

COMMITTEE REPORT

TO: Patrick O'Donnell
Clerk of the Legislature

FROM: Senator Sara Howard
Chair, Health and Human Services Committee

DATE: 11.13.2020

RE: Health and Human Services Committee Report and Recommendations on Regulated Occupations within Committee Jurisdiction – Registered Nurses and Licensed Practical Nurses

GENERAL INFORMATION

- I. Occupation Regulated
 - A) Registered Nurses and Licensed Practical Nurses

- II. Name of Occupational Board Responsible for Enforcement
 - A) Per Nebraska Revised Statutes Section [38-161](#), the Board of Nursing provides recommendations to the Department of Health and Human Services regarding the issuance or denial of credentials, and provides recommendations to the Department of Health and Human Services regarding rules and regulations to carry out the Uniform Credentialing Act.

- III. Public Purpose and Assumptions Underlying License Creation
 - A) A Registered Nurse is an individual who has graduated from an approved nursing program with either an associate degree, diploma, or baccalaureate degree in nursing, has passed the NCLEX-RN, and holds a current Nebraska license, or has a multi-state compact privilege to practice in Nebraska. Based on independent, dependent, and interdependent functions, the Registered Nurse conducts and documents nursing assessments, utilizes all data to identify and document responses to actual or potential health conditions and make a nursing diagnosis, develops a plan of care, and evaluates responses to that plan of care.

A Licensed Practical Nurse is a person who has graduated from an approved nursing program with a diploma in practical nursing, has passed the NCLEX-PN, and holds a current Nebraska license (or has multi-state compact privilege to practice in Nebraska). The Licensed

Practical Nurse works at the direction of the Registered Nurse or licensed practitioner and contributes to nursing assessments, participates in the development and implementation of plans of care, and contributes to the evaluation of responses of care or nursing care plans.

Mandatory licensure for Registered Nurses and Licensed Practical Nurses was put in place to protect the public health, morals, and for the safeguarding of life. Nebraska has adopted the Nurse Licensure Compact, which requires licensure.

IV. Number of Regulated Professionals in Nebraska

- A) There are 37,944 licensed Registered Nurses and Licensed Practical Nurses able to practice in Nebraska.

BOARD MEMBERSHIPS AND MEETINGS

I. Number of Members

- A) There are 12 members of the Board of Nursing.

II. Who Appoints Members of the Board / Is Legislative Approval Required?

- A) The Board of Health appoints the members of the Board of Nursing. Legislative approval is not required.

III. Term Length

- A) The length of term for service on the Board of Nursing is up to two consecutive five year terms, on a rotating basis.

IV. Qualifications for Membership of the Board

- A) The Board of Nursing is made up of ten professional members and two public members. Eight of the ten professional members shall be registered nurses and two shall be licensed practical nurses. The registered nurses shall be from the following practice areas: a) one practical nurse educator; b) one associate degree or diploma nurse educator; c) one baccalaureate nurse educator; d) two nursing service administrators; e) two staff nurses; and 4) one advance practice registered nurse. A minimum of three and a maximum of five members shall be appointed from each congressional district, and each member shall have been a bona fide resident of the congressional district from which he or she is appointed for a period of at least one year prior to the time of the appointment of such member. Each licensed practical nurse educator on the board shall (a) be a registered nurse currently licensed in the state, (b) have graduated with a graduate degree in nursing or a

related field of study, (c) have had a minimum of five years' experience in administration, teaching, or consultation in practical nurse education, and (d) be currently employed as a practical nurse educator.

The professional members shall have held and maintained an active credential and be and have been actively engaged in the practice of his or her specialty area for a period of five years just preceding his or her appointment and shall maintain such credential and practice while serving as a board member.

V. The Number of Meetings Required Per Year / Meetings Actually Held

- A) For fiscal year (FY) 2014-2015: Meetings Required – 1; Meetings Held – 12.
- B) For FY 2015-2016: Meetings Required – 1; Meetings Held – 12.
- C) For FY 2016-2017: Meetings Required – 1; Meetings Held – 12.
- D) For FY 2017-2018: Meetings Required – 1; Meetings Held – 12.
- E) For FY 2018-2019: Meetings Required – 1; Meetings Held – 12.

VI. Annual Budget Information for the Previous Five Years

- A) The Board of Nursing is cash-funded from licensure fees. Funds for credentialed occupations may come from interest earned on the Professional and Occupational Credentialing Cash Fund, certification and verification of credentials, administrative fees, reinstatement fees, general funds and federal funds, fees for miscellaneous services, gifts, and grants. The National Council of State Boards of Nursing pays for travel to national meetings.
- B) For FY 2014-2015: \$102,000
- C) For FY 2015-2016: \$146,000
- D) For FY 2016-2017: \$136,000
- E) For FY 2017-2018: \$1,802,161
- F) For FY 2018-2019: \$1,908,666

VII. Statement from Occupational Board on Effectiveness of Regulations

- A) The Board of Nursing stated “The Board of Nursing is committed to assuring nurses are competent to practice and care for the people of the state of Nebraska. The regulations in place are to give the Board, as well as nurses working in our state, direction as to what is expected in their practice. The regulations are reviewed often by employers when developing the policies for their organizations. They are also reviewed by nurses when there is a question regarding a new policy, if they have a concern regarding the safe care of their patient and whether the new policy is approved under their licensure. The board also, per statute, reviews all pre-licensure education for consistency, effectiveness and

relevance so that nurses graduating from these schools have the educational background to safely care for their patients.”

AUTHORIZATION

- I. Statutory Authorization
 - A) Statutory authorization for the Registered Nurse and Licensed Practical Nurse occupations may be found in the Nebraska Revised Statutes, sections [38-2201](#) to [38-2238](#), which may be cited as the Nurse Practice Act. For text of the Nebraska statutes relating to the Registered Nurse and Licensed Practical Nurse occupations, see Appendix A.

- II. Other Authorization
 - A) Rules and regulations regarding the Registered Nurse and Licensed Practical Nurse occupations and the practice of nursing may be found in the Nebraska Administrative Code [Title 172, Chapter 101](#). Rules and regulations regarding the provision of nursing care may be found in the Nebraska Administrative Code [Title 172, Chapter 99](#). Rules and regulations regarding the approval of programs and professional nursing in Nebraska may be found in the Nebraska Administrative Code [Title 172, Chapter 97](#).

