of the acts that an  
11 advanced emergency medical technician can perform, and (2) visualized  
12 intubation. This section terminates on December 31, 2025.

13       Sec. 15. Section 38-1208, Reissue Revised Statutes of Nebraska, is  
14 amended to read:

15       38-1208 Out-of-hospital emergency care provider includes all  
16 licensure classifications of emergency care providers established  
17 pursuant to the Emergency Medical Services Practice Act. Prior to  
18 December 31, 2025, out-of-hospital emergency care provider includes out-  
19 of-hospital advanced emergency medical technician, emergency medical  
20 responder, emergency medical technician, emergency medical technician-  
21 intermediate, and paramedic. On and after December 31, 2025, out-of-  
22 hospital emergency care provider includes advanced emergency medical  
23 technician, emergency medical responder, emergency medical technician,  
24 and paramedic.

25       Sec. 16. Paramedic practice of out-of-hospital emergency medical  
26 care means care provided in accordance with the knowledge and skill  
27 acquired through successful completion of an approved program for a  
28 paramedic. Such care includes, but is not limited to, (1) all of the acts  
29 that an emergency medical technician-intermediate can perform, and (2)  
30 surgical cricothyrotomy.

31       Sec. 17. Practice of out-of-hospital emergency medical care means

1 the performance of any act using judgment or skill based upon the United  
2 States Department of Transportation education standards and guideline  
3 training requirements, the National Highway Traffic Safety  
4 Administration's National Emergency Medical Service Scope of Practice  
5 Model and National Emergency Medical Services Education Standards, and  
6 permitted practices and procedures for the level of licensure listed in  
7 section 38-1217. Such acts include the identification of and intervention  
8 in actual or potential health problems of individuals and are directed  
9 toward addressing such problems based on actual or perceived traumatic or  
10 medical circumstances prior to or during transportation to a hospital or  
11 for routine transportation between health care facilities or services.  
12 Such acts are provided under therapeutic regimens ordered by a physician  
13 medical director or through protocols as provided by the Emergency  
14 Medical Services Practice Act.

15       Sec. 18. Section 38-1215, Reissue Revised Statutes of Nebraska, is  
16 amended to read:

17       38-1215 (1) The board shall have seventeen members appointed by the  
18 Governor with the approval of a majority of the Legislature. The  
19 appointees may begin to serve immediately following appointment and prior  
20 to approval by the Legislature.

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

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

1 physician members shall specialize in pediatrics.

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

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

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

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

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

1 Governor by appointment as provided in subsection (2) of this section.

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

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

14 (6) Except as provided in subsection (5) of this section and  
15 notwithstanding subsection (2) of this section, a member of the board who  
16 changes his or her licensure classification after appointment or has a  
17 licensure classification which is terminated under section 38-1217 or  
18 section 14 of this act when such licensure classification was a  
19 qualification for appointment shall be permitted to continue to serve as  
20 a member of the board until the expiration of his or her term.

21 Sec. 19. Section 38-1216, Reissue Revised Statutes of Nebraska, is  
22 amended to read:

23 38-1216 In addition to any other responsibilities prescribed by the  
24 Emergency Medical Services Practice Act, the board shall:

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

30 (2) Provide for the collection of information for evaluation of the  
31 availability and quality of out-of-hospital emergency medical care,

1 evaluate the availability and quality of out-of-hospital emergency  
2 medical care, and serve as a focal point for discussion of the provision  
3 of out-of-hospital emergency medical care;

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

7 ~~(3) (4) Establish model procedures for patient management in out-of-~~  
8 ~~hospital medical emergencies that do not limit the authority of law~~  
9 ~~enforcement and fire protection personnel to manage the scene during an~~  
10 ~~out-of-hospital medical emergency;~~

11 ~~(4) (5) Not less than once each five years, undertake a review and~~  
12 ~~evaluation of the act and its implementation together with a review of~~  
13 ~~the out-of-hospital emergency medical care needs of the citizens of the~~  
14 ~~State of Nebraska and submit electronically a report to the Legislature~~  
15 ~~with any recommendations which it may have; and~~

16 ~~(5) (6) Identify communication needs of emergency medical services~~  
17 ~~and make recommendations for development of a communications plan for a~~  
18 ~~communications network for out-of-hospital emergency care providers and~~  
19 ~~emergency medical services.~~

20 Sec. 20. Section 38-1217, Revised Statutes Supplement, 2017, is  
21 amended to read:

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

23 (1) Create licensure requirements for advanced emergency medical  
24 technicians, emergency medical responders, emergency medical technicians,  
25 and paramedics and, until December 31, 2025, create renewal requirements  
26 for emergency medical technicians-intermediate. ~~(1)(a) For licenses~~  
27 issued prior to September 1, 2010, create the following licensure  
28 classifications of out-of-hospital emergency care providers: (i) First  
29 responder; (ii) emergency medical technician; (iii) emergency medical  
30 technician-intermediate; and (iv) emergency medical technician-paramedic;  
31 and (b) for licenses issued on or after September 1, 2010, create the

1 ~~following licensure classifications of out-of-hospital emergency care~~  
2 ~~providers: (i) Emergency medical responder; (ii) emergency medical~~  
3 ~~technician; (iii) advanced emergency medical technician; and (iv)~~  
4 ~~paramedic. The rules and regulations creating the classifications shall~~  
5 ~~include all the practices and procedures authorized for each~~  
6 ~~classification, training and testing requirements, renewal and~~  
7 ~~reinstatement requirements, and other criteria and qualifications for~~  
8 ~~each classification determined to be necessary for protection of public~~  
9 ~~health and safety. A person holding a license issued prior to September~~  
10 ~~1, 2010, shall be authorized to practice in accordance with the laws,~~  
11 ~~rules, and regulations governing the license for the term of the license;~~  
12 (2) Provide for temporary licensure of an out-of-hospital emergency  
13 care provider who has completed the educational requirements for a  
14 licensure classification enumerated in subdivision (1) ~~(1)(b)~~ of this  
15 section but has not completed the testing requirements for licensure  
16 under such subdivision. A temporary license shall allow the person to  
17 practice only in association with a licensed out-of-hospital emergency  
18 care provider under physician medical direction and shall be valid until  
19 the date on which the results of the next licensure examination are  
20 available to the department. The temporary license shall expire  
21 immediately if the applicant has failed the examination. In no case may a  
22 temporary license be issued for a period extending beyond one year Such  
23 ~~temporary licensure shall be valid for one year or until a license is~~  
24 ~~issued under such subdivision and shall not be subject to renewal.~~ The  
25 rules and regulations shall include qualifications and training necessary  
26 for issuance of such temporary license, the practices and procedures  
27 authorized for a temporary licensee under this subdivision, and  
28 supervision required for a temporary licensee under this subdivision. The  
29 requirements of this subdivision and the rules and regulations adopted  
30 and promulgated pursuant to this subdivision do not apply to a temporary  
31 license issued as provided in section 38-129.01;



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

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

16           (5) (4) Authorize emergency medical services to provide differing  
17 practices and procedures depending upon the qualifications of out-of-  
18 hospital emergency care providers available at the time of service  
19 delivery. No emergency medical service shall be licensed to provide  
20 practices or procedures without the use of personnel licensed to provide  
21 the practices or procedures;

22           (6) (5) Authorize out-of-hospital emergency care providers to  
23 perform any practice or procedure which they are authorized to perform  
24 with an emergency medical service other than the service with which they  
25 are affiliated when requested by the other service and when the patient  
26 for whom they are to render services is in danger of loss of life;

27           (7) (6) Provide for the approval of training agencies and establish  
28 minimum standards for services provided by training agencies;

29           (8) (7) Provide for the minimum qualifications of a physician  
30 medical director in addition to the licensure required by section  
31 38-1212;

1           (9) ~~(8)~~ Provide for the use of physician medical directors,  
2 qualified physician surrogates, model protocols, standing orders,  
3 operating procedures, and guidelines which may be necessary or  
4 appropriate to carry out the purposes of the Emergency Medical Services  
5 Practice Act. The model protocols, standing orders, operating procedures,  
6 and guidelines may be modified by the physician medical director for use  
7 by any out-of-hospital emergency care provider or emergency medical  
8 service before or after adoption;

9           (10) ~~(9)~~ Establish criteria for approval of organizations issuing  
10 cardiopulmonary resuscitation certification which shall include criteria  
11 for instructors, establishment of certification periods and minimum  
12 curricula, and other aspects of training and certification;

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

23           ~~(11) Establish criteria for deployment and use of automated external~~  
24 ~~defibrillators as necessary for the protection of the public health and~~  
25 ~~safety;~~

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

30           (13) Establish criteria for emergency medical technicians-  
31 intermediate, advanced emergency medical technicians, emergency medical

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

14 (14) Establish model protocols for compliance with the Stroke System  
15 of Care Act by an emergency medical service and an ~~out-of-hospital~~  
16 emergency care provider. ~~;~~ and

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

26 Sec. 21. Section 38-1218, Revised Statutes Supplement, 2017, is  
27 amended to read:

28 38-1218 (1) ~~The Legislature adopts all parts of the United States~~  
29 ~~Department of Transportation curricula, including appendices, and skills~~  
30 ~~as the training requirements and permitted practices and procedures for~~  
31 ~~the licensure classifications listed in subdivision (1)(a) of section~~

1 ~~38-1217 until modified by the board by rule and regulation. The~~  
2 ~~Legislature adopts the United States Department of Transportation~~  
3 ~~National Emergency Medical Services Education Standards and the National~~  
4 ~~Emergency Medical Services Scope of Practice for the licensure~~  
5 ~~classifications listed in subdivision (1)(b) of section 38-1217 until~~  
6 ~~modified by the board by rule and regulation. The board may approve~~  
7 ~~curricula for the licensure classifications listed in the Emergency~~  
8 ~~Medical Services Practice Act subdivision (1) of section 38-1217.~~

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

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

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

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

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

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

29 Sec. 22. The board shall review decisions of the Interstate  
30 Commission for Emergency Medical Services Personnel Practice established  
31 pursuant to the EMS Personnel Licensure Interstate Compact. Upon approval

1 by the commission of any action that will have the result of increasing  
2 the cost to the state for membership in the compact, the board may  
3 recommend to the Legislature that Nebraska withdraw from the compact.

4 Sec. 23. Section 38-1219, Reissue Revised Statutes of Nebraska, is  
5 amended to read:

6 38-1219 The department, with the recommendation of the board, shall  
7 adopt and promulgate rules and regulations necessary to:

8 (1) Administer the Emergency Medical Services Practice Act;

9 ~~(2) Provide for curricula which will allow out-of-hospital emergency~~  
10 ~~care providers and users of automated external defibrillators as defined~~  
11 ~~in section 71-51,102 to be trained for the delivery of practices and~~  
12 ~~procedures in units of limited subject matter which will encourage~~  
13 ~~continued development of abilities and use of such abilities through~~  
14 ~~additional authorized practices and procedures;~~

15 ~~(2) (3) Establish procedures and requirements for applications for~~  
16 ~~licensure, renewal, and reinstatement in any of the licensure~~  
17 ~~classifications created pursuant to the Emergency Medical Services~~  
18 ~~Practice Act; , including provisions for issuing an emergency medical~~  
19 ~~responder license to a licensee renewing his or her first responder~~  
20 ~~license after September 1, 2010, and for issuing a paramedic license to a~~  
21 ~~licensee renewing his or her emergency medical technician-paramedic~~  
22 ~~license after September 1, 2010; and~~

23 ~~(3) (4) Provide for the inspection, review, and termination of~~  
24 ~~approval of training agencies. All training for licensure shall be~~  
25 ~~provided through an approved training agency; and -~~

26 (4) Provide for the inspection, review, and termination of basic  
27 life support emergency medical services and advanced life support  
28 emergency medical services.

29 Sec. 24. Section 38-1221, Reissue Revised Statutes of Nebraska, is  
30 amended to read:

31 38-1221 ~~(1)~~—To be eligible for a license under the Emergency

1 Medical Services Practice Act, an individual shall have attained the age  
2 of eighteen years and met the requirements established in accordance with  
3 ~~subdivision (1), (2), or (15) of section 38-1217.~~

4 ~~(2) All licenses issued under the act other than temporary licenses~~  
5 ~~shall expire the second year after issuance.~~

6 ~~(3) An individual holding a certificate under the Emergency Medical~~  
7 ~~Services Act on December 1, 2008, shall be deemed to be holding a license~~  
8 ~~under the Uniform Credentialing Act and the Emergency Medical Services~~  
9 ~~Practice Act on such date. The certificate holder may continue to~~  
10 ~~practice under such certificate as a license in accordance with the~~  
11 ~~Uniform Credentialing Act until the certificate would have expired under~~  
12 ~~its terms.~~

13 Sec. 25. Section 38-1224, Reissue Revised Statutes of Nebraska, is  
14 amended to read:

15 38-1224 (1) An out-of-hospital emergency care provider other than a  
16 ~~first responder or an emergency medical responder as classified under~~  
17 ~~section 38-1217~~ may not assume the duties incident to the title or  
18 practice the skills of an out-of-hospital emergency care provider unless  
19 he or she (a) is acting under the supervision of a licensed health care  
20 practitioner or under the direction of a registered nurse and (b) is  
21 employed by or serving as a volunteer member of an emergency medical  
22 service, a hospital, or a health clinic licensed by the department.

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

28 (3) For purposes of this section, licensed health care practitioner  
29 means (a) a physician medical director or physician surrogate for  
30 purposes of supervision of an out-of-hospital emergency care provider for  
31 an emergency medical service or (b) a physician, a physician assistant,

1 or an advance practice registered nurse for purposes of supervision of an  
2 out-of-hospital emergency care provider for a hospital or health clinic.  
3 A registered nurse may direct an out-of-hospital emergency care provider  
4 in a hospital or health clinic.

5 ~~(3) An emergency medical technician-intermediate, an emergency~~  
6 ~~medical technician-paramedic, an advanced emergency medical technician,~~  
7 ~~or a paramedic may volunteer or be employed at a hospital as defined in~~  
8 ~~section 71-419 or a health clinic as defined in section 71-416 to perform~~  
9 ~~activities within his or her scope of practice within such hospital or~~  
10 ~~health clinic under the supervision of a registered nurse, a physician~~  
11 ~~assistant, or a physician. Such activities shall be performed in a manner~~  
12 ~~established in rules and regulations adopted and promulgated by the~~  
13 ~~department, with the recommendation of the board.~~

14 Sec. 26. Section 38-1225, Reissue Revised Statutes of Nebraska, is  
15 amended to read:

16 38-1225 (1) No patient data received or recorded by an emergency  
17 medical service or an out-of-hospital emergency care provider shall be  
18 divulged, made public, or released by an emergency medical service or an  
19 out-of-hospital emergency care provider, except that patient data may be  
20 released for purposes of treatment, payment, and other health care  
21 operations as defined and permitted under the federal Health Insurance  
22 Portability and Accountability Act of 1996, as such act existed on  
23 January 1, 2018 ~~2007~~, or as otherwise permitted by law. Such data shall  
24 be provided to the department for public health purposes pursuant to  
25 rules and regulations of the department. For purposes of this section,  
26 patient data means any data received or recorded as part of the records  
27 maintenance requirements of the Emergency Medical Services Practice Act.

28 (2) Patient data received by the department shall be confidential  
29 with release only (a) in aggregate data reports created by the department  
30 on a periodic basis or at the request of an individual, (b) as case-  
31 specific data to approved researchers for specific research projects, (c)

1 as protected health information to a public health authority, as such  
2 terms are defined under the federal Health Insurance Portability and  
3 Accountability Act of 1996, as such act existed on January 1, 2018 ~~2007~~,  
4 and (d) as protected health information, as defined under the federal  
5 Health Insurance Portability and Accountability Act of 1996, as such act  
6 existed on January 1, 2018 ~~2007~~, to an emergency medical service, to an  
7 out-of-hospital emergency care provider, or to a licensed health care  
8 facility for purposes of treatment. A record may be shared with the  
9 emergency medical service or out-of-hospital emergency care provider that  
10 reported that specific record. Approved researchers shall maintain the  
11 confidentiality of the data, and researchers shall be approved in the  
12 same manner as described in section 81-666. Aggregate reports shall be  
13 public documents.

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

18 Sec. 27. Section 38-1229, Reissue Revised Statutes of Nebraska, is  
19 amended to read:

20 38-1229 The department, ~~with the recommendation of the board,~~ may  
21 issue a license to any individual who has a current certificate from the  
22 National Registry of Emergency Medical Technicians. ~~The level of such~~  
23 ~~licensure shall be determined by the board.~~

24 Sec. 28. Section 38-1232, Reissue Revised Statutes of Nebraska, is  
25 amended to read:

26 38-1232 (1) No out-of-hospital emergency care provider, physician  
27 assistant, registered nurse, or licensed practical nurse who provides  
28 public emergency care shall be liable in any civil action to respond in  
29 damages as a result of his or her acts of commission or omission arising  
30 out of and in the course of his or her rendering in good faith any such  
31 care. Nothing in this subsection shall be deemed to grant any such



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

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

15 (3) No physician medical director shall incur any liability by  
16 reason of his or her use of any unmodified protocol, standing order,  
17 operating procedure, or guideline provided by the board pursuant to  
18 subdivision (9) ~~(8)~~ of section 38-1217.

19 Sec. 29. Section 38-1237, Reissue Revised Statutes of Nebraska, is  
20 amended to read:

21 38-1237 It shall be unlawful for any person who has not been  
22 licensed pursuant to the Emergency Medical Services Practice Act or  
23 authorized pursuant to the EMS Personnel Licensure Interstate Compact to  
24 hold himself or herself out as an out-of-hospital emergency care  
25 provider, to use any other term to indicate or imply that he or she is an  
26 out-of-hospital emergency care provider, or to act as such a provider  
27 without a license therefor. It shall be unlawful for any person to  
28 operate a training agency for the initial training or renewal or  
29 reinstatement of licensure of out-of-hospital emergency care providers  
30 unless the training agency is approved pursuant to rules and regulations  
31 of the department ~~board~~. It shall be unlawful for any person to operate

1 an emergency medical service unless such service is licensed.