CREDENTIALING

- I. Number of Licenses, Certifications, or Registrations Issued In Past Five Years
 - A) There were a total of 12,847 licenses issued in the past five years, including 11,157 Registered Nurse licenses, and 1,690 Licensed Practical Nurse licenses.

- II. Number of Licenses, Certifications, or Registrations Denied in Past Five Years
 - A) There have been 42 Registered Nurse or Licensed Practical Nurse licenses denied in the past five years, including 25 Registered Nurse Licenses, and 17 Licensed Practical Nurse licenses.
 - B) Of the denied licenses, 21 were initial denials based upon criminal convictions, discipline in another state, substance use disorder, and misrepresentation of facts. The other 21 licensure denials were denied reinstatements due to insufficient evidence of reform.

- III. Number of Licenses, Certifications, or Registrations Revoked in Past Five Years
 - A) There have been 50 Registered Nurse or Licensed Practical Nurse licenses revoked in the past five years, including 31 Registered Nurse licenses and 19 Licensed Practical Nurse licenses.

- B) Reasons for revocation included unprofessional conduct, violation of terms of probation, substance use disorder, dishonorable conduct, controlled substance violations, and misrepresentation of facts.
- IV. Number of Licenses, Certifications, or Registrations Penalized in Past Five Years
- A) There have been 440 Registered Nurse or Licensed Practical Nurse licenses penalized in the past five years, including 299 Registered Nurse licenses and 141 Licensed Practical Nurse licenses.
 - B) Of those licenses, 175 were placed on probation, 75 were suspended, 67 were censured and assessed a civil penalty, 92 were censured only, 28 were assessed a civil penalty only, and 3 had their licenses limited.
- V. Comparison of How Other States Regulate This Occupation
- A) All states license registered nurses, and in all states, they are referred to by the same title: Registered Nurse or RN. First time RN licensing is referred to as license by examination; candidates take the board exam after they have completed their registered nursing educational requirements. Licensed Practical Nurses are also licensed in all U.S. jurisdictions.
- VI. What Is The Potential Harm if This Occupation Is No Longer Licensed, Certified, or Regulated?
- A) If the Registered Nurse or Licensed Practical Nurse occupations were no longer licensed, certified, or regulated, there would be a grave risk to the health, safety, and welfare of Nebraskans. Nurses have specialized knowledge and training, which are prerequisites to treating the public. Nebraska would also no longer be in compliance with the Nurse Licensure Compact.

COMMITTEE RECOMMENDATION ON CONTINUATION, MODIFICATION, OR TERMINATION OF OCCUPATIONAL REGULATIONS

Regulated occupations under the purview of the Health and Human Services Committee are unique in that through the Nebraska Regulation of Health Professions Act (Neb. Rev. Stat. Sections 71-6201 to 71-6229), health professions which are not licensed or regulated, or health professions that wish to change their scope of practice, go through a three-stage credentialing process.

Credentialing review is a three-stage process conducted by the following review bodies in the following order:

- 1) The review of an ad hoc technical review committee appointed by the Director of the Division of Public Health;
- 2) The review of the State Board of Health;
- 3) The review of the Director of the Division of Public Health.

The three review bodies each create their own independent report on each proposal. All reports created by the review process are available to members of the Health and Human Services Committee to assist them during their review of any bills that might arise from credentialing review proposals. These reports include recommendations regarding the level of licensure of the health profession. These reports are advisory to the Legislature, and only the action of the Legislature may create changes in the regulatory status of a profession. These reports represent expert input into possible public health and safety aspects of credentialing review proposals, and the nine-month process is overseen by those with experience in the provision of health-related or medical services.

The licenses, certifications, and registrations overseen by the Board of Nursing and the Department of Health and Human Services are intended to protect the health, safety, and welfare of Nebraskans. The current regulation of the Registered Nurse and Licensed Practical Nurse occupations by licensure is appropriate and balanced and does not need modification at this time.

APPENDIX A

THE NURSE LICENSURE COMPACT

71-1795.01. Nurse Licensure Compact.

The State of Nebraska adopts the Nurse Licensure Compact in the form substantially as follows:

Nurse Licensure Compact

ARTICLE I

Findings and Declaration of Purpose

a. The party states find that:

1. The health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;
2. Violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;
3. The expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;
4. New practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;
5. The current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant for both nurses and states; and
6. Uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

b. The general purposes of this Compact are to:

1. Facilitate the states' responsibility to protect the public's health and safety;
2. Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
3. Facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions;
4. Promote compliance with the laws governing the practice of nursing in each jurisdiction;
5. Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;

6. Decrease redundancies in the consideration and issuance of nurse licenses; and
7. Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

ARTICLE II

Definitions

As used in this Compact:

- a. Adverse action means any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against a nurse, including actions against an individual's license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a nurse's authorization to practice, including issuance of a cease and desist action.
- b. Alternative program means a nondisciplinary monitoring program approved by a licensing board.
- c. Coordinated licensure information system means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.
- d. Current significant investigative information means:
 1. Investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or
 2. Investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.
- e. Encumbrance means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board.
- f. Home state means the party state which is the nurse's primary state of residence.
- g. Licensing board means a party state's regulatory body responsible for issuing nurse licenses.
- h. Multistate license means a license to practice as a registered or a licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege.

- i. Multistate licensure privilege means a legal authorization associated with a multistate license permitting the practice of nursing as either a registered nurse (RN) or licensed practical/vocational nurse in a remote state.
- j. Nurse means a registered nurse or a licensed practical/vocational nurse, as those terms are defined by each party state's practice laws.
- k. Party state means any state that has adopted this Compact.
- l. Remote state means a party state, other than the home state.
- m. Single-state license means a nurse license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state.
- n. State means a state, territory, or possession of the United States and the District of Columbia.
- o. State practice laws means a party state's laws, rules, and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. State practice laws do not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

ARTICLE III

General Provisions and Jurisdiction

- a. A multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a nurse to practice as a registered nurse (RN) or as a licensed practical/vocational nurse (LPN/VN), under a multistate licensure privilege, in each party state.
- b. A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.
- c. Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:
 - 1. Meets the home state's qualifications for licensure or renewal of licensure, as well as, all other applicable state laws;