2 Sec. 30. Section 38-2025, Reissue Revised Statutes of Nebraska, is  
3 amended to read:

4 38-2025 The following classes of persons shall not be construed to  
5 be engaged in the unauthorized practice of medicine:

6 (1) Persons rendering gratuitous services in cases of emergency;

7 (2) Persons administering ordinary household remedies;

8 (3) The members of any church practicing its religious tenets,  
9 except that they shall not prescribe or administer drugs or medicines,  
10 perform surgical or physical operations, nor assume the title of or hold  
11 themselves out to be physicians, and such members shall not be exempt  
12 from the quarantine laws of this state;

13 (4) Students of medicine who are studying in an accredited school or  
14 college of medicine and who gratuitously prescribe for and treat disease  
15 under the supervision of a licensed physician;

16 (5) Physicians who serve in the armed forces of the United States or  
17 the United States Public Health Service or who are employed by the United  
18 States Department of Veterans Affairs or other federal agencies, if their  
19 practice is limited to that service or employment;

20 (6) Physicians who are licensed in good standing to practice  
21 medicine under the laws of another state when incidentally called into  
22 this state or contacted via electronic or other medium for consultation  
23 with a physician licensed in this state. For purposes of this  
24 subdivision, consultation means evaluating the medical data of the  
25 patient as provided by the treating physician and rendering a  
26 recommendation to such treating physician as to the method of treatment  
27 or analysis of the data. The interpretation of a radiological image by a  
28 physician who specializes in radiology is not a consultation;

29 (7) Physicians who are licensed in good standing to practice  
30 medicine in another state but who, from such other state, order  
31 diagnostic or therapeutic services on an irregular or occasional basis,

1 to be provided to an individual in this state, if such physicians do not  
2 maintain and are not furnished for regular use within this state any  
3 office or other place for the rendering of professional services or the  
4 receipt of calls;

5 (8) Physicians who are licensed in good standing to practice  
6 medicine in another state and who, on an irregular and occasional basis,  
7 are granted temporary hospital privileges to practice medicine and  
8 surgery at a hospital or other medical facility licensed in this state;

9 (9) Persons providing or instructing as to use of braces, prosthetic  
10 appliances, crutches, contact lenses, and other lenses and devices  
11 prescribed by a physician licensed to practice medicine while working  
12 under the direction of such physician;

13 (10) Dentists practicing their profession when licensed and  
14 practicing in accordance with the Dentistry Practice Act;

15 (11) Optometrists practicing their profession when licensed and  
16 practicing under and in accordance with the Optometry Practice Act;

17 (12) Osteopathic physicians practicing their profession if licensed  
18 and practicing under and in accordance with sections 38-2029 to 38-2033;

19 (13) Chiropractors practicing their profession if licensed and  
20 practicing under the Chiropractic Practice Act;

21 (14) Podiatrists practicing their profession when licensed to  
22 practice in this state and practicing under and in accordance with the  
23 Podiatry Practice Act;

24 (15) Psychologists practicing their profession when licensed to  
25 practice in this state and practicing under and in accordance with the  
26 Psychology Interjurisdictional Compact or the Psychology Practice Act;

27 (16) Advanced practice registered nurses practicing in their  
28 clinical specialty areas when licensed under the Advanced Practice  
29 Registered Nurse Practice Act and practicing under and in accordance with  
30 their respective practice acts;

31 (17) Surgical first assistants practicing in accordance with the

1 Surgical First Assistant Practice Act;

2 (18) Persons licensed or certified under the laws of this state to  
3 practice a limited field of the healing art, not specifically named in  
4 this section, when confining themselves strictly to the field for which  
5 they are licensed or certified, not assuming the title of physician,  
6 surgeon, or physician and surgeon, and not professing or holding  
7 themselves out as qualified to prescribe drugs in any form or to perform  
8 operative surgery;

9 (19) Persons obtaining blood specimens while working under an order  
10 of or protocols and procedures approved by a physician, registered nurse,  
11 or other independent health care practitioner licensed to practice by the  
12 state if the scope of practice of that practitioner permits the  
13 practitioner to obtain blood specimens;~~and~~

14 (20) Physicians who are licensed in good standing to practice  
15 medicine under the laws of another state or jurisdiction who accompany an  
16 athletic team or organization into this state for an event from the state  
17 or jurisdiction of licensure. This exemption is limited to treatment  
18 provided to such athletic team or organization while present in Nebraska;  
19 and

20 (21) ~~(20)~~ Other trained persons employed by a licensed health care  
21 facility or health care service defined in the Health Care Facility  
22 Licensure Act or clinical laboratory certified pursuant to the federal  
23 Clinical Laboratories Improvement Act of 1967, as amended, or Title XVIII  
24 or XIX of the federal Social Security Act to withdraw human blood for  
25 scientific or medical purposes.

26 Any person who has held or applied for a license to practice  
27 medicine and surgery in this state, and such license or application has  
28 been denied or such license has been refused renewal or disciplined by  
29 order of limitation, suspension, or revocation, shall be ineligible for  
30 the exceptions described in subdivisions (5) through (8) of this section  
31 until such license or application is granted or such license is renewed

1 or reinstated. Every act or practice falling within the practice of  
2 medicine and surgery as defined in section 38-2024 and not specially  
3 excepted in this section shall constitute the practice of medicine and  
4 surgery and may be performed in this state only by those licensed by law  
5 to practice medicine in Nebraska.

6 Sec. 31. Section 38-2026, Reissue Revised Statutes of Nebraska, is  
7 amended to read:

8 38-2026 Except as otherwise provided in sections 38-2026.01 and  
9 38-2027, each applicant for a license to practice medicine and surgery  
10 shall:

11 (1)(a) Present proof that he or she is a graduate of an accredited  
12 school or college of medicine, (b) if a foreign medical graduate, provide  
13 a copy of a permanent certificate issued by the Educational Commission  
14 for ~~on~~ Foreign Medical Graduates that is currently effective and relates  
15 to such applicant or provide such credentials as are necessary to certify  
16 that such foreign medical graduate has successfully passed the Visa  
17 Qualifying Examination or its successor or equivalent examination  
18 required by the United States Department of Health and Human Services and  
19 the United States Citizenship and Immigration Services, or (c) if a  
20 graduate of a foreign medical school who has successfully completed a  
21 program of American medical training designated as the Fifth Pathway and  
22 who additionally has successfully passed the Educational Commission for  
23 ~~on~~ Foreign Medical Graduates examination but has not yet received the  
24 permanent certificate attesting to the same, provide such credentials as  
25 certify the same to the Division of Public Health of the Department of  
26 Health and Human Services;

27 (2) Present proof that he or she has served at least one year of  
28 graduate medical education approved by the board or, if a foreign medical  
29 graduate, present proof that he or she has served at least two ~~three~~  
30 years of graduate medical education approved by the board;

31 (3) Pass a licensing examination approved by the board covering

1 appropriate medical subjects; and

2 (4) Present proof satisfactory to the department that he or she,  
3 within the three years immediately preceding the application for  
4 licensure, (a) has been in the active practice of the profession of  
5 medicine and surgery in some other state, a territory, the District of  
6 Columbia, or Canada for a period of one year, (b) has had at least one  
7 year of graduate medical education as described in subdivision (2) of  
8 this section, (c) has completed continuing education in medicine and  
9 surgery approved by the board, (d) has completed a refresher course in  
10 medicine and surgery approved by the board, or (e) has completed the  
11 special purposes examination approved by the board.

12 Sec. 32. Section 38-2104, Reissue Revised Statutes of Nebraska, is  
13 amended to read:

14 38-2104 (1) Approved educational program means a program of  
15 education and training accredited by an agency listed in subsection (2)  
16 of this section or approved by the board. Such approval may be based on  
17 the program's accreditation by an accrediting agency with requirements  
18 similar to an agency listed in subsection (2) of this section or on  
19 standards established by the board in the manner and form provided in  
20 section 38-133.

21 (2) Approved educational program includes a program of education and  
22 training accredited by:

23 (a) The Commission on Accreditation for Marriage and Family Therapy  
24 Education;

25 (b) The Council for Accreditation of Counseling and Related  
26 Educational Programs;

27 (c) The Council on Rehabilitation Education;

28 (d) The Council on Social Work Education; or

29 (e) The American Psychological Association for a doctoral degree  
30 program enrolled in by a person who has a master's degree or its  
31 equivalent in psychology.

1           Sec. 33. Section 38-2112, Reissue Revised Statutes of Nebraska, is  
2 amended to read:

3           38-2112 Consultation means a professional collaborative relationship  
4 between a licensed mental health practitioner and a consultant who is a  
5 psychologist licensed to engage in the practice of psychology in this  
6 state as provided in section 38-3111 or as provided in similar provisions  
7 of the Psychology Interjurisdictional Compact, a qualified physician, or  
8 a licensed independent mental health practitioner in which (1) the  
9 consultant makes a diagnosis based on information supplied by the  
10 licensed mental health practitioner and any additional assessment deemed  
11 necessary by the consultant and (2) the consultant and the licensed  
12 mental health practitioner jointly develop a treatment plan which  
13 indicates the responsibility of each professional for implementing  
14 elements of the plan, updating the plan, and assessing the client's  
15 progress.

16          Sec. 34. Section 38-2115, Reissue Revised Statutes of Nebraska, is  
17 amended to read:

18          38-2115 (1) Mental health practice means the provision of treatment,  
19 assessment, psychotherapy, counseling, or equivalent activities to  
20 individuals, couples, families, or groups for behavioral, cognitive,  
21 social, mental, or emotional disorders, including interpersonal or  
22 personal situations.

23          (2) Mental health practice does not include:

24           (a) The practice of psychology or medicine;

25           (b) Prescribing drugs or electroconvulsive therapy;

26           (c) Treating physical disease, injury, or deformity;

27           (d) Diagnosing major mental illness or disorder except in  
28 consultation with a qualified physician, a psychologist licensed to  
29 engage in the practice of psychology in this state as provided in section  
30 38-3111 or as provided in similar provisions of the Psychology  
31 Interjurisdictional Compact, or a licensed independent mental health

1 practitioner;

2 (e) Measuring personality or intelligence for the purpose of  
3 diagnosis or treatment planning;

4 (f) Using psychotherapy with individuals suspected of having major  
5 mental or emotional disorders except in consultation with a qualified  
6 physician, a licensed psychologist, or a licensed independent mental  
7 health practitioner; or

8 (g) Using psychotherapy to treat the concomitants of organic illness  
9 except in consultation with a qualified physician or licensed  
10 psychologist.

11 (3) Mental health practice includes the initial assessment of  
12 organic mental or emotional disorders for the purpose of referral or  
13 consultation.

14 (4) Nothing in sections 38-2114, 38-2118, and 38-2119 shall be  
15 deemed to constitute authorization to engage in activities beyond those  
16 described in this section. Persons certified under the Mental Health  
17 Practice Act but not licensed under section 38-2122 shall not engage in  
18 mental health practice.

19 Sec. 35. Section 38-2117, Reissue Revised Statutes of Nebraska, is  
20 amended to read:

21 38-2117 Mental health program means an approved educational program  
22 in a field such as, but not limited to, social work, professional  
23 counseling, marriage and family therapy, human development, psychology,  
24 or family relations, the content of which contains an emphasis on  
25 therapeutic mental health and course work in psychotherapy and the  
26 assessment of mental disorders.

27 Sec. 36. Section 38-2122, Reissue Revised Statutes of Nebraska, is  
28 amended to read:

29 38-2122 A person shall be qualified to be a licensed mental health  
30 practitioner if he or she:

31 (1) Has received a master's ~~or doctorate~~ degree, a doctoral degree,



1 or the equivalent of a master's degree, as determined by the board, that  
2 consists of course work and training which was primarily therapeutic  
3 mental health in content and included a practicum or internship and was  
4 from an approved educational program. Practicums or internships completed  
5 after September 1, 1995, must include a minimum of three hundred clock  
6 hours of direct client contact under the supervision of a qualified  
7 physician, a licensed psychologist, or a licensed mental health  
8 practitioner;

9 (2) Has successfully completed three thousand hours of supervised  
10 experience in mental health practice of which fifteen hundred hours were  
11 in direct client contact in a setting where mental health services were  
12 being offered and the remaining fifteen hundred hours included, but were  
13 not limited to, review of client records, case conferences, direct  
14 observation, and video observation. For purposes of this subdivision,  
15 supervised means monitored by a qualified physician, a licensed clinical  
16 psychologist, or a certified master social worker, certified professional  
17 counselor, or marriage and family therapist qualified for certification  
18 on September 1, 1994, for any hours completed before such date or by a  
19 qualified physician, a psychologist licensed to engage in the practice of  
20 psychology, or a licensed mental health practitioner for any hours  
21 completed after such date, including evaluative face-to-face contact for  
22 a minimum of one hour per week. Such three thousand hours shall be  
23 accumulated after completion of the master's degree, doctoral degree, or  
24 equivalent of the master's or doctorate degree and during the five years  
25 immediately preceding the application for licensure; and

26 (3) Has satisfactorily passed an examination approved by the board.  
27 An individual who by reason of educational background is eligible for  
28 certification as a certified master social worker, a certified  
29 professional counselor, or a certified marriage and family therapist  
30 shall take and pass a certification examination approved by the board  
31 before becoming licensed as a mental health practitioner.

1           Sec. 37. Section 38-2123, Reissue Revised Statutes of Nebraska, is  
2 amended to read:

3           38-2123 (1) A person who needs to obtain the required three thousand  
4 hours of supervised experience in mental health practice as specified in  
5 section 38-2122 to qualify for a mental health practitioner license shall  
6 obtain a provisional mental health practitioner license. To qualify for a  
7 provisional mental health practitioner license, such person shall:

8           (a) Have a master's ~~or doctorate~~ degree, a doctoral degree, or the  
9 equivalent of a master's degree, as determined by the board, that  
10 consists of course work and training which was primarily therapeutic  
11 mental health in content and included a practicum or internship and was  
12 from a mental health ~~an approved educational~~ program as specified in such  
13 section 38-2122;

14           (b) Apply prior to earning the three thousand hours of supervised  
15 experience; and

16           (c) Pay the provisional mental health practitioner license fee.

17           (2) The rules and regulations approved by the board and adopted and  
18 promulgated by the department shall not require that the applicant have a  
19 supervisor in place at the time of application for a provisional mental  
20 health practitioner license.

21           (3) ~~(2)~~ A provisional mental health practitioner license shall  
22 expire upon receipt of licensure as a mental health practitioner or five  
23 years after the date of issuance, whichever comes first.

24           (4) ~~(3)~~ A person who holds a provisional mental health practitioner  
25 license shall inform all clients that he or she holds a provisional  
26 license and is practicing mental health under supervision and shall  
27 identify the supervisor. Failure to make such disclosure is a ground for  
28 discipline as set forth in section 38-2139.

29           Sec. 38. Section 38-2124, Reissue Revised Statutes of Nebraska, is  
30 amended to read:

31           38-2124 (1) No person shall hold himself or herself out as an

1 independent mental health practitioner unless he or she is licensed as  
2 such by the department. A person shall be qualified to be a licensed  
3 independent mental health practitioner if he or she:

4 (a)(i)(A) Graduated with a master's or doctoral degree from an  
5 educational program which is accredited, at the time of graduation or  
6 within four years after graduation, by the Council for Accreditation of  
7 Counseling and Related Educational Programs, the Commission on  
8 Accreditation for Marriage and Family Therapy Education, or the Council  
9 on Social Work Education or (B) graduated with a master's or doctoral  
10 degree from an educational program deemed by the board to be equivalent  
11 in didactic content and supervised clinical experience to an accredited  
12 program;

13 (ii)(A) Is licensed as a licensed mental health practitioner or (B)  
14 is licensed as a provisional mental health practitioner and has  
15 satisfactorily passed an examination approved by the board pursuant to  
16 subdivision (3) of section 38-2122; and

17 (iii) Has three thousand hours of experience ~~obtained in a period of~~  
18 ~~not less than two nor more than five years~~ and supervised by a licensed  
19 physician, a licensed psychologist, or a licensed independent mental  
20 health practitioner, one-half of which is comprised of experience with  
21 clients diagnosed under the major mental illness or disorder category; or

22 (b)(i) Graduated from an educational program which does not meet the  
23 requirements of subdivision (a)(i) of this subsection;

24 (ii)(A) Is licensed as a licensed mental health practitioner or (B)  
25 is licensed as a provisional mental health practitioner and has  
26 satisfactorily passed an examination approved by the board pursuant to  
27 subdivision (3) of section 38-2122; and

28 (iii) Has seven thousand hours of experience obtained in a period of  
29 not less than ten years and supervised by a licensed physician, a  
30 licensed psychologist, or a licensed independent mental health  
31 practitioner, one-half of which is comprised of experience with clients

1 diagnosed under the major mental illness or disorder category.

2 (2) The experience required under this section shall be documented  
3 in a reasonable form and manner as prescribed by the board, which may  
4 consist of sworn statements from the applicant and his or her employers  
5 and supervisors. The board shall not in any case require the applicant to  
6 produce individual case records.

7 (3) The application for an independent mental health practitioner  
8 license shall include the applicant's social security number.

9 Sec. 39. Section 38-2125, Revised Statutes Supplement, 2017, is  
10 amended to read:

11 38-2125 The department, with the recommendation of the board, may  
12 issue a license based on licensure in another jurisdiction to an  
13 individual who (1) meets the licensure requirements of the Mental Health  
14 Practice Act or substantially equivalent requirements as determined by  
15 the department, with the recommendation of the board, or (2) has been in  
16 active practice in the appropriate discipline for at least five years  
17 following initial licensure or certification in another jurisdiction and  
18 has passed the Nebraska jurisprudence examination. An applicant for a  
19 license who is a military spouse may apply for a temporary license as  
20 provided in section 38-129.01.

21 Sec. 40. Section 38-2518, Reissue Revised Statutes of Nebraska, is  
22 amended to read:

23 38-2518 (1) An applicant applying for a license as an occupational  
24 therapist shall show to the satisfaction of the department that he or  
25 she:

26 (a) Has successfully completed the academic requirements of an  
27 educational program in occupational therapy recognized by the department  
28 and accredited by a nationally recognized medical association or  
29 nationally recognized occupational therapy association;

30 (b) Has successfully completed a period of supervised fieldwork  
31 experience at an educational institution approved by the department and

1 where the applicant's academic work was completed or which is part of a  
2 training program approved by such educational institution. A minimum of  
3 six months of supervised fieldwork experience shall be required for an  
4 occupational therapist; and

5 (c) Has passed an examination as provided in section 38-2520.

6 (2) In the case of an applicant who has been trained as an  
7 occupational therapist in a foreign country, the applicant shall:

8 (a) Present documentation of completion of an educational program in  
9 occupational therapy that is substantially equivalent to an approved  
10 program accredited by the Accreditation Council for Occupational Therapy  
11 Education or by an equivalent accrediting agency as determined by the  
12 board;

13 (b) Present proof of proficiency in the English language; and

14 (c) Have passed an examination as provided in section 38-2520.

15 (3) (2) Residency in this state shall not be a requirement of  
16 licensure. A corporation, partnership, limited liability company, or  
17 association shall not be licensed as an occupational therapist pursuant  
18 to the Occupational Therapy Practice Act.

19 Sec. 41. Section 38-2519, Reissue Revised Statutes of Nebraska, is  
20 amended to read:

21 38-2519 (1) An applicant applying for a license as an occupational  
22 therapy assistant shall show to the satisfaction of the department that  
23 he or she:

24 (a) Has successfully completed the academic requirements of an  
25 educational program in occupational therapy recognized by the department  
26 and accredited by a nationally recognized medical association or  
27 nationally recognized occupational therapy association;

28 (b) Has successfully completed a period of supervised fieldwork  
29 experience at an educational institution approved by the department and  
30 where the applicant's academic work was completed or which is part of a  
31 training program approved by such educational institution. A minimum of

1 two months of supervised fieldwork experience shall be required for an  
2 occupational therapy assistant; and

3 (c) Has passed an examination as provided in section 38-2520.

4 (2) In the case of an applicant who has been trained as an  
5 occupational therapy assistant in a foreign country, the applicant shall:

6 (a) Present documentation of completion of an educational program  
7 for occupational therapy assistants that is substantially equivalent to  
8 an approved program accredited by the Accreditation Council for  
9 Occupational Therapy Education or by an equivalent accrediting agency as  
10 determined by the board;

11 (b) Present proof of proficiency in the English language; and

12 (c) Have passed an examination as provided in section 38-2520.

13 (3) ~~(2)~~ Residency in this state shall not be a requirement of  
14 licensure as an occupational therapy assistant. A corporation,  
15 partnership, limited liability company, or association shall not be  
16 licensed as an occupational therapy assistant pursuant to the  
17 Occupational Therapy Practice Act.

18 Sec. 42. Section 38-2521, Reissue Revised Statutes of Nebraska, is  
19 amended to read:

20 38-2521 The department, with the recommendation of the board, may  
21 waive continuing competency requirements, in part or in total, for any  
22 two-year licensing period when a licensee submits documentation that  
23 circumstances beyond his or her control prevented completion of such  
24 requirements as provided in section 38-146. In addition to circumstances  
25 determined by the department to be beyond the licensee's control pursuant  
26 to such section, such circumstances shall include situations in which:

27 (1) The licensee holds a Nebraska license but does not reside or  
28 practice in Nebraska;

29 (2) The licensee has submitted proof that he or she was suffering  
30 from a serious or disabling illness or physical disability which  
31 prevented completion of the required continuing competency activities

1 during the twenty-four months preceding the license renewal date; and

2 (3) The licensee has successfully completed two or more semester  
3 hours of formal credit instruction biennially offered by a ~~an~~ ~~accredited~~  
4 school or college approved by the board which contributes to meeting the  
5 requirements of an advanced degree in a postgraduate program relating to  
6 occupational therapy.

7 Sec. 43. Section 38-2826.01, Reissue Revised Statutes of Nebraska,  
8 is amended to read:

9 38-2826.01 Long-term care facility means an intermediate care  
10 facility, an intermediate care facility for persons with developmental  
11 disabilities, a long-term care hospital, a mental health substance use  
12 treatment center, a nursing facility, or a skilled nursing facility, as  
13 such terms are defined in the Health Care Facility Licensure Act.

14 Sec. 44. Section 38-3101, Reissue Revised Statutes of Nebraska, is  
15 amended to read:

16 38-3101 Sections 38-3101 to 38-3132 and section 46 of this act shall  
17 be known and may be cited as the Psychology Practice Act.

18 Sec. 45. Section 38-3111, Reissue Revised Statutes of Nebraska, is  
19 amended to read:

20 38-3111 (1) Unless otherwise expressly stated, references to  
21 licensed psychologists in the Nebraska Mental Health Commitment Act, in  
22 the Psychology Practice Act, in the Sex Offender Commitment Act, and in  
23 section 44-513 means only psychologists licensed to practice psychology  
24 in this state under section 38-3114 or under similar provisions of the  
25 Psychology Interjurisdictional Compact and does not mean persons holding  
26 a special license under section 38-3116 or holding a provisional license  
27 under the Psychology Practice Act.

28 (2) Any reference to a person certified to practice clinical  
29 psychology under the law in effect immediately prior to September 1,  
30 1994, and any equivalent reference under the law of another jurisdiction,  
31 including, but not limited to, certified clinical psychologist, health

1 care practitioner in psychology, or certified health care provider, shall  
2 be construed to refer to a psychologist licensed under the Uniform  
3 Credentialing Act except for persons licensed under section 38-3116 or  
4 holding a provisional license under the Psychology Practice Act.

5 Sec. 46. The chairperson of the board or his or her designee shall  
6 serve as the administrator of the Psychology Interjurisdictional Compact  
7 for the State of Nebraska. The administrator shall give notice of  
8 withdrawal to the executive heads of all other party states within thirty  
9 days after the effective date of any statute repealing the compact  
10 enacted by the Legislature pursuant to Article XIII of the compact.

11 Sec. 47. Section 44-772, Reissue Revised Statutes of Nebraska, is  
12 amended to read:

13 44-772 Substance abuse treatment center shall mean an institution  
14 licensed as a substance abuse treatment center by the Department of  
15 Health and Human Services ~~and defined in section 71-430~~, which provides a  
16 program for the inpatient or outpatient treatment of alcoholism pursuant  
17 to a written treatment plan approved and monitored by a physician and  
18 which is affiliated with a hospital under a contractual agreement with an  
19 established system for patient referral.

20 Sec. 48. Section 44-792, Reissue Revised Statutes of Nebraska, is  
21 amended to read:

22 44-792 For purposes of sections 44-791 to 44-795:

23 (1) Health insurance plan means (a) any group sickness and accident  
24 insurance policy, group health maintenance organization contract, or  
25 group subscriber contract delivered, issued for delivery, or renewed in  
26 this state and (b) any self-funded employee benefit plan to the extent  
27 not preempted by federal law. Health insurance plan includes any group  
28 policy, group contract, or group plan offered or administered by the  
29 state or its political subdivisions. Health insurance plan does not  
30 include group policies providing coverage for a specified disease,  
31 accident-only coverage, hospital indemnity coverage, disability income



1 coverage, medicare supplement coverage, long-term care coverage, or other  
2 limited-benefit coverage. Health insurance plan does not include any  
3 policy, contract, or plan covering an employer group that covers fewer  
4 than fifteen employees;

5 (2) Mental health condition means any condition or disorder  
6 involving mental illness that falls under any of the diagnostic  
7 categories listed in the Mental Disorders Section of the International  
8 Classification of Disease;

9 (3) Mental health professional means (a) a practicing physician  
10 licensed to practice medicine in this state under the Medicine and  
11 Surgery Practice Act, (b) a practicing psychologist licensed to engage in  
12 the practice of psychology in this state as provided in section 38-3111  
13 or as provided in similar provisions of the Psychology  
14 Interjurisdictional Compact, or (c) a practicing mental health  
15 professional licensed or certified in this state as provided in the  
16 Mental Health Practice Act;

17 (4) Rate, term, or condition means lifetime limits, annual payment  
18 limits, and inpatient or outpatient service limits. Rate, term, or  
19 condition does not include any deductibles, copayments, or coinsurance;  
20 and

21 (5)(a) Serious mental illness means, prior to January 1, 2002, (i)  
22 schizophrenia, (ii) schizoaffective disorder, (iii) delusional disorder,  
23 (iv) bipolar affective disorder, (v) major depression, and (vi) obsessive  
24 compulsive disorder; and

25 (b) Serious mental illness means, on and after January 1, 2002, any  
26 mental health condition that current medical science affirms is caused by  
27 a biological disorder of the brain and that substantially limits the life  
28 activities of the person with the serious mental illness. Serious mental  
29 illness includes, but is not limited to (i) schizophrenia, (ii)  
30 schizoaffective disorder, (iii) delusional disorder, (iv) bipolar  
31 affective disorder, (v) major depression, and (vi) obsessive compulsive

1 disorder.

2 Sec. 49. Section 69-2429, Reissue Revised Statutes of Nebraska, is  
3 amended to read:

4 69-2429 For purposes of the Concealed Handgun Permit Act:

5 (1) Concealed handgun means the handgun is totally hidden from view.  
6 If any part of the handgun is capable of being seen, it is not a  
7 concealed handgun;

8 (2) Emergency services personnel means a volunteer or paid  
9 firefighter or rescue squad member or a person licensed to provide  
10 emergency medical services pursuant to the Emergency Medical Services  
11 Practice Act or authorized to provide emergency medical services pursuant  
12 to the EMS Personnel Licensure Interstate Compact;

13 (3) Handgun means any firearm with a barrel less than sixteen inches  
14 in length or any firearm designed to be held and fired by the use of a  
15 single hand;

16 (4) Peace officer means any town marshal, chief of police or local  
17 police officer, sheriff or deputy sheriff, the Superintendent of Law  
18 Enforcement and Public Safety, any officer of the Nebraska State Patrol,  
19 any member of the National Guard on active service by direction of the  
20 Governor during periods of emergency or civil disorder, any Game and  
21 Parks Commission conservation officer, and all other persons with similar  
22 authority to make arrests;

23 (5) Permitholder means an individual holding a current and valid  
24 permit to carry a concealed handgun issued pursuant to the Concealed  
25 Handgun Permit Act; and

26 (6) Proof of training means an original document or certified copy  
27 of a document, supplied by an applicant, that certifies that he or she  
28 either:

29 (a) Within the previous three years, has successfully completed a  
30 handgun training and safety course approved by the Nebraska State Patrol  
31 pursuant to section 69-2432; or

1 (b) Is a member of the active or reserve armed forces of the United  
2 States or a member of the National Guard and has had handgun training  
3 within the previous three years which meets the minimum safety and  
4 training requirements of section 69-2432.

5 Sec. 50. Section 71-401, Revised Statutes Supplement, 2017, is  
6 amended to read:

7 71-401 Sections 71-401 to 71-475 and sections 54 and 56 of this act  
8 shall be known and may be cited as the Health Care Facility Licensure  
9 Act.

10 Sec. 51. Section 71-403, Revised Statutes Cumulative Supplement,  
11 2016, is amended to read:

12 71-403 For purposes of the Health Care Facility Licensure Act,  
13 unless the context otherwise requires, the definitions found in sections  
14 71-404 to 71-431 and section 54 of this act shall apply.

15 Sec. 52. Section 71-413, Revised Statutes Cumulative Supplement,  
16 2016, is amended to read:

17 71-413 Health care facility means an ambulatory surgical center, an  
18 assisted-living facility, a center or group home for the developmentally  
19 disabled, a critical access hospital, a general acute hospital, a health  
20 clinic, a hospital, an intermediate care facility, an intermediate care  
21 facility for persons with developmental disabilities, a long-term care  
22 hospital, a mental health substance use treatment center, a nursing  
23 facility, a pharmacy, a psychiatric or mental hospital, a public health  
24 clinic, a rehabilitation hospital, or a skilled nursing facility,~~or a~~  
25 ~~substance abuse treatment center.~~

26 Sec. 53. Section 71-423, Reissue Revised Statutes of Nebraska, is  
27 amended to read:

28 71-423 Mental health substance use treatment center means a facility  
29 where shelter, food, and counseling, supervision, diagnosis, treatment,  
30 care, rehabilitation, assessment, or related services professionally  
31 directed are provided for a period of more than twenty-four consecutive

1 hours to persons residing at such facility who have a mental illness  
2 ~~disease, disorder,~~ or substance use disorder or both, with the intention  
3 of reducing or ameliorating the disorder or disorders or the effects of  
4 the disorder or disorders disability.

5 Sec. 54. Mental illness means a wide range of mental health  
6 disorders that affect mood, thinking, and behavior and can result in  
7 significantly impaired judgment, behavior, capacity to recognize reality,  
8 or ability to address basic life necessities and requires care and  
9 treatment for health, safety, or recovery of the individual or for the  
10 safety of others.

11 Sec. 55. Section 71-430, Reissue Revised Statutes of Nebraska, is  
12 amended to read:

13 71-430 Substance use disorder means a medical illness caused by  
14 repeat misuse of a substance or substances, characterized by clinically  
15 significant impairments in health, social function, and impaired control  
16 over substance use and diagnosed through assessing cognitive, behavioral,  
17 and psychological symptoms. Substance use disorders range from mild to  
18 severe and from temporary to chronic.

19 ~~(1) Substance abuse treatment center means a facility, including any~~  
20 ~~private dwelling, where shelter, food, and care, treatment, maintenance,~~  
21 ~~or related services are provided in a group setting to persons who are~~  
22 ~~substance abusers.~~

23 ~~(2) Substance abuse treatment center includes programs and services~~  
24 ~~that are provided on an outpatient basis primarily or exclusively to~~  
25 ~~persons who are substance abusers but does not include services that can~~  
26 ~~be rendered only by a physician or within a hospital.~~

27 ~~(3) For purposes of this section:~~

28 ~~(a) Substance abuse means the abuse of substances which have~~  
29 ~~significant mood changing or perception changing capacities, which are~~  
30 ~~likely to be physiologically or psychologically addictive, and the~~  
31 ~~continued use of which may result in negative social consequences; and~~

1           ~~(b) Abuse means the use of substances in ways that have or are~~  
2 ~~likely to have significant adverse social consequences.~~

3           Sec. 56. A health care facility applying for a license as a mental  
4 health substance use treatment center shall designate whether the license  
5 is to be issued to provide services for mental health disorders, for  
6 substance use disorders, or for both mental health and substance use  
7 disorders. A license issued to provide services for mental health  
8 disorders permits the facility to treat persons whose primary need is  
9 treatment for mental health disorders. A license issued to provide  
10 services for substance use disorders permits the facility to treat  
11 persons whose primary need is treatment for substance use disorders. A  
12 license issued to provide services for both mental health and substance  
13 use disorders permits the facility to treat persons with mental health  
14 disorders, substance use disorders, or both mental health disorders and  
15 substance use disorders.

16           Sec. 57. Section 71-474, Revised Statutes Cumulative Supplement,  
17 2016, is amended to read:

18           71-474 A person may not advertise to the public, by way of any  
19 medium, that a hospital is a comprehensive stroke center, a designated  
20 thrombectomy-capable stroke center, a primary stroke center, or an acute  
21 stroke-ready hospital unless the hospital is listed as such by the  
22 Department of Health and Human Services under the Stroke System of Care  
23 Act.

24           Sec. 58. Section 71-507, Reissue Revised Statutes of Nebraska, is  
25 amended to read:

26           71-507 For purposes of sections 71-507 to 71-513:

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

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

31           (3) Designated physician means the physician representing the

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

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

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

17 (6) Funeral establishment means a business licensed under section  
18 38-1419;

19 (7) Health care facility has the meaning found in sections 71-419,  
20 71-420, 71-424, and 71-429 or any facility that receives patients of  
21 emergencies who are transported to the facility by emergency services  
22 providers;

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

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

30 (10) Patient's attending physician means the physician having the  
31 primary responsibility for the patient as indicated on the records of a

1 health care facility;

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

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

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

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

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

30 Sec. 59. Section 71-906, Reissue Revised Statutes of Nebraska, is  
31 amended to read:

1           71-906 Mental health professional means a person licensed to  
2 practice medicine and surgery or psychology in this state under the  
3 Psychology Interjurisdictional Compact or the Uniform Credentialing Act  
4 or an advanced practice registered nurse licensed under the Advanced  
5 Practice Registered Nurse Practice Act who has proof of current  
6 certification in a psychiatric or mental health specialty.

7           Sec. 60. Section 71-1908, Revised Statutes Cumulative Supplement,  
8 2016, is amended to read:

9           71-1908 (1) Sections 71-1908 to 71-1923 and section 62 of this act  
10 shall be known and may be cited as the Child Care Licensing Act.

11           (2) The Legislature finds that there is a present and growing need  
12 for quality child care programs and facilities. There is a need to  
13 establish and maintain licensure of persons providing such programs to  
14 ensure that such persons are competent and are using safe and adequate  
15 facilities. The Legislature further finds and declares that the  
16 development and supervision of programs are a matter of statewide concern  
17 and should be dealt with uniformly on the state and local levels. There  
18 is a need for cooperation among the various state and local agencies  
19 which impose standards on licensees, and there should be one agency which  
20 coordinates the enforcement of such standards and informs the Legislature  
21 about cooperation among the various agencies.

22           Sec. 61. Section 71-1913, Reissue Revised Statutes of Nebraska, is  
23 amended to read:

24           71-1913 (1) The department may request the State Fire Marshal to  
25 inspect any program for fire safety pursuant to section 81-502. The State  
26 Fire Marshal shall immediately notify the department whenever he or she  
27 delegates authority for such inspections under such section.

28           (2) The department may investigate all facilities and programs of  
29 licensed providers of child care programs as defined in section 71-1910  
30 or applicants for licenses to provide such programs to determine if the  
31 place or places to be covered by such licenses meet standards of



1 sanitation and physical well-being set by the department for the care and  
2 protection of the child or children who may be placed in such facilities  
3 and programs. The department may delegate this authority to qualified  
4 local environmental health personnel.

5 (3) This section does not apply to school-age child care programs  
6 which are licensed pursuant to section 62 of this act.

7 Sec. 62. (1) For purposes of licensing a school-age child care  
8 program, a school-age child care program which operates in an accredited  
9 or approved school under the rules and regulations of the State  
10 Department of Education shall be deemed to meet the standards of the  
11 State Department of Education for the care and protection of children.  
12 The Department of Health and Human Services shall provide for inspections  
13 of school-age child care programs to determine compliance with this  
14 section. If a school-age child care program accepts reimbursement from a  
15 state or federal program, the Department of Health and Human Services  
16 shall also determine whether the school-age child care program complies  
17 with the requirements of the state or federal program for such  
18 reimbursement.

19 (2) The Department of Health and Human Services may, in consultation  
20 with the State Department of Education, adopt and promulgate rules and  
21 regulations as necessary to implement this section.

22 Sec. 63. Section 71-2411, Revised Statutes Cumulative Supplement,  
23 2016, is amended to read:

24 71-2411 For purposes of the Emergency Box Drug Act:

25 (1) Authorized personnel means any medical doctor, doctor of  
26 osteopathy, registered nurse, licensed practical nurse, nurse  
27 practitioner, pharmacist, or physician assistant;

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

29 (3) Drug means any prescription drug or device or legend drug or  
30 device defined under section 38-2841, any nonprescription drug as defined  
31 under section 38-2829, any controlled substance as defined under section

1 28-405, or any device as defined under section 38-2814;

2 (4) Emergency box drugs means drugs required to meet the immediate  
3 therapeutic needs of patients when the drugs are not available from any  
4 other authorized source in time to sufficiently prevent risk of harm to  
5 such patients by the delay resulting from obtaining such drugs from such  
6 other authorized source;

7 (5) Long-term care facility means an intermediate care facility, an  
8 intermediate care facility for persons with developmental disabilities, a  
9 long-term care hospital, a mental health substance use treatment center,  
10 a nursing facility, or a skilled nursing facility, as such terms are  
11 defined in the Health Care Facility Licensure Act;

12 (6) Multiple dose vial means any bottle in which more than one dose  
13 of a liquid drug is stored or contained;

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

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

20 Sec. 64. Section 71-2445, Revised Statutes Supplement, 2017, is  
21 amended to read:

22 71-2445 For purposes of the Automated Medication Systems Act:

23 (1) Automated medication distribution machine means a type of  
24 automated medication system that stores medication to be administered to  
25 a patient by a person credentialed under the Uniform Credentialing Act;

26 (2) Automated medication system means a mechanical system that  
27 performs operations or activities, other than compounding,  
28 administration, or other technologies, relative to storage and packaging  
29 for dispensing or distribution of medications and that collects,  
30 controls, and maintains all transaction information and includes, but is  
31 not limited to, a prescription medication distribution machine or an

1 automated medication distribution machine. An automated medication system  
2 may only be used in conjunction with the provision of pharmacist care;

3 (3) Chart order means an order for a drug or device issued by a  
4 practitioner for a patient who is in the hospital where the chart is  
5 stored, for a patient receiving detoxification treatment or maintenance  
6 treatment pursuant to section 28-412, or for a resident in a long-term  
7 care facility in which a long-term care automated pharmacy is located  
8 from which drugs will be dispensed. Chart order does not include a  
9 prescription;

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

11 (5) Long-term care automated pharmacy means a designated area in a  
12 long-term care facility where an automated medication system is located,  
13 that stores medications for dispensing pursuant to a medical order to  
14 residents in such long-term care facility, that is installed and operated  
15 by a pharmacy licensed under the Health Care Facility Licensure Act, and  
16 that is licensed under section 71-2451;

17 (6) Long-term care facility means an intermediate care facility, an  
18 intermediate care facility for persons with developmental disabilities, a  
19 long-term care hospital, a mental health substance use treatment center,  
20 a nursing facility, or a skilled nursing facility, as such terms are  
21 defined in the Health Care Facility Licensure Act;

22 (7) Medical order means a prescription, a chart order, or an order  
23 for pharmaceutical care issued by a practitioner;

24 (8) Pharmacist means any person who is licensed by the State of  
25 Nebraska to practice pharmacy;

26 (9) Pharmacist care means the provision by a pharmacist of  
27 medication therapy management, with or without the dispensing of drugs or  
28 devices, intended to achieve outcomes related to the cure or prevention  
29 of a disease, elimination or reduction of a patient's symptoms, or  
30 arresting or slowing of a disease process;

31 (10) Pharmacist remote order entry means entering an order into a

1 computer system or drug utilization review by a pharmacist licensed to  
2 practice pharmacy in the State of Nebraska and located within the United  
3 States, pursuant to medical orders in a hospital, long-term care  
4 facility, or pharmacy licensed under the Health Care Facility Licensure  
5 Act;

6 (11) Practice of pharmacy has the definition found in section  
7 38-2837;

8 (12) Practitioner means a certified registered nurse anesthetist, a  
9 certified nurse midwife, a dentist, an optometrist, a nurse practitioner,  
10 a physician assistant, a physician, a podiatrist, or a veterinarian;

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

14 (14) Prescription medication distribution machine means a type of  
15 automated medication system that packages, labels, or counts medication  
16 in preparation for dispensing of medications by a pharmacist pursuant to  
17 a prescription; and

18 (15) Telepharmacy means the provision of pharmacist care, by a  
19 pharmacist located within the United States, using telecommunications,  
20 remote order entry, or other automations and technologies to deliver care  
21 to patients or their agents who are located at sites other than where the  
22 pharmacist is located.

23 Sec. 65. Section 71-2454, Revised Statutes Supplement, 2017, is  
24 amended to read:

25 71-2454 (1) An entity described in section 71-2455 shall establish a  
26 system of prescription drug monitoring for the purposes of (a) preventing  
27 the misuse of controlled substances that are prescribed and (b) allowing  
28 prescribers and dispensers to monitor the care and treatment of patients  
29 for whom such a prescription drug is prescribed to ensure that such  
30 prescription drugs are used for medically appropriate purposes and that  
31 the State of Nebraska remains on the cutting edge of medical information

1 technology.