2. i. Has graduated or is eligible to graduate from a licensing board-approved registered nurse or licensed practical/vocational nurse prelicensure education program; or
 - ii. Has graduated from a foreign registered nurse or licensed practical/vocational nurse prelicensure education program that (a) has been approved by the authorized accrediting body in the applicable country and (b) has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;
 3. Has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;
 4. Has successfully passed an NCLEX-RN® or NCLEX-PN® Examination or recognized predecessor, as applicable;
 5. Is eligible for or holds an active, unencumbered license;
 6. Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints, or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;
 7. Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;
 8. Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;
 9. Is not currently enrolled in an alternative program;
 10. Is subject to self-disclosure requirements regarding current participation in an alternative program; and
 11. Has a valid United States social security number.
- d. All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

e. A nurse practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care, but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege will subject a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.

f. Individuals not residing in a party state shall continue to be able to apply for a party state's single-state license as provided under the laws of each party state. However, the single-state license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this Compact shall affect the requirements established by a party state for the issuance of a single-state license.

g. Any nurse holding a home state multistate license, on the effective date of this Compact, may retain and renew the multistate license issued by the nurse's then-current home state, provided that:

1. A nurse, who changes primary state of residence after this Compact's effective date, must meet all applicable Article III.c. requirements to obtain a multistate license from a new home state.

2. A nurse who fails to satisfy the multistate licensure requirements in Article III.c. due to a disqualifying event occurring after this Compact's effective date shall be ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse Licensure Compact Administrators.

ARTICLE IV

Applications for Licensure in a Party State

a. Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant and whether the applicant is currently participating in an alternative program.

b. A nurse may hold a multistate license, issued by the home state, in only one party state at a time.

c. If a nurse changes primary state of residence by moving between two party states, the nurse must apply for licensure in the new home state, and the multistate license issued

by the prior home state will be deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse Licensure Compact Administrators.

1. The nurse may apply for licensure in advance of a change in primary state of residence.
 2. A multistate license shall not be issued by the new home state until the nurse provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state.
- d. If a nurse changes primary state of residence by moving from a party state to a nonparty state, the multistate license issued by the prior home state will convert to a single-state license, valid only in the former home state.

ARTICLE V

Additional Authorities Invested in Party State Licensing Boards

- a. In addition to the other powers conferred by state law, a licensing board shall have the authority to:
 1. Take adverse action against a nurse's multistate licensure privilege to practice within that party state.
 - i. Only the home state shall have the power to take adverse action against a nurse's license issued by the home state.
 - ii. For purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.
 2. Issue cease and desist orders or impose an encumbrance on a nurse's authority to practice within that party state.
 3. Complete any pending investigations of a nurse who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate actions and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.
 4. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as, the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that

court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.

5. Obtain and submit, for each nurse licensure applicant, fingerprint or other biometric-based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks, and use the results in making licensure decisions.

6. If otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse.

7. Take adverse action based on the factual findings of the remote state, provided that the licensing board follows its own procedures for taking such adverse action.

b. If adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse's multistate license shall include a statement that the nurse's multistate licensure privilege is deactivated in all party states during the pendency of the order.

c. Nothing in this Compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any nurse for the duration of the nurse's participation in an alternative program.

ARTICLE VI

Coordinated Licensure Information System and Exchange of Information

a. All party states shall participate in a coordinated licensure information system of all licensed registered nurses and licensed practical/vocational nurses. This system will include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.

b. The Interstate Commission of Nurse Licensure Compact Administrators, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this Compact.

c. All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications (with the reasons for such denials), and nurse participation in alternative

programs known to the licensing board regardless of whether such participation is deemed nonpublic or confidential under state law.

d. Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party state licensing boards.

e. Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

f. Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

g. Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

h. The Compact administrator of each party state shall furnish a uniform data set to the Compact administrator of each other party state, which shall include, at a minimum:

1. Identifying information;
2. Licensure data;
3. Information related to alternative program participation; and
4. Other information that may facilitate the administration of this Compact, as determined by rules of the Interstate Commission of Nurse Licensure Compact Administrators.

i. The Compact administrator of a party state shall provide all investigative documents and information requested by another party state.

ARTICLE VII

Establishment of the Interstate Commission of Nurse Licensure Compact Administrators

a. The party states hereby create and establish a joint public entity known as the Interstate Commission of Nurse Licensure Compact Administrators.

1. The Commission is an instrumentality of the party states.
2. Venue is proper, and judicial proceedings by or against the Commission shall be brought solely and exclusively, in a court of competent jurisdiction where the principal

office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

b. Membership, Voting, and Meetings

1. Each party state shall have and be limited to one administrator. The head of the state licensing board or designee shall be the administrator of this Compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the state from which the Administrator is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the party state in which the vacancy exists.

2. Each administrator shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.

3. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the Commission.

4. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article VIII.

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

- i. Noncompliance of a party state with its obligations under this Compact;
- ii. The employment, compensation, discipline, or other personnel matters, practices, or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
- iii. Current, threatened, or reasonably anticipated litigation;
- iv. Negotiation of contracts for the purchase or sale of goods, services, or real estate;
- v. Accusing any person of a crime or formally censuring any person;
- vi. Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
- vii. Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

- viii. Disclosure of investigatory records compiled for law enforcement purposes;
- ix. Disclosure of information related to any reports prepared by or on behalf of the Commission for the purpose of investigation of compliance with this Compact; or
- x. Matters specifically exempted from disclosure by federal or state statute.

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

c. The Commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this Compact, including, but not limited to:

1. Establishing the fiscal year of the Commission;
2. Providing reasonable standards and procedures:
 - i. For the establishment and meetings of other committees; and
 - ii. Governing any general or specific delegation of any authority or function of the Commission;
3. Providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;
4. Establishing the titles, duties, and authority and reasonable procedures for the election of the officers of the Commission;
5. Providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the Commission; and

6. Providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of this Compact after the payment or reserving of all of its debts and obligations;
- d. The Commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the web site of the Commission.
- e. The Commission shall maintain its financial records in accordance with the bylaws.
- f. The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.
- g. The Commission shall have the following powers:
 1. To promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all party states;
 2. To bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any licensing board to sue or be sued under applicable law shall not be affected;
 3. To purchase and maintain insurance and bonds;
 4. To borrow, accept, or contract for services of personnel, including, but not limited to, employees of a party state or nonprofit organizations;
 5. To cooperate with other organizations that administer state compacts related to the regulation of nursing, including, but not limited to, sharing administrative or staff expenses, office space or other resources;
 6. To hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
 7. To accept any and all appropriate donations, grants, and gifts of money, equipment, supplies, materials, and services, and to receive, utilize, and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety or conflict of interest;
 8. To lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use, any property, whether real, personal, or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;
 9. To sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, whether real, personal, or mixed;
 10. To establish a budget and make expenditures;

11. To borrow money;
12. To appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives, and other such interested persons;
13. To provide and receive information from, and to cooperate with, law enforcement agencies;
14. To adopt and use an official seal; and
15. To perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of nurse licensure and practice.

h. Financing of the Commission

1. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.
2. The Commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities, and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule that is binding upon all party states.
3. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the party states, except by, and with the authority of, such party state.
4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

i. Qualified Immunity, Defense, and Indemnification

1. The administrators, officers, executive director, employees, and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to

protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton misconduct of that person.

2. The Commission shall defend any administrator, officer, executive director, employee, or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further that the actual or alleged act, error, or omission did not result from that person's intentional, willful, or wanton misconduct.

3. The Commission shall indemnify and hold harmless any administrator, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional, willful, or wanton misconduct of that person.

ARTICLE VIII

Rulemaking

a. The Interstate Commission of Nurse Licensure Compact Administrators shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this Compact.

b. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

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

1. On the web site of the Commission; and
2. On the web site of each licensing board or the publication in which each state would otherwise publish proposed rules.

d. The notice of proposed rulemaking shall include:

1. The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
 2. The text of the proposed rule or amendment, and the reason for the proposed rule;
 3. A request for comments on the proposed rule from any interested person; and
 4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.
- e. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.
- f. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.
- g. The Commission shall publish the place, time, and date of the scheduled public hearing.
1. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings will be recorded, and a copy will be made available upon request.
 2. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.
- h. If no one appears at the public hearing, the Commission may proceed with promulgation of the proposed rule.
- i. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.
- j. The Commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.
- k. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment or hearing, provided that the usual rulemaking procedures provided in this Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:
1. Meet an imminent threat to public health, safety, or welfare;
 2. Prevent a loss of Commission or party state funds; or

3. Meet a deadline for the promulgation of an administrative rule that is required by federal law or rule.

l. The Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the web site of the Commission. The revision shall be subject to challenge by any person for a period of thirty days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Commission, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE IX

Oversight, Dispute Resolution, and Enforcement

a. Oversight

1. Each party state shall enforce this Compact and take all actions necessary and appropriate to effectuate this Compact's purposes and intent.

2. The Interstate Commission of Nurse Licensure Compact Administrators shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities, or actions of the Commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

b. Default, Technical Assistance, and Termination

1. If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

i. Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the Commission; and

ii. Provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state's membership in this Compact may be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges, and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor of the defaulting state and to the executive officer of the defaulting state's licensing board and each of the party states.

4. A state whose membership in this Compact has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in default or whose membership in this Compact has been terminated unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the United States District Court for the District of Columbia or the federal district in which the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

c. Dispute Resolution

1. Upon request by a party state, the Commission shall attempt to resolve disputes related to the Compact that arise among party states and between party and nonparty states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.

3. In the event the Commission cannot resolve disputes among party states arising under this Compact:

i. The party states may submit the issues in dispute to an arbitration panel, which will be comprised of individuals appointed by the Compact administrator in each of the affected party states and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.

ii. The decision of a majority of the arbitrators shall be final and binding.

d. Enforcement

1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district in which the Commission has its principal offices against a party state that is in default to enforce compliance with the provisions of this Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial

enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

ARTICLE X

Effective Date, Withdrawal, and Amendment

a. This Compact shall become effective and binding on the earlier of the date of legislative enactment of this Compact into law by no less than twenty-six states or December 31, 2018. All party states to this Compact, that also were parties to the prior Nurse Licensure Compact, superseded by this Compact, (Prior Compact), shall be deemed to have withdrawn from said Prior Compact within six months after the effective date of this Compact.

b. Each party state to this Compact shall continue to recognize a nurse's multistate licensure privilege to practice in that party state issued under the Prior Compact until such party state has withdrawn from the Prior Compact.

c. Any party state may withdraw from this Compact by enacting a statute repealing the same. A party state's withdrawal shall not take effect until six months after enactment of the repealing statute.

d. A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

e. Nothing contained in this Compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with the other provisions of this Compact.

f. This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

g. Representatives of nonparty states to this Compact shall be invited to participate in the activities of the Commission, on a nonvoting basis, prior to the adoption of this Compact by all states.

ARTICLE XI

Construction and Severability

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable, and if any phrase, clause, sentence, or

provision of this Compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this Compact shall be held to be contrary to the constitution of any party state, this Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

Source: [Laws 2017, LB88, § 26.](#)

STATUTES PERTAINING TO THE NURSE PRACTICE ACT

38-2201. Act, how cited.

Sections 38-2201 to 38-2238 shall be known and may be cited as the Nurse Practice Act.

Source: Laws 1995, LB 563, § 4; Laws 2000, LB 523, § 2; R.S.1943, (2003), § 71-1,132.01; Laws 2007, LB463, § 757; Laws 2017, LB88, § 67.

38-2202. Definitions, where found.

For purposes of the Nurse Practice Act and elsewhere in the Uniform Credentialing Act, unless the context otherwise requires, the definitions found in sections 38-2203 to 38-2212 apply.

Source: Laws 2007, LB463, § 758.

38-2203. Assigning, defined.

Assigning means appointing or designating another individual the responsibility for the performance of nursing interventions.

Source: Laws 2007, LB463, § 759.

38-2204. Board, defined.

Board means the Board of Nursing.

Source: Laws 2007, LB463, § 760.

38-2205. Delegating, defined.

Delegating means transferring to another individual the authority, responsibility, and accountability to perform nursing interventions.

Source: Laws 2007, LB463, § 761.

38-2206. Directing, defined.

Directing means managing, guiding, and supervising the nursing interventions performed by another individual.

Source: Laws 2007, LB463, § 762.

38-2207. Executive director, defined.

Executive director means the executive director of the board.

Source: Laws 2007, LB463, § 763.

38-2208. License, defined.

License, for purposes of discipline, includes the multistate licensure privilege to practice granted by the Nurse Licensure Compact. If the multistate licensure privilege is restricted due to disciplinary action by the home state, the department may, upon request by the individual, grant the authority to practice in this state.

Source: Laws 2007, LB463, § 764.

Cross References

- **Nurse Licensure Compact**, see sections 71-1795 to 71-1795.02.