2 (2) Such system of prescription drug monitoring shall be implemented  
3 as follows: Except as provided in subsection (4) of this section,  
4 beginning January 1, 2017, all dispensed prescriptions of controlled  
5 substances shall be reported; and beginning January 1, 2018, all  
6 prescription information shall be reported to the prescription drug  
7 monitoring system. The prescription drug monitoring system shall include,  
8 but not be limited to, provisions that:

9 (a) Prohibit any patient from opting out of the prescription drug  
10 monitoring system;

11 (b) Require all prescriptions dispensed in this state or to an  
12 address in this state to be entered into the system by the dispenser or  
13 his or her designee daily after such prescription is dispensed, including  
14 those for patients paying cash for such prescription drug or otherwise  
15 not relying on a third-party payor for payment for the prescription drug;

16 (c) Allow all prescribers or dispensers of prescription drugs to  
17 access the system at no cost to such prescriber or dispenser;

18 (d) Ensure that such system includes information relating to all  
19 payors, including, but not limited to, the medical assistance program  
20 established pursuant to the Medical Assistance Act; and

21 (e) Make the prescription information available to the statewide  
22 health information exchange described in section 71-2455 for access by  
23 its participants if such access is in compliance with the privacy and  
24 security protections set forth in the provisions of the federal Health  
25 Insurance Portability and Accountability Act of 1996, Public Law 104-191,  
26 and regulations promulgated thereunder, except that if a patient opts out  
27 of the statewide health information exchange, the prescription  
28 information regarding that patient shall not be accessible by the  
29 participants in the statewide health information exchange.

30 Dispensers may begin on February 25, 2016, to report dispensing of  
31 prescriptions to the entity described in section 71-2455 which is

1 responsible for establishing the system of prescription drug monitoring.

2 (3) Except as provided in subsection (4) of this section,  
3 prescription information that shall be submitted electronically to the  
4 prescription drug monitoring system shall be determined by the entity  
5 described in section 71-2455 and shall include, but not be limited to:

6 (a) The patient's name, address, and date of birth;

7 (b) The name and address of the pharmacy dispensing the  
8 prescription;

9 (c) The date the prescription is issued;

10 (d) The date the prescription is filled;

11 (e) The name of the drug dispensed or the National Drug Code number  
12 as published by the federal Food and Drug Administration of the drug  
13 dispensed;

14 (f) The strength of the drug prescribed;

15 (g) The quantity of the drug prescribed and the number of days'  
16 supply; and

17 (h) The prescriber's name and National Provider Identifier number or  
18 Drug Enforcement Administration number when reporting a controlled  
19 substance.

20 (4) Beginning July 1, 2018, a veterinarian licensed under the  
21 Veterinary Medicine and Surgery Practice Act shall be required to report  
22 a dispensed prescription of controlled substances listed on Schedule II,  
23 Schedule III, or Schedule IV pursuant to section 28-405. Each such  
24 veterinarian shall indicate that the prescription is an animal  
25 prescription and shall include the following information in such report:

26 (a) The first and last name and address, including city, state, and  
27 zip code, of the individual to whom the drug is dispensed in accordance  
28 with a valid veterinarian-client-patient relationship;

29 (b) Reporting status;

30 (c) The first and last name of the prescribing veterinarian and his  
31 or her federal Drug Enforcement Administration number;

- 1 (d) The name of the drug dispensed and the prescription number;  
2 (e) The date the prescription is written and the date the  
3 prescription is filled;  
4 (f) The number of refills authorized, if any; and  
5 (g) The quantity of the drug dispensed and the number of days'  
6 supply.

7 (5)(a) All prescription drug information submitted pursuant to this  
8 section, all data contained in the prescription drug monitoring system,  
9 and any report obtained from data contained in the prescription drug  
10 monitoring system are confidential, are privileged, are not public  
11 records, and may be withheld pursuant to section 84-712.05.

12 (b) No patient-identifying data as defined in section 81-664,  
13 including the data collected under subsection (3) of this section, shall  
14 be disclosed, made public, or released to any public or private person or  
15 entity except to the statewide health information exchange described in  
16 section 71-2455 and its participants and to prescribers and dispensers as  
17 provided in subsection (2) of this section.

18 (c) All other data is for the confidential use of the department and  
19 the statewide health information exchange described in section 71-2455  
20 and its participants. The department may release such information as  
21 Class I, Class II, or Class IV data in accordance with section 81-667 to  
22 the private or public persons or entities that the department determines  
23 may view such records as provided in sections 81-663 to 81-675.

24 (6) Before accessing the prescription drug monitoring system, any  
25 user shall undergo training on the purpose of the system, access to and  
26 proper usage of the system, and the law relating to the system, including  
27 confidentiality and security of the prescription drug monitoring system.  
28 Such training shall be administered by the statewide health information  
29 exchange described in section 71-2455 which shall have access to the  
30 prescription drug monitoring system for training and administrative  
31 purposes. Users who have been trained prior to May 10, 2017, are deemed

1 to be in compliance with the training requirement of this subsection.

2 (7) For purposes of this section:

3 (a) Designee means any licensed or registered health care  
4 professional credentialed under the Uniform Credentialing Act designated  
5 by a prescriber or dispenser to act as an agent of the prescriber or  
6 dispenser for purposes of submitting or accessing data in the  
7 prescription drug monitoring system and who is supervised by such  
8 prescriber or dispenser;

9 (b) Dispensed prescription means a prescription drug delivered to  
10 the ultimate user by or pursuant to the lawful order of a prescriber but  
11 does not include (i) the delivery of such prescription drug for immediate  
12 use for purposes of inpatient hospital care or emergency department care,  
13 (ii) the administration of a prescription drug by an authorized person  
14 upon the lawful order of a prescriber, (iii) a wholesale distributor of a  
15 prescription drug monitored by the prescription drug monitoring system,  
16 or (iv) the dispensing to a nonhuman patient of a prescription drug which  
17 is not a controlled substance listed in Schedule II, Schedule III,  
18 Schedule IV, or Schedule V of section 28-405;

19 ~~(c) (b) Dispenser means a person authorized in the jurisdiction in~~  
20 ~~which he or she is practicing to deliver a prescription to the ultimate~~  
21 ~~user by or pursuant to the lawful order of a prescriber but does not~~  
22 ~~include (i) the delivery of such prescription drug for immediate use for~~  
23 ~~purposes of inpatient hospital care or emergency department care, (ii)~~  
24 ~~the administration of a prescription drug by an authorized person upon~~  
25 ~~the lawful order of a prescriber, (iii) a wholesale distributor of a~~  
26 ~~prescription drug monitored by the prescription drug monitoring system,~~  
27 ~~or (iv) through December 31, 2017, a veterinarian licensed under the~~  
28 ~~Veterinary Medicine and Surgery Practice Act when dispensing~~  
29 ~~prescriptions for animals in the usual course of providing professional~~  
30 ~~services;~~

31 ~~(d) (e) Participant means an individual or entity that has entered~~



1 into a participation agreement with the statewide health information  
2 exchange described in section 71-2455 which requires the individual or  
3 entity to comply with the privacy and security protections set forth in  
4 the provisions of the federal Health Insurance Portability and  
5 Accountability Act of 1996, Public Law 104-191, and regulations  
6 promulgated thereunder; and

7 (e) ~~(d)~~ Prescriber means a health care professional authorized to  
8 prescribe in the profession which he or she practices.

9 Sec. 66. Section 71-4204, Revised Statutes Cumulative Supplement,  
10 2016, is amended to read:

11 71-4204 The department shall designate hospitals as comprehensive  
12 stroke centers, thrombectomy-capable stroke centers, primary stroke  
13 centers, or ~~and~~ acute stroke-ready hospitals based on certification from  
14 the American Heart Association, the Joint Commission on Accreditation of  
15 Healthcare Organizations, or another nationally recognized, guidelines-  
16 based organization that provides certification for stroke care, as such  
17 certification existed on the effective date of this act July 21, 2016.  
18 The department shall compile and maintain a list of such hospitals and  
19 post the list on the department's web site. Before June 1 of each year,  
20 the department shall send the list to the physician medical director of  
21 each emergency medical service licensed pursuant to the Emergency Medical  
22 Services Practice Act.

23 Sec. 67. Section 71-4205, Revised Statutes Cumulative Supplement,  
24 2016, is amended to read:

25 71-4205 A hospital that is designated as a comprehensive stroke  
26 center, a thrombectomy-capable stroke center, or a primary stroke center  
27 may enter into a coordinating stroke care agreement with an acute stroke-  
28 ready hospital to provide appropriate access to care for acute stroke  
29 patients. The agreement shall be in writing and shall include, at a  
30 minimum:

31 (1) A transfer agreement for the transport and acceptance of any

1 stroke patient seen by the acute stroke-ready hospital for stroke  
2 treatment therapies which the acute stroke-ready hospital is not capable  
3 of providing; and

4 (2) Communication criteria and protocol with the acute stroke-ready  
5 hospital.

6 Sec. 68. Section 71-4209, Revised Statutes Cumulative Supplement,  
7 2016, is amended to read:

8 71-4209 (1) The department shall establish a stroke system of care  
9 task force to address matters of triage, treatment, and transport of  
10 possible acute stroke patients. The task force shall include  
11 representation from the department, including a program created by the  
12 department to address chronic disease prevention and control issues  
13 including cardiovascular health, the Emergency Medical Services Program  
14 created by the department, and the Office of Rural Health, the American  
15 Stroke Association, the Nebraska State Stroke Association, hospitals  
16 designated as comprehensive stroke centers under the Stroke System of  
17 Care Act, hospitals designated as primary stroke centers under the act,  
18 hospitals designated as thrombectomy-capable stroke centers under the  
19 act, rural hospitals, physicians, and emergency medical services licensed  
20 pursuant to the Emergency Medical Services Practice Act.

21 (2) The task force shall provide advice and recommendations to the  
22 department regarding the implementation of the Stroke System of Care Act.  
23 The task force shall focus on serving both rural and urban areas. The  
24 task force shall provide advice regarding protocols for the assessment,  
25 stabilization, and appropriate routing of stroke patients by emergency  
26 medical services and for coordination and communication between  
27 hospitals, comprehensive stroke centers, primary stroke centers, and  
28 other support services necessary to assure all residents of Nebraska have  
29 access to effective and efficient stroke care.

30 (3) The task force shall recommend eligible essential health care  
31 services for acute stroke care provided through telehealth as defined in

1 section 71-8503.

2 Sec. 69. The State of Nebraska adopts the EMS Personnel Licensure  
3 Interstate Compact in the form substantially as follows:

4 ARTICLE 1. PURPOSE

5 In order to protect the public through verification of competency  
6 and ensure accountability for patient-care-related activities, all states  
7 license emergency medical services personnel, such as emergency medical  
8 technicians, advanced emergency medical technicians, and paramedics. The  
9 EMS Personnel Licensure Interstate Compact is intended to facilitate the  
10 day-to-day movement of emergency medical services personnel across state  
11 boundaries in the performance of their emergency medical services duties  
12 as assigned by an appropriate authority and authorize state emergency  
13 medical services offices to afford immediate legal recognition to  
14 emergency medical services personnel licensed in a member state. This  
15 compact recognizes that states have a vested interest in protecting the  
16 public's health and safety through their licensing and regulation of  
17 emergency medical services personnel and that such state regulation  
18 shared among the member states will best protect public health and  
19 safety. This compact is designed to achieve the following purposes and  
20 objectives:

- 21 1. Increase public access to emergency medical services personnel;  
22 2. Enhance the states' ability to protect the public's health and  
23 safety, especially patient safety;  
24 3. Encourage the cooperation of member states in the areas of  
25 emergency medical services personnel licensure and regulation;  
26 4. Support licensing of military members who are separating from an  
27 active duty tour and their spouses;  
28 5. Facilitate the exchange of information between member states  
29 regarding emergency medical services personnel licensure, adverse action,  
30 and significant investigatory information;  
31 6. Promote compliance with the laws governing emergency medical

1 services personnel practice in each member state; and

2 7. Invest all member states with the authority to hold emergency  
3 medical services personnel accountable through the mutual recognition of  
4 member state licenses.

5 ARTICLE 2. DEFINITIONS

6 In the EMS Personnel Licensure Interstate Compact:

7 A. Advanced emergency medical technician (AEMT) means an individual  
8 licensed with cognitive knowledge and a scope of practice that  
9 corresponds to that level in the National EMS Education Standards and  
10 National EMS Scope of Practice Model.

11 B. Adverse action means any administrative, civil, equitable, or  
12 criminal action permitted by a state's laws which may be imposed against  
13 licensed EMS personnel by a state EMS authority or state court,  
14 including, but not limited to, actions against an individual's license  
15 such as revocation, suspension, probation, consent agreement, monitoring,  
16 or other limitation or encumbrance on the individual's practice, letters  
17 of reprimand or admonition, fines, criminal convictions, and state court  
18 judgments enforcing adverse actions by the state EMS authority.

19 C. Alternative program means a voluntary, nondisciplinary substance  
20 abuse recovery program approved by a state EMS authority.

21 D. Certification means the successful verification of entry-level  
22 cognitive and psychomotor competency using a reliable, validated, and  
23 legally defensible examination.

24 E. Commission means the national administrative body of which all  
25 states that have enacted the compact are members.

26 F. Emergency medical services (EMS) means services provided by  
27 emergency medical services personnel.

28 G. Emergency medical services (EMS) personnel includes emergency  
29 medical technicians, advanced emergency medical technicians, and  
30 paramedics.

31 H. Emergency medical technician (EMT) means an individual licensed

1 with cognitive knowledge and a scope of practice that corresponds to that  
2 level in the National EMS Education Standards and National EMS Scope of  
3 Practice Model.

4 I. Home state means a member state where an individual is licensed  
5 to practice emergency medical services.

6 J. License means the authorization by a state for an individual to  
7 practice as an EMT, an AEMT, or a paramedic.

8 K. Medical director means a physician licensed in a member state who  
9 is accountable for the care delivered by EMS personnel.

10 L. Member state means a state that has enacted the EMS Personnel  
11 Licensure Interstate Compact.

12 M. Privilege to practice means an individual's authority to deliver  
13 emergency medical services in remote states as authorized under this  
14 compact.

15 N. Paramedic means an individual licensed with cognitive knowledge  
16 and a scope of practice that corresponds to that level in the National  
17 EMS Education Standards and National EMS Scope of Practice Model.

18 O. Remote state means a member state in which an individual is not  
19 licensed.

20 P. Restricted means the outcome of an adverse action that limits a  
21 license or the privilege to practice.

22 Q. Rule means a written statement by the commission promulgated  
23 pursuant to Article 12 of this compact that is of general applicability;  
24 implements, interprets, or prescribes a policy or provision of this  
25 compact; or is an organizational, procedural, or practice requirement of  
26 the commission and has the force and effect of statutory law in a member  
27 state and includes the amendment, repeal, or suspension of an existing  
28 rule.

29 R. Scope of practice means defined parameters of various duties or  
30 services that may be provided by an individual with specific credentials.  
31 Whether regulated by rule, statute, or court decision, it tends to

1 represent the limits of services an individual may perform.

2 S. Significant investigatory information means:

3 1. Investigative information that a state EMS authority, after a  
4 preliminary inquiry that includes notification and an opportunity to  
5 respond if required by state law, has reason to believe, if proved true,  
6 would result in the imposition of an adverse action on a license or  
7 privilege to practice; or

8 2. Investigative information that indicates that the individual  
9 represents an immediate threat to public health and safety regardless of  
10 whether the individual has been notified and had an opportunity to  
11 respond.

12 T. State means any state, commonwealth, district, or territory of  
13 the United States.

14 U. State EMS authority means the board, office, or other agency with  
15 the legislative mandate to license EMS personnel.

16 ARTICLE 3. HOME STATE LICENSURE

17 A. Any member state in which an individual holds a current license  
18 shall be deemed a home state for purposes of the EMS Personnel Licensure  
19 Interstate Compact.

20 B. Any member state may require an individual to obtain and retain a  
21 license to be authorized to practice in the member state under  
22 circumstances not authorized by the privilege to practice under the terms  
23 of this compact.

24 C. A home state's license authorizes an individual to practice in a  
25 remote state under the privilege to practice only if the home state:

26 1. Currently requires the use of the National Registry of Emergency  
27 Medical Technicians examination as a condition of issuing initial  
28 licenses at the EMT and paramedic levels;

29 2. Has a mechanism in place for receiving and investigating  
30 complaints about individuals;

31 3. Notifies the commission, in compliance with the terms of this

1 compact, of any adverse action or significant investigatory information  
2 regarding an individual;

3 4. No later than five years after activation of this compact,  
4 requires a criminal background check of all applicants for initial  
5 licensure, including the use of the results of fingerprint or other  
6 biometric data checks compliant with the requirements of the Federal  
7 Bureau of Investigation with the exception of federal employees who have  
8 suitability determination in accordance with 5 C.F.R. 731.202 and submit  
9 documentation of such as promulgated in the rules of the commission; and

10 5. Complies with the rules of the commission.

11 ARTICLE 4. COMPACT PRIVILEGE TO PRACTICE

12 A. Member states shall recognize the privilege to practice of an  
13 individual license in another member state that is in conformance with  
14 Article 3 of the EMS Personnel Licensure Interstate Compact.

15 B. To exercise the privilege to practice under the terms and  
16 provisions of this compact, an individual must:

17 1. Be at least eighteen years of age;

18 2. Possess a current unrestricted license in a member state as an  
19 EMT, AEMT, paramedic, or state recognized and licensed level with a scope  
20 of practice and authority between EMT and paramedic; and

21 3. Practice under the supervision of a medical director.

22 C. An individual providing patient care in a remote state under the  
23 privilege to practice shall function within the scope of practice  
24 authorized by the home state unless and until modified by an appropriate  
25 authority in the remote state as may be defined in the rules of the  
26 commission.

27 D. Except as provided in section C of this Article, an individual  
28 practicing in a remote state will be subject to the remote state's  
29 authority and laws. A remote state may, in accordance with due process  
30 and that state's laws, restrict, suspend, or revoke an individual's  
31 privilege to practice in the remote state and may take any other

1 necessary actions to protect the health and safety of its citizens. If a  
2 remote state takes action, it shall promptly notify the home state and  
3 the commission.

4 E. If an individual's license in any home state is restricted or  
5 suspended, the individual shall not be eligible to practice in a remote  
6 state under the privilege to practice until the individual's home state  
7 license is restored.

8 F. If an individual's privilege to practice in any remote state is  
9 restricted, suspended, or revoked, the individual shall not be eligible  
10 to practice in any remote state until the individual's privilege to  
11 practice is restored.

12 ARTICLE 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

13 An individual may practice in a remote state under a privilege to  
14 practice only in the performance of the individual's EMS duties as  
15 assigned by an appropriate authority, as defined in the rules of the  
16 commission, and under the following circumstances:

17 1. The individual originates a patient transport in a home state and  
18 transports the patient to a remote state;

19 2. The individual originates in the home state and enters a remote  
20 state to pick up a patient and provide care and transport of the patient  
21 to the home state;

22 3. The individual enters a remote state to provide patient care or  
23 transport within that remote state;

24 4. The individual enters a remote state to pick up a patient and  
25 provide care and transport to a third member state;

26 5. Other conditions as determined by rules promulgated by the  
27 commission.

28 ARTICLE 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

29 Upon a member state's governor's declaration of a state of emergency  
30 or disaster that activates the Emergency Management Assistance Compact,  
31 all relevant terms and provisions of the compact shall apply and to the



1 extent any terms or provisions of the EMS Personnel Licensure Interstate  
2 Compact conflict with the Emergency Management Assistance Compact, the  
3 terms of the Emergency Management Assistance Compact shall prevail with  
4 respect to any individual practicing in the remote state in response to  
5 such declaration.