38-2209. Licensed practitioner, defined.

Licensed practitioner means a person lawfully authorized to prescribe medications or treatments.

Source: Laws 2007, LB463, § 765.

38-2210. Practice of nursing, defined.

Practice of nursing means the performance for compensation or gratuitously of any act expressing judgment or skill based upon a systematized body of nursing knowledge. Such acts include the identification of and intervention in actual or potential health problems of individuals, families, or groups, which acts are directed toward maintaining health status, preventing illness, injury, or infirmity, improving health status, and providing care supportive to or restorative of life and well-being through nursing assessment and through the execution of nursing care and of diagnostic or therapeutic regimens prescribed by any person lawfully authorized to prescribe. Each nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered. Licensed nurses may use the services of unlicensed individuals to provide assistance with personal care and activities of daily living.

Source: Laws 2007, LB463, § 766.

38-2211. Practice of nursing by a licensed practical nurse, defined.

(1) Practice of nursing by a licensed practical nurse means the assumption of responsibilities and accountability for nursing practice in accordance with knowledge and skills acquired through an approved program of practical nursing. A licensed practical nurse may function at the direction of a licensed practitioner or a registered nurse.

(2) Such responsibilities and performances of acts must utilize procedures leading to predictable outcomes and must include, but not be limited to:

- (a) Contributing to the assessment of the health status of individuals and groups;
- (b) Participating in the development and modification of a plan of care;
- (c) Implementing the appropriate aspects of the plan of care;
- (d) Maintaining safe and effective nursing care rendered directly or indirectly;
- (e) Participating in the evaluation of response to interventions;
- (f) Providing intravenous therapy if the licensed practical nurse meets the requirements of section 38-2237; and
- (g) Assigning and directing nursing interventions that may be performed by others and that do not conflict with the Nurse Practice Act.

Source: Laws 2007, LB463, § 767; Laws 2017, LB88, § 68.

38-2212. Practice of nursing by a registered nurse, defined.

(1) The practice of nursing by a registered nurse means assuming responsibility and accountability for nursing actions.

(2) Nursing actions include, but are not limited to:

- (a) Assessing human responses to actual or potential health conditions;
- (b) Establishing nursing diagnoses;
- (c) Establishing goals and outcomes to meet identified health care needs;
- (d) Establishing and maintaining a plan of care;
- (e) Prescribing nursing interventions to implement the plan of care;
- (f) Implementing the plan of care;
- (g) Teaching health care practices;
- (h) Delegating, directing, or assigning nursing interventions that may be performed by others and that do not conflict with the Nurse Practice Act;
- (i) Maintaining safe and effective nursing care rendered directly or indirectly;
- (j) Evaluating responses to interventions, including, but not limited to, performing physical and psychological assessments of patients under restraint and seclusion as required by federal law, if the registered nurse has been trained in the use of emergency safety intervention;
- (k) Teaching theory and practice of nursing;
- (l) Conducting, evaluating, and utilizing nursing research;
- (m) Administering, managing, and supervising the practice of nursing; and
- (n) Collaborating with other health professionals in the management of health care.

Source: Laws 2007, LB463, § 768.

38-2213. Board; members; qualifications.

(1) The board shall consist of eight registered nurse members, two licensed practical nurse members, and two public members. The registered nurses on the board shall be from the following areas: (a) One practical nurse educator; (b) one associate degree or diploma nurse educator; (c) one baccalaureate nurse educator; (d) two nursing service administrators; (e) two staff nurses; and (f) one advanced practice registered nurse.

(2) The State Board of Health shall attempt to ensure that the membership of the Board of Nursing is representative of acute care, long-term care, and community-based care. A minimum of three and a maximum of five members shall be appointed from each congressional district, and each member shall have been a bona fide resident of the congressional district from which he or she is appointed for a period of at least one year prior to the time of the appointment of such member.

Source: Laws 1953, c. 245, § 4(1), p. 838; Laws 1955, c. 272, § 3, p. 856; Laws 1959, c. 320, § 2, p. 1171; Laws 1961, c. 338, § 1, p. 1059; Laws 1961, c. 282, § 4, p. 825; Laws 1975, LB 422, § 4; Laws 1987, LB 473, § 22; Laws 1988, LB 1100, § 37; Laws 1993, LB 375, § 1; Laws 1994, LB 1223, § 15; Laws 1995, LB 563, § 11; Laws 1996, LB 414, § 4; Laws 2000, LB 1115, § 15; Laws 2002, LB 1062, § 21; Laws 2005, LB 256, § 25; R.S.Supp.,2006, § 71-1,132.07; Laws 2007, LB463, § 769.

Cross References

- **For limits and designations of congressional districts,** see section 32-504.

38-2214. Board members; additional qualifications.

(1) Each licensed practical nurse educator on the board shall (a) be a registered nurse currently licensed in the state, (b) have graduated with a graduate degree in nursing or a related field of study, (c) have had a minimum of five years' experience in administration, teaching, or consultation in practical nurse education, and (d) be currently employed as a practical nurse educator.

(2) Each associate degree or diploma nurse educator on the board and the baccalaureate nurse educator on the board shall (a) be a registered nurse currently licensed in the state, (b) have graduated with a graduate degree in nursing, (c) have had a minimum of five years' experience in administration, teaching, or consultation in nursing education, and (d) be currently employed in the field being represented.

(3) Each staff nurse on the board shall (a) be a registered nurse currently licensed in the state, (b) have had a minimum of five years' experience in nursing, and (c) be currently employed as a staff nurse in the provision of patient care services.

(4) Each nursing service administrator on the board shall (a) be a registered nurse currently licensed in the state, (b) have had a minimum of five years' experience in nursing service administration, and (c) be currently employed in such field.

(5) Each licensed practical nurse member shall (a) have completed at least four years of high school study, (b) be licensed as a licensed practical nurse in this state, (c) have obtained a certificate or diploma from a state-approved practical nursing program, (d) have been actively engaged in practical nursing for at least five years, and (e) be currently employed in the provision of patient care services as a licensed practical nurse in the state.

(6) Each public member shall meet the requirements of section 38-165.

(7) The advanced practice registered nurse on the board shall (a) have a minimum of five years' experience as an advanced practice registered nurse, (b) be currently employed as an advanced practice registered nurse, and (c) be licensed as an advanced practice registered nurse.

(8) Members serving on December 1, 2008, may complete their respective terms even if they do not meet the requirements for appointment as changed by Laws 2007, LB 463.

Source: Laws 1953, c. 245, § 4(2), p. 838; Laws 1955, c. 272, § 4, p. 857; Laws 1975, LB 422, § 5; Laws 1988, LB 1100, § 38; Laws 1994, LB 1223, § 16; Laws 1995, LB 563, § 12; Laws 1996, LB 414, § 5; Laws 2000, LB 1115, § 16; Laws 2005, LB 256, § 26; R.S.Supp.,2006, § 71-1,132.08; Laws 2007, LB463, § 770.

Annotations

- The Board of Nursing has power to deny a license upon proof applicant is guilty of unprofessional conduct, and upon review de novo district court may not substitute its own judgment on that issue. *Scott v. State ex rel. Board of Nursing*, 196 Neb. 681, 244 N.W.2d 683 (1976).

38-2215. Executive director; qualifications; practice consultant, education consultant, and nurse investigators; department; appoint.

(1) The department shall appoint an executive director who is a registered nurse currently licensed in this state and who has a graduate degree in nursing. The executive director shall have a minimum of five years' experience within the last ten years in the areas of administration, teaching, or consultation in the field of nursing. The salary of the executive director shall be fixed by the department and be competitive with salaries for similar positions of responsibility which require similar education and experience. The executive director shall not be a member of the board. The executive director shall be administrator of the Nurse Licensure Compact. As administrator, the executive director shall give notice of withdrawal to the executive heads of all other party states within thirty days after the effective date of any statute repealing the compact enacted by the Legislature pursuant to Article X of the compact. The executive director serving on December 1, 2008, may continue serving until replaced by the department pursuant to this section.

(2) The department shall appoint a practice consultant and an education consultant, each of whom is a registered nurse currently licensed in this state and has a minimum of five years' experience. On and after January 1, 1995, any person newly appointed to these positions shall also have a graduate degree in nursing. The salaries for these positions shall be fixed by the department and be competitive with salaries for similar positions of responsibility which require similar education. The nursing education consultant and nursing practice consultant shall not be members of the board.

(3) The department shall appoint one or more nurse investigators to conduct investigations of violations of the Nurse Practice Act. Each nurse investigator shall be a registered nurse currently licensed in this state and have a minimum of five years' experience in nursing practice. The nurse investigators shall not be members of the board.

Source: Laws 1995, LB 563, § 10; Laws 2000, LB 523, § 8; R.S.1943, (2003), § 71-1,132.31; Laws 2007, LB463, § 771.

Cross References

- **Nurse Licensure Compact**, see sections 71-1795 to 71-1795.02.

38-2216. Board; rules and regulations; powers and duties; enumerated.

In addition to the duties listed in sections 38-126 and 38-161, the board shall:

- (1) Adopt reasonable and uniform standards for nursing practice and nursing education;
- (2) If requested, issue or decline to issue advisory opinions defining acts which in the opinion of the board are or are not permitted in the practice of nursing. Such opinions shall be considered informational only and are nonbinding. Practice-related information provided by the board to registered nurses or licensed practical nurses licensed under the Nurse Practice Act shall be made available by the board on request to nurses practicing in this state under a license issued by a state that is a party to the Nurse Licensure Compact;
- (3) Establish rules and regulations for approving and classifying programs preparing nurses, taking into consideration administrative and organizational patterns, the curriculum, students, student services, faculty, and instructional resources and facilities, and provide surveys for each educational program as determined by the board;
- (4) Approve educational programs which meet the requirements of the Nurse Practice Act;
- (5) Keep a record of all its proceedings and compile an annual report for distribution;
- (6) Adopt rules and regulations establishing standards for delegation of nursing activities, including training or experience requirements, competency determination, and nursing supervision;
- (7) Collect data regarding nursing;
- (8) Provide consultation and conduct conferences, forums, studies, and research on nursing practice and education;
- (9) Join organizations that develop and regulate the national nursing licensure examinations and exclusively promote the improvement of the legal standards of the practice of nursing for the protection of the public health, safety, and welfare; and
- (10) Administer the Nurse Licensure Compact. In reporting information to the coordinated licensure information system under Article VII of the compact, the department may disclose personal identifying information about a nurse, including his or her social security number.

Source: Laws 1953, c. 245, § 5, p. 839; Laws 1959, c. 310, § 3, p. 1172; Laws 1965, c. 414, § 1, p. 1322; Laws 1975, LB 422, § 6; Laws 1976, LB 692, § 1; Laws 1978, LB 653, § 24; Laws 1978, LB 658, § 1; Laws 1980, LB 847, § 3; Laws 1981, LB 379, § 36; Laws 1991, LB 703, § 19; Laws 1995, LB 563, § 15; Laws 1996, LB 414, § 6; Laws 1999, LB 594, § 36; Laws 2000, LB 523, § 6; Laws 2000, LB 1115, § 17; Laws 2002, LB 1021, § 19; Laws 2002, LB 1062, § 22; Laws 2005, LB 256, § 27; R.S.Supp., 2006, § 71-1,132.11; Laws 2007, LB463, § 772; Laws 2017, LB88, § 70.

Cross References

- **Nurse Licensure Compact**, see sections 71-1795 to 71-1795.02.

38-2217. Nursing; license; required.

In the interest of health and morals and the safeguarding of life, any person practicing or offering to practice nursing in this state for compensation or gratuitously, except as provided in section 38-2218, shall submit satisfactory evidence as provided in the Nurse Practice Act that he or she is qualified to so practice and is licensed as provided by the act. Except as provided in section 38-2218, the practice or attempted practice of nursing, the holding out or attempted holding out of oneself as a registered nurse or a licensed practical nurse, or the use of any title, abbreviation, card, or device to indicate that such a person is practicing nursing is unlawful unless such person has been duly licensed and registered according to the provisions of the act. The practice of nursing by any such unlicensed person or by a nurse whose license has been suspended, revoked, or expired or is on inactive status is declared to be a danger to the public health and welfare.

Source: Laws 1953, c. 245, § 1, p. 835; Laws 1975, LB 422, § 1; Laws 1995, LB 563, § 5; Laws 2002, LB 1062, § 19; R.S.1943, (2003), § 71-1,132.04; Laws 2007, LB463, § 773.

38-2218. Nursing; practices permitted.