6 ARTICLE 7. VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY  
7 MILITARY, AND THEIR SPOUSES

8 A. Member states shall consider a veteran, an active military  
9 service member, and a member of the National Guard and Reserves  
10 separating from an active duty tour, and a spouse thereof, who holds a  
11 current valid and unrestricted National Registry of Emergency Medical  
12 Technicians certification at or above the level of the state license  
13 being sought as satisfying the minimum training and examination  
14 requirements for such licensure.

15 B. Member states shall expedite the processing of licensure  
16 applications submitted by veterans, active military service members, and  
17 members of the National Guard and Reserves separating from an active duty  
18 tour and their spouses.

19 C. All individuals functioning with a privilege to practice under  
20 this Article remain subject to the adverse actions provisions of Article  
21 8 of the EMS Personnel Licensure Interstate Compact.

22 ARTICLE 8. ADVERSE ACTIONS

23 A. A home state shall have exclusive power to impose adverse action  
24 against an individual's license issued by the home state.

25 B. If an individual's license in any home state is restricted or  
26 suspended, the individual shall not be eligible to practice in a remote  
27 state under the privilege to practice until the individual's home state  
28 license is restored.

29 1. All home state adverse action orders shall include a statement  
30 that the individual's compact privileges are inactive. The order may  
31 allow the individual to practice in remote states with prior written

1 authorization from the state EMS authority of both the home state and the  
2 remote state.

3 2. An individual currently subject to adverse action in the home  
4 state shall not practice in any remote state without prior written  
5 authorization from the state EMS authority of both the home state and the  
6 remote state.

7 C. A member state shall report adverse actions and any occurrences  
8 that the individual's compact privileges are restricted, suspended, or  
9 revoked to the commission in accordance with the rules of the commission.

10 D. A remote state may take adverse action on an individual's  
11 privilege to practice within that state.

12 E. Any member state may take adverse action against an individual's  
13 privilege to practice in that state based on the factual findings of  
14 another member state, so long as each state follows its own procedures  
15 for imposing such adverse action.

16 F. A home state's state EMS authority shall investigate and take  
17 appropriate action with respect to reported conduct in a remote state as  
18 it would if such conduct had occurred within the home state. In such  
19 cases, the home state's law shall control in determining the appropriate  
20 adverse action.

21 G. Nothing in the EMS Personnel Licensure Interstate Compact shall  
22 override a member state's decision that participation in an alternative  
23 program may be used in lieu of adverse action and that such participation  
24 shall remain nonpublic if required by the member state's laws. Member  
25 states must require individuals who enter any alternative programs to  
26 agree not to practice in any other member state during the term of the  
27 alternative program without prior authorization from such other member  
28 state.

29 ARTICLE 9. ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S STATE EMS  
30 AUTHORITY

31 A member state's state EMS authority, in addition to any other

1 powers granted under state law, is authorized under the EMS Personnel  
2 Licensure Interstate Compact to:

3 1. Issue subpoenas for both hearings and investigations that require  
4 the attendance and testimony of witnesses and the production of evidence.  
5 Subpoenas issued by a member state's state EMS authority for the  
6 attendance and testimony of witnesses, or the production of evidence from  
7 another member state, shall be enforced in the remote state by any court  
8 of competent jurisdiction, according to that court's practice and  
9 procedure in considering subpoenas issued in its own proceedings. The  
10 issuing state EMS authority shall pay any witness fees, travel expenses,  
11 mileage, and other fees required by the service statutes of the state  
12 where the witnesses or evidence is located; and

13 2. Issue cease and desist orders to restrict, suspend, or revoke an  
14 individual's privilege to practice in the state.

15 ARTICLE 10. ESTABLISHMENT OF THE INTERSTATE COMMISSION FOR EMS  
16 PERSONNEL PRACTICE

17 A. The member states hereby create and establish a joint public  
18 agency known as the Interstate Commission for EMS Personnel Practice.

19 1. The commission is a body politic and an instrumentality of the  
20 member states.

21 2. Venue is proper and judicial proceedings by or against the  
22 commission shall be brought solely and exclusively in a court of  
23 competent jurisdiction where the principal office of the commission is  
24 located. The commission may waive venue and jurisdictional defenses to  
25 the extent it adopts or consents to participate in alternative dispute  
26 resolution proceedings.

27 3. Nothing in the EMS Personnel Licensure Interstate Compact shall  
28 be construed to be a waiver of sovereign immunity.

29 B. Membership, Voting, and Meetings

30 1. Each member state shall have and be limited to one delegate. The  
31 responsible official of the state EMS authority or his or her designee

1 shall be the delegate to this compact for each member state. Any delegate  
2 may be removed or suspended from office as provided by the law of the  
3 state from which the delegate is appointed. Any vacancy occurring in the  
4 commission shall be filled in accordance with the laws of the member  
5 state in which the vacancy exists. In the event that more than one board,  
6 office, or other agency with the legislative mandate to license EMS  
7 personnel at and above the level of EMT exists, the Governor of the  
8 member state will determine which entity will be responsible for  
9 assigning the delegate.

10 2. Each delegate shall be entitled to one vote with regard to the  
11 promulgation of rules and creation of bylaws and shall otherwise have an  
12 opportunity to participate in the business and affairs of the commission.  
13 A delegate shall vote in person or by such other means as provided in the  
14 bylaws. The bylaws may provide for delegates' participation in meetings  
15 by telephone or other means of communication.

16 3. The commission shall meet at least once during each calendar  
17 year. Additional meetings shall be held as set forth in the bylaws.

18 4. All meetings shall be open to the public, and public notice of  
19 meetings shall be given in the same manner as required under the  
20 rulemaking provisions in Article 12 of this compact.

21 5. The commission may convene in a closed, nonpublic meeting if the  
22 commission must discuss:

23 a. Noncompliance of a member state with its obligations under this  
24 compact;

25 b. The employment, compensation, discipline, or other personnel  
26 matters, practices, or procedures related to specific employees or other  
27 matters related to the commission's internal personnel practices and  
28 procedures;

29 c. Current, threatened, or reasonably anticipated litigation;

30 d. Negotiation of contracts for the purchase or sale of goods,  
31 services, or real estate;

- 1        e. Accusing any person of a crime or formally censuring any person;  
2        f. Disclosure of trade secrets or commercial or financial  
3 information that is privileged or confidential;  
4        g. Disclosure of information of a personal nature where disclosure  
5 would constitute a clearly unwarranted invasion of personal privacy;  
6        h. Disclosure of investigatory records compiled for law enforcement  
7 purposes;  
8        i. Disclosure of information related to any investigatory reports  
9 prepared by or on behalf of or for use of the commission or other  
10 committee charged with responsibility of investigation or determination  
11 of compliance issues pursuant to the compact; or  
12        j. Matters specifically exempted from disclosure by federal or  
13 member state statute.

14        6. If a meeting, or portion of a meeting, is closed pursuant to this  
15 Article, the commission's legal counsel or designee shall certify that  
16 the meeting may be closed and shall reference each relevant exempting  
17 provision. The commission shall keep minutes that fully and clearly  
18 describe all matters discussed in a meeting and shall provide a full and  
19 accurate summary of actions taken, and the reasons for the actions,  
20 including a description of the views expressed. All documents considered  
21 in connection with an action shall be identified in such minutes. All  
22 minutes and documents of a closed meeting shall remain under seal,  
23 subject to release by a majority vote of the commission or order of a  
24 court of competent jurisdiction.

25        C. The commission shall, by a majority vote of the delegates,  
26 prescribe bylaws or rules to govern its conduct as may be necessary or  
27 appropriate to carry out the purposes and exercise the powers of this  
28 compact, including, but not limited to:

- 29        1. Establishing the fiscal year of the commission;  
30        2. Providing reasonable standards and procedures:  
31        a. For the establishment and meetings of other committees; and

1           b. Governing any general or specific delegation of any authority or  
2           function of the commission;

3           3. Providing reasonable procedures for calling and conducting  
4           meetings of the commission, ensuring reasonable advance notice of all  
5           meetings, and providing an opportunity for attendance of such meetings by  
6           interested parties, with enumerated exceptions designed to protect the  
7           public's interest, the privacy of individuals, and proprietary  
8           information, including trade secrets. The commission may meet in closed  
9           session only after a majority of the membership votes to close a meeting  
10          in whole or in part. As soon as practicable, the commission must make  
11          public a copy of the vote to close the meeting revealing the vote of each  
12          member with no proxy votes allowed;

13          4. Establishing the titles, duties and authority and reasonable  
14          procedures for the election of the officers of the commission;

15          5. Providing reasonable standards and procedures for the  
16          establishment of the personnel policies and programs of the commission.  
17          Notwithstanding any civil service or other similar laws of any member  
18          state, the bylaws shall exclusively govern the personnel policies and  
19          programs of the commission;

20          6. Promulgating a code of ethics to address permissible and  
21          prohibited activities of commission members and employees;

22          7. Providing a mechanism for winding up the operations of the  
23          commission and the equitable disposition of any surplus funds that may  
24          exist after the termination of this compact after the payment or  
25          reserving of all of its debts and obligations;

26          8. The commission shall publish its bylaws and file a copy thereof,  
27          and a copy of any amendment thereto, with the appropriate agency or  
28          officer in each of the member states, if any.

29          9. The commission shall maintain its financial records in accordance  
30          with the bylaws.

31          10. The commission shall meet and take such actions as are

1 consistent with this compact and the bylaws.

2 D. The commission shall have the following powers:

3 1. The authority to promulgate uniform rules to facilitate and  
4 coordinate implementation and administration of this compact. The rules  
5 shall have the force and effect of law and shall be binding in all member  
6 states;

7 2. To bring and prosecute legal proceedings or actions in the name  
8 of the commission. The standing of any state EMS authority or other  
9 regulatory body responsible for EMS personnel licensure to sue or be sued  
10 under applicable law shall not be affected;

11 3. To purchase and maintain insurance and bonds;

12 4. To borrow, accept, or contract for services of personnel,  
13 including, but not limited to, employees of a member state;

14 5. To hire employees, elect or appoint officers, fix compensation,  
15 define duties, grant such individuals appropriate authority to carry out  
16 the purposes of this compact, and establish the commission's personnel  
17 policies and programs relating to conflicts of interest, qualifications  
18 of personnel, and other related personnel matters;

19 6. To accept any and all appropriate donations and grants of money,  
20 equipment, supplies, materials, and services, and to receive, utilize,  
21 and dispose of the same. At all times the commission shall strive to  
22 avoid any appearance of impropriety or conflict of interest;

23 7. To lease, purchase, accept appropriate gifts or donations of, or  
24 otherwise to own, hold, improve, or use, any property, real, personal, or  
25 mixed. At all times the commission shall strive to avoid any appearance  
26 of impropriety;

27 8. To sell, convey, mortgage, pledge, lease, exchange, abandon, or  
28 otherwise dispose of any property real, personal, or mixed;

29 9. To establish a budget and make expenditures;

30 10. To borrow money;

31 11. To appoint committees, including advisory committees comprised

1 of members, state regulators, state legislators or their representatives,  
2 and consumer representatives, and such other interested persons as may be  
3 designated in this compact and the bylaws;

4 12. To provide and receive information from, and to cooperate with,  
5 law enforcement agencies;

6 13. To adopt and use an official seal; and

7 14. To perform such other functions as may be necessary or  
8 appropriate to achieve the purposes of this compact consistent with the  
9 state regulation of EMS personnel licensure and practice.

10 E. Financing of the Commission

11 1. The commission shall pay, or provide for the payment of, the  
12 reasonable expenses of its establishment, organization, and ongoing  
13 activities.

14 2. The commission may accept any and all appropriate revenue  
15 sources, donations, and grants of money, equipment, supplies, materials,  
16 and services.

17 3. The commission may levy on and collect an annual assessment from  
18 each member state or impose fees on other parties to cover the cost of  
19 the operations and activities of the commission and its staff, which must  
20 be in a total amount sufficient to cover its annual budget as approved  
21 each year for which revenue is not provided by other sources. The  
22 aggregate annual assessment amount shall be allocated based upon a  
23 formula to be determined by the commission, which shall promulgate a rule  
24 binding upon all member states.

25 4. The commission shall not incur obligations of any kind prior to  
26 securing the funds adequate to meet the same; nor shall the commission  
27 pledge the credit of any of the member states, except by and with the  
28 authority of the member state.

29 5. The commission shall keep accurate accounts of all receipts and  
30 disbursements. The receipts and disbursements of the commission shall be  
31 subject to the audit and accounting procedures established under its



1 bylaws. However, all receipts and disbursements of funds handled by the  
2 commission shall be audited yearly by a certified or licensed public  
3 accountant, and the report of the audit shall be included in and become  
4 part of the annual report of the commission.

5 F. Qualified Immunity, Defense, and Indemnification

6 1. The members, officers, executive director, employees, and  
7 representatives of the commission shall have no greater liability, either  
8 personally or in their official capacity, for any claim for damage to or  
9 loss of property or personal injury or other civil liability caused by or  
10 arising out of any actual or alleged act, error, or omission that  
11 occurred, or that the person against whom the claim is made had a  
12 reasonable basis for believing occurred, within the scope of commission  
13 employment, duties, or responsibilities, than a state employee would have  
14 under the same or similar circumstances. Nothing in this paragraph shall  
15 be construed to protect any such person from suit or liability for any  
16 damage, loss, injury, or liability caused by the intentional or willful  
17 or wanton misconduct of that person.

18 2. The commission shall defend any member, officer, executive  
19 director, employee, or representative of the commission in any civil  
20 action seeking to impose liability arising out of any actual or alleged  
21 act, error, or omission that occurred within the scope of commission  
22 employment, duties, or responsibilities, or that the person against whom  
23 the claim is made had a reasonable basis for believing occurred within  
24 the scope of commission employment, duties, or responsibilities. Nothing  
25 in this paragraph shall be construed to prohibit that person from  
26 retaining his or her own counsel. The commission shall provide such  
27 defense if the actual or alleged act, error, or omission did not result  
28 from that person's intentional or willful or wanton misconduct.

29 3. The commission shall indemnify and hold harmless any member,  
30 officer, executive director, employee, or representative of the  
31 commission for the amount of any settlement or judgment obtained against

1 that person arising out of any actual or alleged act, error, or omission  
2 that occurred within the scope of commission employment, duties, or  
3 responsibilities, or that such person had a reasonable basis for  
4 believing occurred within the scope of commission employment, duties, or  
5 responsibilities, if the actual or alleged act, error, or omission did  
6 not result from the intentional or willful or wanton misconduct of that  
7 person.

8 ARTICLE 11. COORDINATED DATA BASE

9 A. The commission shall provide for the development and maintenance  
10 of a coordinated data base and reporting system containing licensure,  
11 adverse action, and significant investigatory information on all licensed  
12 individuals in member states.

13 B. A member state shall submit a uniform data set to the coordinated  
14 data base on all individuals to whom the EMS Personnel Licensure  
15 Interstate Compact is applicable as required by the rules of the  
16 commission, including:

17 1. Identifying information;

18 2. Licensure data;

19 3. Significant investigatory information;

20 4. Adverse actions against an individual's license;

21 5. An indicator that an individual's privilege to practice is  
22 restricted, suspended, or revoked;

23 6. Nonconfidential information related to alternative program  
24 participation;

25 7. Any denial of application for licensure, and the reason for such  
26 denial; and

27 8. Other information that may facilitate the administration of this  
28 compact, as determined by the rules of the commission.

29 C. The coordinated data base administrator shall promptly notify all  
30 member states of any adverse action taken against, or significant  
31 investigative information on, any individual in a member state.

1        D. Member states contributing information to the coordinated data  
2 base may designate information that may not be shared with the public  
3 without the express permission of the contributing state.

4        E. Any information submitted to the coordinated data base that is  
5 subsequently required to be expunged by the laws of the member state  
6 contributing the information shall be removed from the coordinated data  
7 base.

8        ARTICLE 12. RULEMAKING

9        A. The commission shall exercise its rulemaking powers pursuant to  
10 the criteria set forth in this Article and the rules adopted thereunder.  
11 Rules and amendments shall become binding as of the date specified in  
12 each rule or amendment.

13        B. If a majority of the legislatures of the member states rejects a  
14 rule, by enactment of a statute or resolution in the same manner used to  
15 adopt the EMS Personnel Licensure Interstate Compact, then such rule  
16 shall have no further force and effect in any member state.

17        C. Rules or amendments to the rules shall be adopted at a regular or  
18 special meeting of the commission.

19        D. Prior to promulgation and adoption of a final rule or rules by  
20 the commission, and at least sixty days in advance of the meeting at  
21 which the rule will be considered and voted upon, the commission shall  
22 file a notice of proposed rulemaking:

- 23        1. On the web site of the commission; and  
24        2. On the web site of each member state's state EMS authority or the  
25 publication in which each state would otherwise publish proposed rules.

26        E. The notice of proposed rulemaking shall include:

27        1. The proposed time, date, and location of the meeting in which the  
28 rule will be considered and voted upon;

29        2. The text of the proposed rule or amendment and the reason for the  
30 proposed rule;

31        3. A request for comments on the proposed rule from any interested

1 person; and

2 4. The manner in which interested persons may submit notice to the  
3 commission of their intention to attend the public hearing and any  
4 written comments.

5 F. Prior to adoption of a proposed rule, the commission shall allow  
6 persons to submit written data, facts, opinions, and arguments, which  
7 shall be made available to the public.

8 G. The commission shall grant an opportunity for a public hearing  
9 before it adopts a rule or amendment if a hearing is requested by:

10 1. At least twenty-five persons;

11 2. A governmental subdivision or agency; or

12 3. An association having at least twenty-five members.

13 H. If a hearing is held on the proposed rule or amendment, the  
14 commission shall publish the place, time, and date of the scheduled  
15 public hearing.

16 1. All persons wishing to be heard at the hearing shall notify the  
17 executive director of the commission or other designated member in  
18 writing of their desire to appear and testify at the hearing not less  
19 than five business days before the scheduled date of the hearing.

20 2. Hearings shall be conducted in a manner providing each person who  
21 wishes to comment a fair and reasonable opportunity to comment orally or  
22 in writing.

23 3. No transcript of the hearing is required, unless a written  
24 request for a transcript is made, in which case the person requesting the  
25 transcript shall bear the cost of producing the transcript. A recording  
26 may be made in lieu of a transcript under the same terms and conditions  
27 as a transcript. This subsection shall not preclude the commission from  
28 making a transcript or recording of the hearing if it so chooses.

29 4. Nothing in this Article shall be construed as requiring a  
30 separate hearing on each rule. Rules may be grouped for the convenience  
31 of the commission at hearings required by this Article.

1           I. Following the scheduled hearing date, or by the close of business  
2           on the scheduled hearing date if the hearing was not held, the commission  
3           shall consider all written and oral comments received.

4           J. The commission shall, by majority vote of all members, take final  
5           action on the proposed rule and shall determine the effective date of the  
6           rule, if any, based on the rulemaking record and the full text of the  
7           rule.

8           K. If no written notice of intent to attend the public hearing by  
9           interested parties is received, the commission may proceed with  
10          promulgation of the proposed rule without a public hearing.

11          L. Upon determination that an emergency exists, the commission may  
12          consider and adopt an emergency rule without prior notice, opportunity  
13          for comment, or hearing. The usual rulemaking procedures provided in this  
14          compact and in this Article shall be retroactively applied to the rule as  
15          soon as reasonably possible, in no event later than ninety days after the  
16          effective date of the rule. For purposes of this paragraph, an emergency  
17          rule is one that must be adopted immediately in order to:

- 18           1. Meet an imminent threat to public health, safety, or welfare;  
19           2. Prevent a loss of commission or member state funds;  
20           3. Meet a deadline for the promulgation of an administrative rule  
21          that is established by federal law or rule; or  
22           4. Protect public health and safety.