The Nurse Practice Act confers no authority to practice medicine or surgery. The Nurse Practice Act does not prohibit:

- (1) Home care provided by parents, foster parents, family, or friends if such person does not represent or hold himself or herself out to be a nurse or use any designation in connection with his or her name which tends to imply that he or she is licensed to practice under the act;
- (2) Home care provided for compensation or gratuitously by a parent, foster parent, family member, or friend if such person is a licensed nurse and represents or holds himself or herself out to be a nurse and uses any designation in connection with his or her name which tends to imply that he or she is licensed to practice under the act;

- (3) Christian Science nursing consistent with the theology of Christian Science provided by a Christian Science nurse who does not hold himself or herself out as a registered nurse or a licensed practical nurse;
- (4) Auxiliary patient care services provided by persons carrying out duties under the direction of a licensed practitioner;
- (5) Auxiliary patient care services provided by persons carrying out interventions for the support of nursing service as delegated by a registered nurse or as assigned and directed by a licensed practical nurse licensed under the act;
- (6) The gratuitous rendering of assistance by anyone in the case of an emergency;
- (7) Nursing by any legally licensed nurse of any other state whose engagement requires him or her to (a) accompany and care for a patient temporarily residing in this state during the period of one such engagement not to exceed six months in length, (b) transport patients into, out of, or through this state provided each transport does not exceed twenty-four hours, (c) provide patient care during periods of transition following transport, (d) provide educational programs or consultative services within this state for a period not to exceed fourteen consecutive days if neither the education nor the consultation includes the provision or the direction of patient care, and (e) provide nursing care in the case of a disaster. These exceptions do not permit a person to represent or hold himself or herself out as a nurse licensed to practice in this state;
- (8) Nursing services rendered by a student enrolled in an approved program of nursing when the services are a part of the student's course of study;
- (9) The practice of nursing by any legally licensed nurse of another state who serves in the armed forces of the United States or the United States Public Health Service or who is employed by the United States Department of Veterans Affairs or other federal agencies, if the practice is limited to that service or employment; or
- (10) The practice of nursing, if permitted by federal law, as a citizen of a foreign country temporarily residing in Nebraska for a period not to exceed one year for the purpose of postgraduate study, certified to be such by an appropriate agency satisfactory to the board.

Source: Laws 1953, c. 245, § 3, p. 836; Laws 1955, c. 272, § 2, p. 854; Laws 1975, LB 422, § 3; Laws 1989, LB 342, § 20; Laws 1991, LB 703, § 18; Laws 1995, LB 563, § 8; Laws 1996, LB 1155, § 24; Laws 2002, LB 1062, § 20; R.S.1943, (2003), § 71-1,132.06; Laws 2007, LB463, § 774; Laws 2012, LB1083, § 1.

38-2219. Health maintenance activities; authorized.

- (1) The Nurse Practice Act does not prohibit performance of health maintenance activities by a designated care aide for a competent adult at the direction of such adult or at the direction of a caretaker for a minor child or incompetent adult.
- (2) Health maintenance activities are those activities which enable the minor child or adult to live in his or her home and community. Such activities are those specialized procedures, beyond activities of daily living, which the minor child or adult is unable to perform for himself or herself and which the attending physician or registered nurse determines can be safely performed in the home and community by a designated care aide as directed by a competent adult or caretaker.
- (3) A competent adult is someone who has the capability and capacity to make an informed decision.
- (4) For purposes of this section, caretaker means a person who (a) is directly and personally involved in providing care for a minor child or incompetent adult and (b) is the parent, foster parent, family member, friend, or legal guardian of such minor child or incompetent adult.

Source: Laws 1995, LB 563, § 9; Laws 1997, LB 66, § 1; Laws 1999, LB 594, § 41; R.S.1943, (2003), § 71-1,132.30; Laws 2007, LB463, § 775.

38-2220. Nursing; license; application; requirements.

An applicant for a license to practice as a registered nurse shall submit satisfactory proof that the applicant has completed four years of high school study or its equivalent as determined by the board and has completed the basic professional curriculum in and holds a diploma from an accredited program of registered nursing approved by the board. There is no minimum age requirement for licensure as a registered nurse. Graduates of foreign nursing programs shall pass a board-approved examination and, unless a graduate of a nursing program in Canada, provide a satisfactory evaluation of the education program attended by the applicant from a board-approved foreign credentials evaluation service.

Source: Laws 1953, c. 245, § 7, p. 841; Laws 1965, c. 414, § 2, p. 1323; Laws 1974, LB 811, § 12; Laws 1975, LB 422, § 8; Laws 1980, LB 847, § 4; Laws 1989, LB 344, § 6; Laws 1995, LB 563, § 17; Laws 1997, LB 752, § 157; Laws 1999, LB 594, § 37; Laws 2002, LB 1062, § 23; Laws 2003, LB 242, § 44; R.S.1943, (2003), § 71-1,132.13; Laws 2007, LB463, § 776; Laws 2017, LB88, § 71.

Cross References

- **Credentialing**, general requirements and issuance procedures, see section 38-121 et seq.

Annotations

- The Board of Nursing has power to deny a license upon proof applicant is guilty of unprofessional conduct, and upon review de novo district court may not substitute its own judgment on that issue. *Scott v. State ex rel. Board of Nursing*, 196 Neb. 681, 244 N.W.2d 683 (1976).

38-2221. Practical nursing; license; requirements.

An applicant for a license to practice as a licensed practical nurse shall submit satisfactory proof that the applicant has completed four years of high school study or its equivalent as determined by the board and has completed the basic curriculum in and holds a diploma from an approved program of nursing. There is no minimum age requirement for licensure as a licensed practical nurse.

Source: Laws 1955, c. 272, § 8, p. 859; Laws 1974, LB 811, § 13; Laws 1975, LB 422, § 17; Laws 1980, LB 847, § 19; Laws 1989, LB 344, § 7; Laws 1995, LB 563, § 32; Laws 1997, LB 752, § 158; Laws 1999, LB 594, § 42; Laws 2003, LB 242, § 47; R.S.1943, (2003), § 71-1,132.37; Laws 2007, LB463, § 777.

Cross References

- **Credentialing**, general requirements and issuance procedures, see section 38-121 et seq.

38-2222. Nursing; license; examination.

An applicant for a license as a registered nurse or as a licensed practical nurse shall pass an examination as prescribed by the board in rules and regulations.