23          M. The commission or an authorized committee of the commission may  
24          direct revisions to a previously adopted rule or amendment for purposes  
25          of correcting typographical errors, errors in format, errors in  
26          consistency, or grammatical errors. Public notice of any revisions shall  
27          be posted on the web site of the commission. The revision shall be  
28          subject to challenge by any person for a period of thirty days after  
29          posting. The revision may be challenged only on grounds that the revision  
30          results in a material change to a rule. A challenge shall be made in  
31          writing and delivered to the chair of the commission prior to the end of

1 the notice period. If no challenge is made, the revision will take effect  
2 without further action. If the revision is challenged, the revision may  
3 not take effect without the approval of the commission.

4 ARTICLE 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

5 A. Oversight

6 1. The executive, legislative, and judicial branches of state  
7 government in each member state shall enforce the EMS Personnel Licensure  
8 Interstate Compact and take all actions necessary and appropriate to  
9 effectuate this compact's purposes and intent. This compact and the rules  
10 promulgated under this compact shall have standing as statutory law.

11 2. All courts shall take judicial notice of this compact and the  
12 rules in any judicial or administrative proceeding in a member state  
13 pertaining to the subject matter of this compact which may affect the  
14 powers, responsibilities, or actions of the commission.

15 3. The commission shall be entitled to receive service of process in  
16 any such proceeding and shall have standing to intervene in such a  
17 proceeding for all purposes. Failure to provide service of process to the  
18 commission shall render a judgment or order void as to the commission,  
19 this compact, or promulgated rules.

20 B. Default, Technical Assistance, and Termination

21 1. If the commission determines that a member state has defaulted in  
22 the performance of its obligations or responsibilities under this compact  
23 or the promulgated rules, the commission shall:

24 a. Provide written notice to the defaulting state and other member  
25 states of the nature of the default, the proposed means of curing the  
26 default, or any other action to be taken by the commission; and

27 b. Provide remedial training and specific technical assistance  
28 regarding the default.

29 2. If a state in default fails to cure the default, the defaulting  
30 state may be terminated from this compact upon an affirmative vote of a  
31 majority of the member states, and all rights, privileges, and benefits

1 conferred by this compact may be terminated on the effective date of  
2 termination. A cure of the default does not relieve the offending state  
3 of obligations or liabilities incurred during the period of default.

4 3. Termination of membership in this compact shall be imposed only  
5 after all other means of securing compliance have been exhausted. Notice  
6 of intent to suspend or terminate shall be given by the commission to the  
7 governor, the majority and minority leaders of the defaulting state's  
8 legislature or the speaker if no such leaders exist, and each of the  
9 member states.

10 4. A state that has been terminated is responsible for all  
11 assessments, obligations, and liabilities incurred through the effective  
12 date of termination, including obligations that extend beyond the  
13 effective date of termination.

14 5. The commission shall not bear any costs related to a state that  
15 is found to be in default or that has been terminated from this compact,  
16 unless agreed upon in writing between the commission and the defaulting  
17 state.

18 6. The defaulting state may appeal the action of the commission by  
19 petitioning the United States District Court for the District of Columbia  
20 or the federal district where the commission has its principal offices.  
21 The prevailing member shall be awarded all costs of such litigation,  
22 including reasonable attorney's fees.

23 C. Dispute Resolution

24 1. Upon request by a member state, the commission shall attempt to  
25 resolve disputes related to this compact that arise among member states  
26 and between member and nonmember states.

27 2. The commission shall promulgate a rule providing for both  
28 mediation and binding dispute resolution for disputes as appropriate.

29 D. Enforcement

30 1. The commission, in the reasonable exercise of its discretion,  
31 shall enforce the provisions and rules of this compact.

1           2. By majority vote, the commission may initiate legal action in the  
2 United States District Court for the District of Columbia or the federal  
3 district where the commission has its principal offices against a member  
4 state in default to enforce compliance with this compact and its  
5 promulgated rules and bylaws. The relief sought may include both  
6 injunctive relief and damages. In the event judicial enforcement is  
7 necessary, the prevailing member shall be awarded all costs of such  
8 litigation, including reasonable attorney's fees.

9           3. The remedies in this Article shall not be the exclusive remedies  
10 of the commission. The commission may pursue any other remedies available  
11 under federal or state law.

12           ARTICLE 14. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR  
13 EMS PERSONNEL PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

14           A. The EMS Personnel Licensure Interstate Compact shall come into  
15 effect on the date on which the compact statute is enacted into law in  
16 the tenth member state. The provisions, which become effective at that  
17 time, shall be limited to the powers granted to the commission relating  
18 to assembly and the promulgation of rules. Thereafter, the commission  
19 shall meet and exercise rulemaking powers necessary to the implementation  
20 and administration of this compact.

21           B. Any state that joins the compact subsequent to the commission's  
22 initial adoption of the rules shall be subject to the rules as they exist  
23 on the date on which the compact becomes law in that state. Any rule that  
24 has been previously adopted by the commission shall have the full force  
25 and effect of law on the day the compact becomes law in that state.

26           C. Any member state may withdraw from this compact by enacting a  
27 statute repealing the same.

28           1. A member state's withdrawal shall not take effect until six  
29 months after enactment of the repealing statute.

30           2. Withdrawal shall not affect the continuing requirement of the  
31 withdrawing state's state EMS authority to comply with the investigative



1 and adverse action reporting requirements of this compact prior to the  
2 effective date of withdrawal.

3 D. Nothing contained in this compact shall be construed to  
4 invalidate or prevent any EMS personnel licensure agreement or other  
5 cooperative arrangement between a member state and a nonmember state that  
6 does not conflict with this compact.

7 E. This compact may be amended by the member states. No amendment to  
8 this compact shall become effective and binding upon any member state  
9 until it is enacted into the laws of all member states.

10 ARTICLE 15. CONSTRUCTION AND SEVERABILITY

11 The EMS Personnel Licensure Interstate Compact shall be liberally  
12 construed so as to effectuate the purposes thereof. If this compact shall  
13 be held contrary to the constitution of any member state, the compact  
14 shall remain in full force and effect as to the remaining member states.  
15 Nothing in this compact supersedes state law or rules related to  
16 licensure of EMS agencies.

17 Sec. 70. The State of Nebraska adopts the Psychology  
18 Interjurisdictional Compact substantially as follows:

19 ARTICLE I

20 PURPOSE

21 States license psychologists in order to protect the public through  
22 verification of education, training, and experience and ensure  
23 accountability for professional practice.

24 The Psychology Interjurisdictional Compact is intended to regulate  
25 the day-to-day practice of telepsychology, the provision of psychological  
26 services using telecommunication technologies, by psychologists across  
27 state boundaries in the performance of their psychological practice as  
28 assigned by an appropriate authority.

29 The Compact is intended to regulate the temporary in-person, face-  
30 to-face practice of psychology by psychologists across state boundaries  
31 for thirty days within a calendar year in the performance of their

1 psychological practice as assigned by an appropriate authority.

2 The Compact is intended to authorize state psychology regulatory  
3 authorities to afford legal recognition, in a manner consistent with the  
4 terms of the Compact, to psychologists licensed in another state.

5 The Compact recognizes that states have a vested interest in  
6 protecting the public's health and safety through licensing and  
7 regulation of psychologists and that such state regulation will best  
8 protect public health and safety.

9 The Compact does not apply when a psychologist is licensed in both  
10 the home and receiving states.

11 The Compact does not apply to permanent in-person, face-to-face  
12 practice; it does allow for authorization of temporary psychological  
13 practice.

14 Consistent with these principles, the Compact is designed to achieve  
15 the following purposes and objectives:

16 1. Increase public access to professional psychological services by  
17 allowing for telepsychological practice across state lines as well as  
18 temporary in-person, face-to-face services into a state which the  
19 psychologist is not licensed to practice psychology;

20 2. Enhance the states' ability to protect the public's health and  
21 safety, especially client or patient safety;

22 3. Encourage the cooperation of compact states in the areas of  
23 psychology licensure and regulation;

24 4. Facilitate the exchange of information between compact states  
25 regarding psychologist licensure, adverse actions, and disciplinary  
26 history;

27 5. Promote compliance with the laws governing psychological practice  
28 in each compact state; and

29 6. Invest all compact states with the authority to hold licensed  
30 psychologists accountable through the mutual recognition of compact state  
31 licenses.

1           ARTICLE II

2           DEFINITIONS

3           A. Adverse action means any action taken by a state psychology  
4 regulatory authority which finds a violation of a statute or regulation  
5 that is identified by the state psychology regulatory authority as  
6 discipline and is a matter of public record.

7           B. Association of State and Provincial Psychology Boards means the  
8 recognized membership organization composed of State and Provincial  
9 Psychology Regulatory Authorities responsible for the licensure and  
10 registration of psychologists throughout the United States and Canada.

11           C. Authority to practice interjurisdictional telepsychology means a  
12 licensed psychologist's authority to practice telepsychology, within the  
13 limits authorized under the Psychology Interjurisdictional Compact, in  
14 another compact state.

15           D. Bylaws means those bylaws established by the Commission pursuant  
16 to Article X for its governance, or for directing and controlling its  
17 actions and conduct.

18           E. Client or patient means the recipient of psychological services,  
19 whether psychological services are delivered in the context of  
20 healthcare, corporate, supervision, and/or consulting services.

21           F. Commission means the Psychology Interjurisdictional Compact  
22 Commission which is the national administration of which all compact  
23 states are members.

24           G. Commissioner means the voting representative appointed by each  
25 state psychology regulatory authority pursuant to Article X.

26           H. Compact state means a state, the District of Columbia, or a  
27 United States territory that has enacted the Compact and which has not  
28 withdrawn pursuant to Article XIII, subsection C or been terminated  
29 pursuant to Article XII, subsection B.

30           I. Coordinated Licensure Information System means an integrated  
31 process for collecting, storing, and sharing information on

1 psychologists' licensure and enforcement activities related to psychology  
2 licensure laws, which is administered by the recognized membership  
3 organization composed of state and provincial psychology regulatory  
4 authorities.

5 J. Confidentiality means the principle that data or information is  
6 not made available or disclosed to unauthorized persons or processes.

7 K. Day means any part of a day in which psychological work is  
8 performed.

9 L. Distant state means the compact state where a psychologist is  
10 physically present, not through using telecommunications technologies, to  
11 provide temporary in-person, face-to-face psychological services.

12 M. E.Passport means a certificate issued by the Association of State  
13 and Provincial Psychology Boards that promotes the standardization in the  
14 criteria of interjurisdictional telepsychology practice and facilitates  
15 the process for licensed psychologists to provide telepsychological  
16 services across state lines.

17 N. Executive board means a group of directors elected or appointed  
18 to act on behalf of, and within the powers granted to them by, the  
19 commission.

20 O. Home state means a compact state where a psychologist is licensed  
21 to practice psychology. If the psychologist is licensed in more than one  
22 compact state and is practicing under the authorization to practice  
23 interjurisdictional telepsychology, the home state is the compact state  
24 where the psychologist is physically present when the telepsychology  
25 services are delivered. If the psychologist is licensed in more than one  
26 compact state and is practicing under the temporary authorization to  
27 practice, the home state is any compact state where the psychologist is  
28 licensed.

29 P. Identity history summary means a summary of information retained  
30 by the Federal Bureau of Investigation, or other designee with similar  
31 authority, in connection with arrests and, in some instances, federal

1 employment, naturalization, or military service.

2 Q. In-person, face-to-face means interactions in which the  
3 psychologist and the client or patient are in the same physical space and  
4 which does not include interactions that may occur through the use of  
5 telecommunication technologies.

6 R. Interjurisdictional Practice Certificate means a certificate  
7 issued by the Association of State and Provincial Psychology Boards that  
8 grants temporary authority to practice based on notification to the state  
9 psychology regulatory authority of intention to practice temporarily and  
10 verification of one's qualifications for such practice.

11 S. License means authorization by a state psychology regulatory  
12 authority to engage in the independent practice of psychology, which  
13 would be unlawful without the authorization.

14 T. Noncompact state means any state which is not at the time a  
15 compact state.

16 U. Psychologist means an individual licensed for the independent  
17 practice of psychology.

18 V. Receiving state means a compact state where the client or patient  
19 is physically located when the telepsychology services are delivered.

20 W. Rule means a written statement by the Commission promulgated  
21 pursuant to Article XI that is of general applicability, implements,  
22 interprets, or prescribes a policy or provision of the Compact, or an  
23 organizational, procedural, or practice requirement of the Commission and  
24 has the force and effect of statutory law in a compact state, and  
25 includes the amendment, repeal, or suspension of an existing rule.

26 X. Significant investigatory information means:

27 1. Investigative information that a state psychology regulatory  
28 authority, after a preliminary inquiry that includes notification and an  
29 opportunity to respond if required by state law, has reason to believe,  
30 if proven true, would indicate more than a violation of state statute or  
31 ethics code that would be considered more substantial than minor

1 infraction; or

2 2. Investigative information that indicates that the psychologist  
3 represents an immediate threat to public health and safety regardless of  
4 whether the psychologist has been notified or had an opportunity to  
5 respond.

6 Y. State means a state, commonwealth, territory, or possession of  
7 the United States or the District of Columbia.

8 Z. State psychology regulatory authority means the board, office, or  
9 other agency with the legislative mandate to license and regulate the  
10 practice of psychology.

11 AA. Telepsychology means the provision of psychological services  
12 using telecommunication technologies.

13 BB. Temporary authorization to practice means a licensed  
14 psychologist's authority to conduct temporary in-person, face-to-face  
15 practice, within the limits authorized under the Compact, in another  
16 compact state.

17 CC. Temporary in-person, face-to-face practice means the practice of  
18 psychology in which a psychologist is physically present, not through  
19 using telecommunications technologies, in the distant state to provide  
20 for the practice of psychology for thirty days within a calendar year and  
21 based on notification to the distant state.

22 ARTICLE III

23 HOME STATE LICENSURE

24 A. The home state shall be a compact state where a psychologist is  
25 licensed to practice psychology.

26 B. A psychologist may hold one or more compact state licenses at a  
27 time. If the psychologist is licensed in more than one compact state, the  
28 home state is the compact state where the psychologist is physically  
29 present when the services are delivered as authorized by the authority to  
30 practice interjurisdictional telepsychology under the terms of the  
31 Psychology Interjurisdictional Compact.

1           C. Any compact state may require a psychologist not previously  
2 licensed in a compact state to obtain and retain a license to be  
3 authorized to practice in the compact state under circumstances not  
4 authorized by the authority to practice interjurisdictional  
5 telepsychology under the terms of the Psychology Interjurisdictional  
6 Compact.

7           D. Any compact state may require a psychologist to obtain and retain  
8 a license to be authorized to practice in a compact state under  
9 circumstances not authorized by temporary authorization to practice under  
10 the terms of the Compact.

11           E. A home state's license authorizes a psychologist to practice in a  
12 receiving state under the authority to practice interjurisdictional  
13 telepsychology only if the compact state:

14           1. Currently requires the psychologist to hold an active E.Passport;

15           2. Has a mechanism in place for receiving and investigating  
16 complaints about licensed individuals;

17           3. Notifies the Commission, in compliance with the terms of the  
18 Compact, of any adverse action or significant investigatory information  
19 regarding a licensed individual;

20           4. Requires an identity history summary of all applicants at initial  
21 licensure, including the use of the results of fingerprints or other  
22 biometric data checks compliant with the requirements of the Federal  
23 Bureau of Investigation, or other designee with similar authority, no  
24 later than ten years after activation of the Compact; and

25           5. Complies with the bylaws and rules of the Commission.

26           F. A home state's license grants temporary authorization to practice  
27 to a psychologist in a distant state only if the compact state:

28           1. Currently requires the psychologist to hold an active  
29 Interjurisdictional Practice Certificate;

30           2. Has a mechanism in place for receiving and investigating  
31 complaints about licensed individuals;

1           3. Notifies the Commission, in compliance with the terms of the  
2 Compact, of any adverse action or significant investigatory information  
3 regarding a licensed individual;

4           4. Requires an identity history summary of all applicants at initial  
5 licensure, including the use of the results of fingerprints or other  
6 biometric data checks compliant with the requirements of the Federal  
7 Bureau of Investigation, or other designee with similar authority, no  
8 later than ten years after activation of the Compact; and

9           5. Complies with the bylaws and rules of the Commission.

10           ARTICLE IV

11           COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

12           A. Compact states shall recognize the right of a psychologist,  
13 licensed in a compact state in conformance with Article III, to practice  
14 telepsychology in other compact states (receiving states) in which the  
15 psychologist is not licensed, under the authority to practice  
16 interjurisdictional telepsychology as provided in the Psychology  
17 Interjurisdictional Compact.

18           B. To exercise the authority to practice interjurisdictional  
19 telepsychology under the terms and provisions of the Compact, a  
20 psychologist licensed to practice in a compact state must:

21           1. Hold a graduate degree in psychology from an institute of higher  
22 education that was, at the time the degree was awarded:

23           a. Regionally accredited by an accrediting body recognized by the  
24 United States Department of Education to grant graduate degrees, or  
25 authorized by provincial statute or Royal Charter to grant doctoral  
26 degrees; or

27           b. A foreign college or university deemed to be equivalent to  
28 subdivision 1a of this subsection by a foreign credential evaluation  
29 service that is a member of the National Association of Credential  
30 Evaluation Services or by a recognized foreign credential evaluation  
31 service; and



1           2. Hold a graduate degree in psychology that meets the following  
2 criteria:

3           a. The program, wherever it may be administratively housed, must be  
4 clearly identified and labeled as a psychology program. Such a program  
5 must specify in pertinent institutional catalogues and brochures its  
6 intent to educate and train professional psychologists;

7           b. The psychology program must stand as a recognizable, coherent,  
8 organizational entity within the institution;

9           c. There must be a clear authority and primary responsibility for  
10 the core and specialty areas whether or not the program cuts across  
11 administrative lines;

12           d. The program must consist of an integrated, organized sequence of  
13 study;

14           e. There must be an identifiable psychology faculty sufficient in  
15 size and breadth to carry out its responsibilities;

16           f. The designated director of the program must be a psychologist and  
17 a member of the core faculty;

18           g. The program must have an identifiable body of students who are  
19 matriculated in that program for a degree;

20           h. The program must include supervised practicum, internship, or  
21 field training appropriate to the practice of psychology;

22           i. The curriculum shall encompass a minimum of three academic years  
23 of full-time graduate study for doctoral degrees and a minimum of one  
24 academic year of full-time graduate study for master's degrees;

25           j. The program includes an acceptable residency as defined by the  
26 rules of the Commission.

27           3. Possess a current, full, and unrestricted license to practice  
28 psychology in a home state which is a compact state;

29           4. Have no history of adverse action that violates the rules of the  
30 Commission;

31           5. Have no criminal record history reported on an identity history

1 summary that violates the rules of the Commission;

2 6. Possess a current, active E.Passport;

3 7. Provide attestations in regard to areas of intended practice,  
4 conformity with standards of practice, competence in telepsychology  
5 technology; criminal background; and knowledge and adherence to legal  
6 requirements in the home and receiving states, and provide a release of  
7 information to allow for primary source verification in a manner  
8 specified by the Commission; and

9 8. Meet other criteria as defined by the rules of the Commission.

10 C. The home state maintains authority over the license of any  
11 psychologist practicing into a receiving state under the authority to  
12 practice interjurisdictional telepsychology.

13 D. A psychologist practicing into a receiving state under the  
14 authority to practice interjurisdictional telepsychology will be subject  
15 to the receiving state's authority and laws. A receiving state may, in  
16 accordance with that state's due process law, limit or revoke a  
17 psychologist's authority to practice interjurisdictional telepsychology  
18 in the receiving state and may take any other necessary actions under the  
19 receiving state's applicable law to protect the health and safety of the  
20 receiving state's citizens. If a receiving state takes action, the state  
21 shall promptly notify the home state and the Commission.

22 E. If a psychologist's license in any home state, another compact  
23 state, or any authority to practice interjurisdictional telepsychology in  
24 any receiving state, is restricted, suspended, or otherwise limited, the  
25 E.Passport shall be revoked and therefor the psychologist shall not be  
26 eligible to practice telepsychology in a compact state under the  
27 authority to practice interjurisdictional telepsychology.

28 ARTICLE V

29 COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

30 A. Compact states shall also recognize the right of a psychologist,  
31 licensed in a compact state in conformance with Article III, to practice

1 temporarily in other compact states (distant states) in which the  
2 psychologist is not licensed, as provided in the Psychology  
3 Interjurisdictional Compact.

4 B. To exercise the temporary authorization to practice under the  
5 terms and provisions of the Compact, a psychologist licensed to practice  
6 in a compact state must:

7 1. Hold a graduate degree in psychology from an institute of higher  
8 education that was, at the time the degree was awarded:

9 a. Regionally accredited by an accrediting body recognized by the  
10 United States Department of Education to grant graduate degrees, or  
11 authorized by provincial statute or Royal Charter to grant doctoral  
12 degrees; or

13 b. A foreign college or university deemed to be equivalent to  
14 subdivision 1a of this subsection by a foreign credential evaluation  
15 service that is a member of the National Association of Credential  
16 Evaluation Services or by a recognized foreign credential evaluation  
17 service; and

18 2. Hold a graduate degree in psychology that meets the following  
19 criteria:

20 a. The program, wherever it may be administratively housed, must be  
21 clearly identified and labeled as a psychology program. Such a program  
22 must specify in pertinent institutional catalogues and brochures its  
23 intent to educate and train professional psychologists;

24 b. The psychology program must stand as a recognizable, coherent,  
25 organizational entity within the institution;

26 c. There must be a clear authority and primary responsibility for  
27 the core and specialty areas whether or not the program cuts across  
28 administrative lines;

29 d. The program must consist of an integrated, organized sequence of  
30 study;

31 e. There must be an identifiable psychology faculty sufficient in

1 size and breadth to carry out its responsibilities;

2 f. The designated director of the program must be a psychologist and  
3 a member of the core faculty;

4 g. The program must have an identifiable body of students who are  
5 matriculated in that program for a degree;

6 h. The program must include supervised practicum, internship, or  
7 field training appropriate to the practice of psychology;

8 i. The curriculum shall encompass a minimum of three academic years  
9 of full-time graduate study for doctoral degrees and a minimum of one  
10 academic year of full-time graduate study for master's degrees;

11 j. The program includes an acceptable residency as defined by the  
12 rules of the Commission.

13 3. Possess a current, full, and unrestricted license to practice  
14 psychology in a home state which is a compact state;

15 4. No history of adverse action that violates the rules of the  
16 Commission;

17 5. No criminal record history that violates the rules of the  
18 Commission;

19 6. Possess a current, active Interjurisdictional Practice  
20 Certificate;

21 7. Provide attestations in regard to areas of intended practice and  
22 work experience and provide a release of information to allow for primary  
23 source verification in a manner specified by the Commission; and

24 8. Meet other criteria as defined by the rules of the Commission.

25 C. A psychologist practicing into a distant state under the  
26 temporary authorization to practice shall practice within the scope of  
27 practice authorized by the distant state.

28 D. A psychologist practicing into a distant state under the  
29 temporary authorization to practice will be subject to the distant  
30 state's authority and law. A distant state may, in accordance with that  
31 state's due process law, limit or revoke a psychologist's temporary

1 authorization to practice in the distant state and may take any other  
2 necessary actions under the distant state's applicable law to protect the  
3 health and safety of the distant state's citizens. If a distant state  
4 takes action, the state shall promptly notify the home state and the  
5 Commission.

6 E. If a psychologist's license in any home state, another compact  
7 state, or any temporary authorization to practice in any distant state,  
8 is restricted, suspended, or otherwise limited, the Interjurisdictional  
9 Practice Certificate shall be revoked and therefor the psychologist shall  
10 not be eligible to practice in a compact state under the temporary  
11 authorization to practice.

12 ARTICLE VI

13 CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

14 A psychologist may practice in a receiving state under the authority  
15 to practice interjurisdictional telepsychology only in the performance of  
16 the scope of practice for psychology as assigned by an appropriate state  
17 psychology regulatory authority, as defined in the rules of the  
18 Commission, and under the following circumstances:

19 1. The psychologist initiates a client or patient contact in a home  
20 state via telecommunications technologies with a client or patient in a  
21 receiving state;

22 2. Other conditions regarding telepsychology as determined by rules  
23 promulgated by the Commission.

24 ARTICLE VII

25 ADVERSE ACTIONS

26 A. A home state shall have the power to impose adverse action  
27 against a psychologist's license issued by the home state. A distant  
28 state shall the power to take adverse action on a psychologist's  
29 temporary authorization to practice within that distant state.

30 B. A receiving state may take adverse action on a psychologist's  
31 authority to practice interjurisdictional telepsychology within that

1 receiving state. A home state may take adverse action against a  
2 psychologist based on an adverse action taken by a distant state  
3 regarding temporary in-person, face-to-face practice.

4 C. If a home state takes adverse action against a psychologist's  
5 license, that psychologist's authority to practice interjurisdictional  
6 telepsychology is terminated and the E.Passport is revoked. Furthermore,  
7 that psychologist's temporary authorization to practice is terminated and  
8 the Interjurisdictional Practice Certificate is revoked.

9 1. All home state disciplinary orders which impose adverse action  
10 shall be reported to the Commission in accordance with the rules  
11 promulgated by the Commission. A compact state shall report adverse  
12 actions in accordance with the rules of the Commission.

13 2. In the event discipline is reported on a psychologist, the  
14 psychologist will not be eligible for telepsychology or temporary in-  
15 person, face-to-face practice in accordance with the rules of the  
16 Commission.

17 3. Other actions may be imposed as determined by the rules  
18 promulgated by the Commission.

19 D. A home state's state psychology regulatory authority shall  
20 investigate and take appropriate action with respect to reported  
21 inappropriate conduct engaged in by a licensee which occurred in a  
22 receiving state as it would if such conduct had occurred by a licensee  
23 within the home state. In such cases, the home state's law shall control  
24 in determining any adverse action against a psychologist's license.

25 E. A distant state's state psychology regulatory authority shall  
26 investigate and take appropriate action with respect to reported  
27 inappropriate conduct engaged in by a psychologist practicing under  
28 temporary authorization practice which occurred in that distant state as  
29 it would if such conduct had occurred by a licensee within the home  
30 state. In such cases, distant state's law shall control in determining  
31 any adverse action against a psychologist's temporary authorization to

1 practice.

2 F. Nothing in the Psychology Interjurisdictional Compact shall  
3 override a compact state's decision that a psychologist's participation  
4 in an alternative program may be used in lieu of adverse action and that  
5 such participation shall remain nonpublic if required by the compact  
6 state's law. Compact states must require psychologists who enter any  
7 alternative programs to not provide telepsychology services under the  
8 authority to practice interjurisdictional telepsychology or provide  
9 temporary psychological services under the temporary authorization to  
10 practice in any other compact state during the term of the alternative  
11 program.

12 G. No other judicial or administrative remedies shall be available  
13 to a psychologist in the event a compact state imposes an adverse action  
14 pursuant to subsection C of this Article.

15 ARTICLE VIII

16 ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S STATE  
17 PSYCHOLOGY REGULATORY AUTHORITY

18 In addition to any other powers granted under state law, a compact  
19 state's state psychology regulatory authority shall have the authority  
20 under the Psychology Interjurisdictional Compact to:

21 1. Issue subpoenas, for both hearings and investigations, which  
22 require the attendance and testimony of witnesses and the production of  
23 evidence. Subpoenas issued by a compact state's state psychology  
24 regulatory authority for the attendance and testimony of witnesses, or  
25 the production of evidence from another compact state shall be enforced  
26 in the latter state by any court of competent jurisdiction, according to  
27 that court's practice and procedure in considering subpoenas issued in  
28 its own proceedings. The issuing state psychology regulatory authority  
29 shall pay any witness fees, travel expenses, mileage fees, and other fees  
30 required by the service statutes of the state where the witnesses or  
31 evidence are located; and

1           2. Issue cease and desist orders, injunctive relief orders, or both  
2 to revoke a psychologist's authority to practice interjurisdictional  
3 telepsychology, temporary authorization to practice, or both.

4           3. During the course of any investigation, a psychologist may not  
5 change his or her home state licensure. A home state's state psychology  
6 regulatory authority is authorized to complete any pending investigations  
7 of a psychologist and to take any actions appropriate under its law. The  
8 home state's state psychology regulatory authority shall promptly report  
9 the conclusions of such investigations to the Commission. Once an  
10 investigation has been completed, and pending the outcome of the  
11 investigation, the psychologist may change his or her home state  
12 licensure. The Commission shall promptly notify the new home state of any  
13 such decisions as provided in the rules of the Commission. All  
14 information provided to the Commission or distributed by compact states  
15 pursuant to the psychologist shall be confidential, filed under seal, and  
16 used for investigatory or disciplinary matters. The Commission may create  
17 additional rules for mandated or discretionary sharing of information by  
18 compact states.

19           ARTICLE IX

20           COORDINATED LICENSURE INFORMATION SYSTEM

21           A. The Commission shall provide for the development and maintenance  
22 of a Coordinated Licensure Information System (Coordinated Database) and  
23 reporting system containing licensure and disciplinary action information  
24 on all psychologists or individuals to whom the Psychology  
25 Interjurisdictional Compact is applicable in all compact states as  
26 defined by the rules of the Commission.

27           B. Notwithstanding any other provision of state law to the contrary,  
28 a compact state shall submit a uniform data set to the Coordinated  
29 Database on all licensees as required by the rules of the Commission,  
30 including:

31           1. Identifying information;



- 1           2. Licensure data;
- 2           3. Significant investigatory information;
- 3           4. Adverse actions against a psychologist's license;
- 4           5. An indicator that a psychologist's authority to practice  
5 interjurisdictional telepsychology or temporary authorization to practice  
6 is revoked;
- 7           6. Nonconfidential information related to alternative program  
8 participation information;
- 9           7. Any denial of application for licensure, and the reasons for such  
10 denial; and
- 11           8. Other information which may facilitate the administration of the  
12 Compact, as determined by the rules of the Commission.

13           C. The Coordinated Database administrator shall promptly notify all  
14 compact states of any adverse action taken against, or significant  
15 investigative information on, any licensee in a compact state.

16           D. Compact states reporting information to the Coordinated Database  
17 may designate information that may not be shared with the public without  
18 the express permission of the compact state reporting the information.

19           E. Any information submitted to the Coordinated Database that is  
20 subsequently required to be expunged by the law of the compact state  
21 reporting the information shall be removed from the Coordinated Database.

22           ARTICLE X

23           ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT  
24 COMMISSION

25           A. The compact states hereby create and establish a joint public  
26 agency known as the Psychology Interjurisdictional Compact Commission.

27           1. The Commission is a body politic and an instrumentality of the  
28 compact states.

29           2. Venue is proper and judicial proceedings by or against the  
30 Commission shall be brought solely and exclusively in a court of  
31 competent jurisdiction where the principal office of the Commission is

1 located. The Commission may waive venue and jurisdictional defenses to  
2 the extent it adopts or consents to participate in alternative dispute  
3 resolution proceedings.

4 3. Nothing in the Psychology Interjurisdictional Compact shall be  
5 construed to be a waiver of sovereign immunity.

6 B. Membership, Voting, and Meetings

7 1. The Commission shall consist of one voting representative  
8 appointed by each compact state who shall serve as that state's  
9 Commissioner. The state psychology regulatory authority shall appoint the  
10 state's delegate. This delegate shall be empowered to act on behalf of  
11 the compact state. This delegate shall be limited to:

12 a. Executive director, executive secretary, or similar executive;

13 b. Current member of the state psychology regulatory authority of a  
14 compact state; or

15 c. Designee empowered with the appropriate delegate authority to act  
16 on behalf of the compact state.

17 2. Any Commissioner may be removed or suspended from office as  
18 provided by the law of the state from which the Commissioner is  
19 appointed. Any vacancy occurring in the Commission shall be filled in  
20 accordance with the laws of the compact state in which the vacancy  
21 exists.

22 3. Each Commissioner shall be entitled to one vote with regard to  
23 the promulgation of rules and creation of bylaws and shall otherwise have  
24 an opportunity to participate in the business and affairs of the  
25 Commission. A Commissioner shall vote in person or by such other means as  
26 provided in the bylaws. The bylaws may provide for Commissioners'  
27 participation in meetings by telephone or other means of communication.

28 4. The Commission shall meet at least once during each calendar  
29 year. Additional meetings shall be held as set forth in the bylaws.

30 5. All meetings shall be open to the public, and public notice of  
31 meetings shall be given in the same manner as required under the

1 rulemaking provisions in Article XI.

2 6. The Commission may convene in a closed, nonpublic meeting if the  
3 Commission must discuss:

4 a. Noncompliance of a compact state with its obligations under the  
5 Compact;

6 b. The employment, compensation, discipline, or other personnel  
7 matters, practices, or procedures related to specific employees or other  
8 matters related to the Commission's internal personnel practices and  
9 procedures;

10 c. Current, threatened, or reasonably anticipated litigation against  
11 the Commission;

12 d. Negotiation of contracts for the purchase or sale of goods,  
13 services, or real estate;

14 e. Accusation against any person of a crime or formally censuring  
15 any person;

16 f. Disclosure of trade secrets or commercial or financial  
17 information which is privileged or confidential;

18 g. Disclosure of information of a personal nature where disclosure  
19 would constitute a clearly unwarranted invasion of personal privacy;

20 h. Disclosure of investigatory records compiled for law enforcement  
21 purposes;

22 i. Disclosure of information related to any investigatory reports  
23 prepared by or on behalf of or for use of the Commission or other  
24 committee charged with responsibility for investigation or determination  
25 of compliance issues pursuant to the Compact; or

26 j. Matters specifically exempted from disclosure by federal and  
27 state statute.

28 7. If a meeting, or portion of a meeting, is closed pursuant to this  
29 Article, the Commission's legal counsel or designee shall certify that  
30 the meeting may be closed and shall reference each relevant exempting  
31 provision. The Commission shall keep minutes which fully and clearly

1 describe all matters discussed in a meeting and shall provide a full and  
2 accurate summary of actions taken, of any person participating in the  
3 meeting, and the reasons therefore, including a description of the views  
4 expressed. All documents considered in connection with an action shall be  
5 identified in such minutes. All minutes and documents of a closed meeting  
6 shall remain under seal, subject to release only by a majority vote of  
7 the Commission or order of a court of competent jurisdiction.

8 C. The Commission shall, by a majority vote of the Commissioners,  
9 prescribe bylaws or rules to govern its conduct as may be necessary or  
10 appropriate to carry out the purposes and exercise the powers of the  
11 Compact, including, but not limited to:

12 1. Establishing the fiscal year of the Commission;

13 2. Providing reasonable standards and procedures:

14 a. For the establishment and meetings of other committees; and

15 b. Governing any general or specific delegation of any authority or  
16 function of the Commission;

17 3. Providing reasonable procedures for calling and conducting  
18 meetings of the Commission, ensuring reasonable advance notice of all  
19 meetings and providing an opportunity for attendance of such meetings by  
20 interested parties, with enumerated exceptions designed to protect the  
21 public's interest, the privacy of individuals of such proceedings, and  
22 proprietary information, including trade secrets. The Commission may meet  
23 in closed session only after a majority of the Commissioners vote to  
24 close a meeting to the public in whole or in part. As soon as  
25 practicable, the Commission must make public a copy of the vote to close  
26 the meeting revealing the vote of each Commissioner with no proxy votes  
27 allowed;

28 4. Establishing the titles, duties, and authority and reasonable  
29 procedures for the election of the officers of the Commission;

30 5. Providing reasonable standards and procedures for the  
31 establishment of the personnel policies and programs of the Commission.

1 Notwithstanding any civil service or other similar law of any compact  
2 state, the bylaws shall exclusively govern the personnel policies and  
3 programs of the Commission;

4 6. Promulgating a code of ethics to address permissible and  
5 prohibited activities of Commission members and employees;

6 7. Providing a mechanism for concluding the operations of the  
7 Commission and the equitable disposition of any surplus funds that may  
8 exist after the termination of the Compact after the payment, reserving,  
9 or both of all of its debts and obligations;

10 8. The Commission shall publish its bylaws in a convenient form and  
11 file a copy thereof and a copy of any amendment thereto, with the  
12 appropriate agency or officer in each of the compact states;

13 9. The Commission shall maintain its financial records in accordance  
14 with the bylaws; and

15 10. The Commission shall meet and take such actions as are  
16 consistent with the provisions of the Compact and the bylaws.

17 D. The Commission shall have the following powers:

18 1. The authority to promulgate uniform rules to facilitate and  
19 coordinate implementation and administration of the Compact. The rules  
20 shall have the force and effect of law and shall be binding in all  
21 compact states;

22 2. To bring and prosecute legal proceedings or actions in the name  
23 of the Commission, provided that the standing of any state psychology  
24 regulatory authority or other regulatory body responsible for psychology  
25 licensure to sue or be sued under applicable law shall not be affected;

26 3. To purchase and maintain insurance and bonds;

27 4. To borrow, accept, or contract for services of personnel,  
28 including, but not limited to, employees of a compact state;

29 5. To hire employees, elect or appoint officers, fix compensation,  
30 define duties, grant such individuals appropriate authority to carry out  
31 the purposes of the Compact, and to establish the Commission's personnel

1 policies and programs relating to conflicts of interest, qualifications  
2 of personnel, and other related personnel matters;

3 6. To accept any and all appropriate donations and grants of money,  
4 equipment, supplies, materials, and services, and to receive, utilize,  
5 and dispose of the same; provided that at all times the Commission shall  
6 strive to avoid any appearance of impropriety or conflict of interest;

7 7. To lease, purchase, accept appropriate gifts or donations of, or  
8 otherwise to own, hold, improve or use, any property, real, personal, or  
9 mixed; provided that at all times the Commission shall strive to avoid  
10 any appearance of impropriety;

11 8. To sell, convey, mortgage, pledge, lease, exchange, abandon, or  
12 otherwise dispose of any property real, personal, or mixed;

13 9. To establish a budget and make expenditures;

14 10. To borrow money;

15 11. To appoint committees, including advisory committees comprised  
16 of members, state regulators, state legislators or their representatives,  
17 and consumer representatives, and such other interested persons as may be  
18 designated in the Compact and the bylaws;

19 12. To provide and receive information from, and to cooperate with,  
20 law enforcement agencies;

21 13. To adopt and use an official seal; and

22 14. To perform such other functions as may be necessary or  
23 appropriate to achieve the purposes of the Compact consistent with the  
24 state regulation of psychology licensure, temporary in-person, face-to-  
25 face practice, and telepsychology practice.

26 E. The Executive Board

27 The elected officers shall serve as the Executive Board, which shall  
28 have the power to act on behalf of the Commission according to the terms  
29 of the Compact.

30 1. The Executive Board shall be comprised of six members:

31 a. Five voting members who are elected from the current membership

1 of the Commission by the Commission; and

2 b. One ex-officio, nonvoting member from the recognized membership  
3 organization composed of State and Provincial Psychology Regulatory  
4 Authorities.

5 2. The ex-officio member must have served as staff or member on a  
6 state psychology regulatory authority and will be selected by its  
7 respective organization.

8 3. The Commission may remove any member of the Executive Board as  
9 provided in bylaws.

10 4. The Executive Board shall meet at least annually.

11 5. The Executive Board shall have the following duties and  
12 responsibilities:

13 a. Recommend to the entire Commission changes to the rules or  
14 bylaws, changes to the Compact, fees paid by compact states such as  
15 annual dues, and any other applicable fees;

16 b. Ensure Compact administration services are appropriately  
17 provided, contractual or otherwise;

18 c. Prepare and recommend the budget;

19 d. Maintain financial records on behalf of the Commission;

20 e. Monitor Compact compliance of member states and provide  
21 compliance reports to the Commission;

22 f. Establish additional committees as necessary; and

23 g. Other duties as provided in rules or bylaws.

24 F. Financing of the Commission

25 1. The Commission shall pay, or provide for the payment of, the  
26 reasonable expenses of its establishment, organization, and ongoing  
27 activities.

28 2. The Commission may accept any and all appropriate revenue  
29 sources, donations, and grants of money, equipment, supplies, materials,  
30 and services.

31 3. The Commission may levy on and collect an annual assessment from

1 each compact state or impose fees on other parties to cover the cost of  
2 the operations and activities of the Commission and its staff which must  
3 be in a total amount sufficient to cover its annual budget as approved  
4 each year for which revenue is not provided by other sources. The  
5 aggregate annual assessment amount shall be allocated based upon a  
6 formula to be determined by the Commission which shall promulgate a rule  
7 binding upon all compact states.

8 4. The Commission shall not incur obligations of any kind prior to  
9 securing the funds adequate to meet the same; nor shall the Commission  
10 pledge the credit of any of the compact states, except by and with the  
11 authority of the compact state.

12 5. The Commission shall keep accurate accounts of all receipts and  
13 disbursements. The receipts and disbursements of the Commission shall be  
14 subject to the audit and accounting procedures established under its  
15 bylaws. However, all receipts and disbursements of funds handled by the  
16 Commission shall be audited yearly by a certified or licensed public  
17 accountant and the report of the audit shall be included in and become  
18 part of the annual report of the Commission.

19 G. Qualified Immunity, Defense, and Indemnification

20 1. The members, officers, executive director, employees, and  
21 representatives of the Commission shall have no greater liability, either  
22 personally or in their official capacity, for any claim for damage to or  
23 loss of property or personal injury or other civil liability caused by or  
24 arising out of any actual or alleged act, error, or omission that  
25 occurred, or that the person against whom the claim is made had a  
26 reasonable basis for believing occurred, within the scope of Commission  
27 employment, duties, or responsibilities, than a state employee would have  
28 under the same or similar circumstances; provided that nothing in this  
29 paragraph shall be construed to protect any such person from suit or  
30 liability for any damage, loss, injury, or liability caused by the  
31 intentional or willful or wanton misconduct of that person.



1           2. The Commission shall defend any member, officer, executive  
2 director, employee, or representative of the Commission in any civil  
3 action seeking to impose liability arising out of any actual or alleged  
4 act, error, or omission that occurred within the scope of Commission  
5 employment, duties, or responsibilities, or that the person against whom  
6 the claim is made had a reasonable basis for believing occurred within  
7 the scope of Commission employment, duties, or responsibilities; provided  
8 that nothing in this paragraph shall be construed to prohibit that person  
9 from retaining his or her own counsel; and provided further, that the  
10 actual or alleged act, error, or omission did not result from that  
11 person's intentional or willful or wanton misconduct.

12           3. The Commission shall indemnify and hold harmless any member,  
13 officer, executive director, employee, or representative of the  
14 Commission for the amount of any settlement or judgment obtained against  
15 that person arising out of any actual or alleged act, error, or omission  
16 that occurred within the scope of Commission employment, duties, or  
17 responsibilities, or that such person had a reasonable basis for  
18 believing occurred within the scope of Commission employment, duties, or  
19 responsibilities, provided that the actual or alleged act, error, or  
20 omission did not result from the intentional or willful or wanton  
21 misconduct of that person.

22           ARTICLE XI

23           RULEMAKING

24           A. The Commission shall exercise its rulemaking powers pursuant to  
25 the criteria set forth in this Article and the rules adopted thereunder.  
26 Rules and amendments shall become binding as of the date specified in  
27 each rule or amendment.

28           B. If a majority of the legislatures of the compact states rejects a  
29 rule, by enactment of a statute or resolution in the same manner used to  
30 adopt the Psychology Interjurisdictional Compact, then such rule shall  
31 have no further force and effect in any compact state.

1           C. Rules or amendments to the rules shall be adopted at a regular or  
2 special meeting of the Commission.

3           D. Prior to promulgation and adoption of a final rule or rules by  
4 the Commission, and at least sixty days in advance of the meeting at  
5 which the rule will be considered and voted upon, the Commission shall  
6 file a notice of proposed rulemaking:

7           1. On the web site of the Commission; and

8           2. On the web site of each compact state's state psychology  
9 regulatory authority or the publication in which each state would  
10 otherwise publish proposed rules.

11           E. The notice of proposed rulemaking shall include:

12           1. The proposed time, date, and location of the meeting in which the  
13 rule will be considered and voted upon;

14           2. The text of the proposed rule or amendment and the reason for the  
15 proposed rule;

16           3. A request for comments on the proposed rule from any interested  
17 person; and

18           4. The manner in which interested persons may submit notice to the  
19 Commission of their intention to attend the public hearing and any  
20 written comments.

21           F. Prior to adoption of a proposed rule, the Commission shall allow  
22 persons to submit written data, facts, opinions, and arguments, which  
23 shall be made available to the public.

24           G. The Commission shall grant an opportunity for a public hearing  
25 before it adopts a rule or amendment if a hearing is requested by:

26           1. At least twenty-five persons who submit comments independently of  
27 each other;

28           2. A governmental subdivision or agency; or

29           3. A duly appointed person in an association that has at least  
30 twenty-five members.

31           H. If a hearing is held on the proposed rule or amendment, the

1 Commission shall publish the place, time, and date of the scheduled  
2 public hearing.

3 1. All persons wishing to be heard at the hearing shall notify the  
4 executive director of the Commission or other designated member in  
5 writing of their desire to appear and testify at the hearing not less  
6 than five business days before the scheduled date of the hearing.

7 2. Hearings shall be conducted in a manner providing each person who  
8 wishes to comment a fair and reasonable opportunity to comment orally or  
9 in writing.

10 3. No transcript of the hearing is required, unless a written  
11 request for a transcript is made, in which case the person requesting the  
12 transcript shall bear the cost of producing the transcript. A recording  
13 may be made in lieu of a transcript under the same terms and conditions  
14 as a transcript. This subsection shall not preclude the Commission from  
15 making a transcript or recording of the hearing if it so chooses.

16 4. Nothing in this Article shall be construed as requiring a  
17 separate hearing on each rule. Rules may be grouped for the convenience  
18 of the Commission at hearings required by this Article.

19 I. Following the scheduled hearing date, or by the close of business  
20 on the scheduled hearing date if the hearing was not held, the Commission  
21 shall consider all written and oral comments received.

22 J. The Commission shall, by majority vote of all members, take final  
23 action on the proposed rule and shall determine the effective date of the  
24 rule, if any, based on the rulemaking record and the full text of the  
25 rule.

26 K. If no written notice of intent to attend the public hearing by  
27 interested parties is received, the Commission may proceed with  
28 promulgation of the proposed rule without a public hearing.

29 L. Upon determination that an emergency exists, the Commission may  
30 consider and adopt an emergency rule without prior notice, opportunity  
31 for comment, or hearing, provided that the usual rulemaking procedures

1 provided in the Compact and in this section shall be retroactively  
2 applied to the rule as soon as reasonably possible, in no event later  
3 than ninety days after the effective date of the rule. For the purposes  
4 of this paragraph, an emergency rule is one that must be adopted  
5 immediately in order to:

- 6 1. Meet an imminent threat to public health, safety, or welfare;
- 7 2. Prevent a loss of Commission or compact state funds;
- 8 3. Meet a deadline for the promulgation of an administrative rule  
9 that is established by federal law or rule; or
- 10 4. Protect public health and safety.

11 M. The Commission or an authorized committee of the Commission may  
12 direct revisions to a previously adopted rule or amendment for purposes  
13 of correcting typographical errors, errors in format, errors in  
14 consistency, or grammatical errors. Public notice of any revisions shall  
15 be posted on the web site of the Commission. The revision shall be  
16 subject to challenge by any person for a period of thirty days after  
17 posting. The revision may be challenged only on grounds that the revision  
18 results in a material change to a rule. A challenge shall be made in  
19 writing, and delivered to the chair of the Commission prior to the end of  
20 the notice period. If no challenge is made, the revision will take effect  
21 without further action. If the revision is challenged, the revision may  
22 not take effect without the approval of the Commission.

23 ARTICLE XII

24 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

25 A. Oversight

26 1. The executive, legislative, and judicial branches of state  
27 government in each compact state shall enforce the Psychology  
28 Interjurisdictional Compact and take all actions necessary and  
29 appropriate to effectuate the Compact's purposes and intent. The Compact  
30 and the rules promulgated under the Compact shall have standing as  
31 statutory law.

1           2. All courts shall take judicial notice of the Compact and the  
2 rules in any judicial or administrative proceeding in a compact state  
3 pertaining to the subject matter of the Compact which may affect the  
4 powers, responsibilities, or actions of the Commission.

5           3. The Commission shall be entitled to receive service of process in  
6 any such proceeding and shall have standing to intervene in such a  
7 proceeding for all purposes. Failure to provide service of process to the  
8 Commission shall render a judgment or order void as to the Commission,  
9 the Compact, or promulgated rules.

10           B. Default, Technical Assistance, and Termination

11           1. If the Commission determines that a compact state has defaulted  
12 in the performance of its obligations or responsibilities under the  
13 Compact or the promulgated rules, the Commission shall:

14           a. Provide written notice to the defaulting state and other compact  
15 states of the nature of the default, the proposed means of remedying the  
16 default, or any other action to be taken by the Commission; and

17           b. Provide remedial training and specific technical assistance  
18 regarding the default.

19           2. If a state in default fails to remedy the default, the defaulting  
20 state may be terminated from the Compact upon an affirmative vote of a  
21 majority of the compact states, and all rights, privileges, and benefits  
22 conferred by the Compact shall be terminated on the effective date of  
23 termination. A remedy of the default does not relieve the offending state  
24 of obligations or liabilities incurred during the period of default.

25           3. Termination of membership in the Compact shall be imposed only  
26 after all other means of securing compliance have been exhausted. Notice  
27 of intent to suspend or terminate shall be submitted by the Commission to  
28 the Governor, the majority and minority leaders of the defaulting state's  
29 legislature or the Speaker if no such leaders exist, and each of the  
30 compact states.

31           4. A compact state which has been terminated is responsible for all

1 assessments, obligations, and liabilities incurred through the effective  
2 date of termination, including obligations which extend beyond the  
3 effective date of termination.

4 5. The Commission shall not bear any costs incurred by the state  
5 which is found to be in default or which has been terminated from the  
6 Compact, unless agreed upon in writing between the Commission and the  
7 defaulting state.

8 6. The defaulting state may appeal the action of the Commission by  
9 petitioning the United States District Court for the State of Georgia or  
10 the federal district where the Compact has its principal offices. The  
11 prevailing member shall be awarded all costs of such litigation,  
12 including reasonable attorney's fees.

13 C. Dispute Resolution

14 1. Upon request by a compact state, the Commission shall attempt to  
15 resolve disputes related to the Compact which arise among compact states  
16 and between Compact and noncompact states.

17 2. The Commission shall promulgate a rule providing for both  
18 mediation and binding dispute resolution for disputes that arise before  
19 the Commission.

20 D. Enforcement

21 1. The Commission, in the reasonable exercise of its discretion,  
22 shall enforce the provisions and rules of the Compact.

23 2. By majority vote, the Commission may initiate legal action in the  
24 United States District Court for the State of Georgia or the federal  
25 district where the Compact has its principal offices against a compact  
26 state in default to enforce compliance with the provisions of the Compact  
27 and its promulgated rules and bylaws. The relief sought may include both  
28 injunctive relief and damages. In the event judicial enforcement is  
29 necessary, the prevailing member shall be awarded all costs of such  
30 litigation, including reasonable attorney's fees.

31 3. The remedies in this Article shall not be the exclusive remedies

1 of the Commission. The Commission may pursue any other remedies available  
2 under federal or state law.

3 ARTICLE XIII

4 DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT  
5 COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

6 A. The Psychology Interjurisdictional Compact shall come into effect  
7 on the date on which the Compact is enacted into law in the seventh  
8 compact state. The provisions which become effective at that time shall  
9 be limited to the powers granted to the Commission relating to assembly  
10 and the promulgation of rules. Thereafter, the Commission shall meet and  
11 exercise rulemaking powers necessary to the implementation and  
12 administration of the Compact.

13 B. Any state which joins the Compact subsequent to the Commission's  
14 initial adoption of the rules shall be subject to the rules as they exist  
15 on the date on which the Compact becomes law in that state. Any rule  
16 which has been previously adopted by the Commission shall have the full  
17 force and effect of law on the day the Compact becomes law in that state.

18 C. Any compact state may withdraw from this Compact by enacting a  
19 statute repealing the same.

20 1. A compact state's withdrawal shall not take effect until six  
21 months after enactment of the repealing statute.

22 2. Withdrawal shall not affect the continuing requirement of the  
23 withdrawing state's state psychology regulatory authority to comply with  
24 the investigative and adverse action reporting requirements of the  
25 Compact prior to the effective date of withdrawal.

26 D. Nothing contained in the Compact shall be construed to invalidate  
27 or prevent any psychology licensure agreement or other cooperative  
28 arrangement between a compact state and a noncompact state which does not  
29 conflict with the Compact.

30 E. The Compact may be amended by the compact states. No amendment to  
31 the Compact shall become effective and binding upon any compact state

1 until it is enacted into the law of all compact states.

2 ARTICLE XIV

3 CONSTRUCTION AND SEVERABILITY

4 The Psychology Interjurisdictional Compact shall be liberally  
5 construed so as to effectuate the purposes of the Compact. If the Compact  
6 shall be held contrary to the constitution of any state which is a member  
7 of the Compact, the Compact shall remain in full force and effect as to  
8 the remaining compact states.

9 Sec. 71. Section 77-2704.12, Revised Statutes Cumulative Supplement,  
10 2016, is amended to read:

11 77-2704.12 (1) Sales and use taxes shall not be imposed on the gross  
12 receipts from the sale, lease, or rental of and the storage, use, or  
13 other consumption in this state of purchases by (a) any nonprofit  
14 organization created exclusively for religious purposes, (b) any  
15 nonprofit organization providing services exclusively to the blind, (c)  
16 any nonprofit private educational institution established under sections  
17 79-1601 to 79-1607, (d) any regionally or nationally accredited,  
18 nonprofit, privately controlled college or university with its primary  
19 campus physically located in Nebraska, (e) any nonprofit (i) hospital,  
20 (ii) health clinic when one or more hospitals or the parent corporations  
21 of the hospitals own or control the health clinic for the purpose of  
22 reducing the cost of health services or when the health clinic receives  
23 federal funds through the United States Public Health Service for the  
24 purpose of serving populations that are medically underserved, (iii)  
25 skilled nursing facility, (iv) intermediate care facility, (v) assisted-  
26 living facility, (vi) intermediate care facility for persons with  
27 developmental disabilities, (vii) nursing facility, (viii) home health  
28 agency, (ix) hospice or hospice service, (x) respite care service, (xi)  
29 mental health substance use treatment center licensed under the Health  
30 Care Facility Licensure Act, or (xii) ~~substance abuse treatment center~~  
31 ~~licensed under the Health Care Facility Licensure Act, or~~ (xiii) center



1 for independent living as defined in 29 U.S.C. 796a, (f) any nonprofit  
2 licensed residential child-caring agency, (g) any nonprofit licensed  
3 child-placing agency, or (h) any nonprofit organization certified by the  
4 Department of Health and Human Services to provide community-based  
5 services for persons with developmental disabilities.

6 (2) Any organization listed in subsection (1) of this section shall  
7 apply for an exemption on forms provided by the Tax Commissioner. The  
8 application shall be approved and a numbered certificate of exemption  
9 received by the applicant organization in order to be exempt from the  
10 sales and use tax.

11 (3) The appointment of purchasing agents shall be recognized for the  
12 purpose of altering the status of the construction contractor as the  
13 ultimate consumer of building materials which are physically annexed to  
14 the structure and which subsequently belong to the owner of the  
15 organization or institution. The appointment of purchasing agents shall  
16 be in writing and occur prior to having any building materials annexed to  
17 real estate in the construction, improvement, or repair. The contractor  
18 who has been appointed as a purchasing agent may apply for a refund of or  
19 use as a credit against a future use tax liability the tax paid on  
20 inventory items annexed to real estate in the construction, improvement,  
21 or repair of a project for a licensed not-for-profit institution.

22 (4) Any organization listed in subsection (1) of this section which  
23 enters into a contract of construction, improvement, or repair upon  
24 property annexed to real estate without first issuing a purchasing agent  
25 authorization to a contractor or repairperson prior to the building  
26 materials being annexed to real estate in the project may apply to the  
27 Tax Commissioner for a refund of any sales and use tax paid by the  
28 contractor or repairperson on the building materials physically annexed  
29 to real estate in the construction, improvement, or repair.

30 (5) Any person purchasing, storing, using, or otherwise consuming  
31 building materials in the performance of any construction, improvement,

1 or repair by or for any institution enumerated in subsection (1) of this  
2 section which is licensed upon completion although not licensed at the  
3 time of construction or improvement, which building materials are annexed  
4 to real estate and which subsequently belong to the owner of the  
5 institution, shall pay any applicable sales or use tax thereon. Upon  
6 becoming licensed and receiving a numbered certificate of exemption, the  
7 institution organized not for profit shall be entitled to a refund of the  
8 amount of taxes so paid in the performance of such construction,  
9 improvement, or repair and shall submit whatever evidence is required by  
10 the Tax Commissioner sufficient to establish the total sales and use tax  
11 paid upon the building materials physically annexed to real estate in the  
12 construction, improvement, or repair.

13 Sec. 72. Original sections 38-122, 38-131, 38-321, 38-1201,  
14 38-1204, 38-1205, 38-1208, 38-1215, 38-1216, 38-1219, 38-1221, 38-1224,  
15 38-1225, 38-1229, 38-1232, 38-1237, 38-2025, 38-2026, 38-2104, 38-2112,  
16 38-2115, 38-2117, 38-2122, 38-2123, 38-2124, 38-2518, 38-2519, 38-2521,  
17 38-2826.01, 38-3101, 38-3111, 44-772, 44-792, 69-2429, 71-423, 71-430,  
18 71-507, 71-906, and 71-1913, Reissue Revised Statutes of Nebraska,  
19 sections 71-403, 71-413, 71-474, 71-1908, 71-2411, 71-4204, 71-4205,  
20 71-4209, and 77-2704.12, Revised Statutes Cumulative Supplement, 2016,  
21 and sections 28-401, 28-470, 29-2261, 38-319, 38-1217, 38-1218, 38-2125,  
22 71-401, 71-2445, and 71-2454, Revised Statutes Supplement, 2017, are  
23 repealed.

24 2. On page 1, strike beginning with "the" in line 1 through line 4  
25 and insert "public health and welfare; to amend sections 38-122, 38-131,  
26 38-321, 38-1201, 38-1204, 38-1205, 38-1208, 38-1215, 38-1216, 38-1219,  
27 38-1221, 38-1224, 38-1225, 38-1229, 38-1232, 38-1237, 38-2025, 38-2026,  
28 38-2104, 38-2112, 38-2115, 38-2117, 38-2122, 38-2123, 38-2124, 38-2518,  
29 38-2519, 38-2521, 38-2826.01, 38-3101, 38-3111, 44-772, 44-792, 69-2429,  
30 71-423, 71-430, 71-507, 71-906, and 71-1913, Reissue Revised Statutes of  
31 Nebraska, sections 71-403, 71-413, 71-474, 71-1908, 71-2411, 71-4204,

1 71-4205, 71-4209, and 77-2704.12, Revised Statutes Cumulative Supplement,  
2 2016, and sections 28-401, 28-470, 29-2261, 38-319, 38-1217, 38-1218,  
3 38-2125, 71-401, 71-2445, and 71-2454, Revised Statutes Supplement, 2017;  
4 to define and redefine terms; to change provisions relating to  
5 credentialing under the Uniform Credentialing Act, licensure under the  
6 Health Care Facility Licensure Act and the Child Care Licensing Act, the  
7 prescription drug monitoring system, and the Stroke System of Care Act;  
8 to change provisions of the Emergency Medical Services Practice Act as  
9 prescribed; to adopt the EMS Personnel Licensure Interstate compact and  
10 the Psychology Interjurisdictional Compact; to harmonize provisions; and  
11 to repeal the original sections."