Source: Laws 1953, c. 245, § 8(1), p. 841; Laws 1975, LB 422, § 9; Laws 1980, LB 847, § 5; Laws 1983, LB 472, § 2; Laws 1987, LB 473, § 23; Laws 1994, LB 1210, § 57; Laws 1995, LB 563, § 18; R.S.1943, (2003), § 71-1,132.14; Laws 2007, LB463, § 778.

38-2223. Registered nurse; licensed practical nurse; reciprocity; continuing competency requirements; military spouse; temporary license.

(1) An applicant for a license as a registered nurse or a licensed practical nurse based on licensure in another jurisdiction shall meet the continuing competency requirements as specified in rules and regulations adopted and promulgated by the board in addition to the standards set by the board pursuant to section 38-126.

(2) An applicant who is a military spouse may apply for a temporary license as provided in section 38-129.01.

Source: Laws 1953, c. 245, § 8(2), p. 841; Laws 1975, LB 422, § 10; Laws 1980, LB 847, § 6; Laws 1995, LB 563, § 19; R.S.1943, (2003), § 71-1,132.15; Laws 2007, LB463, § 779; Laws 2017, LB88, § 72.

Annotations

- The Board of Nursing has power to deny a license upon proof applicant is guilty of unprofessional conduct, and upon review de novo district court may not substitute its own judgment on that issue. *Scott v. State ex rel. Board of Nursing*, 196 Neb. 681, 244 N.W.2d 683 (1976).

38-2224. Nursing license; reciprocity; compact requirements.

Before recognizing a home state license to practice nursing issued by a state which is a party to the Nurse Licensure Compact, the board shall determine that such state's qualifications for a nursing license are substantially equivalent to or more stringent than the minimum qualifications for issuance of a Nebraska license under the Nurse Practice Act.

Source: Laws 2000, LB 523, § 4; R.S.1943, (2003), § 71-1,132.19; Laws 2007, LB463, § 780.

Cross References

- **Nurse Licensure Compact**, see sections 71-1795 to 71-1795.02.

38-2225. Nursing; temporary license; issuance; conditions; how long valid; extension.

(1) A temporary license to practice nursing may be issued to:

(a) An individual seeking to obtain licensure or reinstatement of his or her license as a registered nurse or licensed practical nurse when he or she has not practiced nursing in the last five years. A temporary license issued under this subdivision is valid only for the duration of the review course of study and only for nursing practice required for the review course of study;

(b) Graduates of approved programs of nursing who have passed the licensure examination, pending the completion of application for Nebraska licensure as a registered nurse or licensed practical nurse. A temporary license issued under this subdivision is valid for a period not to exceed sixty days;

(c) Nurses currently licensed in another state as either a registered nurse or a licensed practical nurse who have graduated from an educational program approved by the board, pending completion of application for Nebraska licensure as a registered nurse or licensed practical nurse. A temporary license issued under this subdivision shall be valid for a period not to exceed sixty days; or

(d) Military spouses as provided in section 38-129.01.

(2) A temporary license issued pursuant to subdivision (1)(a), (b), or (c) of this section may be extended by the department, with the recommendation of the board.

Source: Laws 1953, c. 245, § 8(3), p. 841; Laws 1975, LB 422, § 11; Laws 1980, LB 847, § 7; Laws 1994, LB 1210, § 58; Laws 1995, LB 563, § 20; Laws 2002, LB 1062, § 24; R.S.1943, (2003), § 71-1,132.16; Laws 2007, LB463, § 781; Laws 2017, LB88, § 73.

Annotations

- The Board of Nursing has power to deny a license upon proof applicant is guilty of unprofessional conduct, and upon review de novo district court may not substitute its own judgment on that issue. *Scott v. State ex rel. Board of Nursing*, 196 Neb. 681, 244 N.W.2d 683 (1976).

38-2226. License on inactive status; reinstatement.

Any licensed practical nurse or registered nurse whose license has been placed on inactive status due to a change in primary state of residence under the Nurse Licensure Compact may apply to reinstate his or her license upon (1) change in primary state of residence back to Nebraska or to another noncompact state, (2) meeting the continuing competency requirements, and (3) paying the renewal fee.

Source: Laws 2007, LB463, § 782.

Cross References

- **Nurse Licensure Compact**, see sections 71-1795 to 71-1795.02.

38-2227. Fees.

The department shall establish and collect fees for credentialing under the Nurse Practice Act as provided in sections 38-151 to 38-157.

Source: Laws 2007, LB463, § 783.

38-2228. Nursing; use of title; restriction.

(1) In the interest of public safety and consumer awareness, it is unlawful for any person to use the title nurse in reference to himself or herself in any capacity, except individuals who are or have been licensed as a registered nurse or a licensed practical nurse. A Christian Science nurse may refer to himself or herself only as a Christian Science nurse.

(2) The terms "nurse", "registered nurse", and "licensed practical nurse" include persons licensed as registered nurses or licensed practical nurses by a state that is a party to the Nurse Licensure Compact. Unless the context otherwise indicates or unless doing so would be inconsistent with the compact, nurses practicing in this state under a license issued by a state that is a party to the compact have the same rights and obligations as imposed by the laws of this state on licensees licensed under the Nurse Practice Act. The department has the authority to determine whether a right or obligation imposed on licensees applies to nurses practicing in this state under a license issued by a state that is a party to the compact, unless that determination is inconsistent with the compact.

Source: Laws 1995, LB 563, § 6; Laws 1996, LB 1155, § 25; Laws 2000, LB 523, § 7; R.S.1943, (2003), § 71-1,132.17; Laws 2007, LB463, § 784.

Cross References

- **Nurse Licensure Compact**, see sections 71-1795 to 71-1795.02.

38-2229. Nursing; license; title or abbreviation; use.

Any person who holds a license to practice as a registered nurse in this state has the right to use the title Registered Nurse and the abbreviation R.N. No other person shall assume or use such title or abbreviation or any words, letters, signs, or devices to indicate that the person using the same is authorized to practice registered nursing.

Source: Laws 1953, c. 245, § 10, p. 842; Laws 1992, LB 1019, § 43; Laws 1995, LB 563, § 21; Laws 2002, LB 1062, § 25; Laws 2005, LB 256, § 28; R.S.Supp.,2006, § 71-1,132.18; Laws 2007, LB463, § 785.

38-2230. Practical nursing; license; title or abbreviation; use.

Any person who holds a license to practice as a licensed practical nurse in this state shall have the right to use the title Licensed Practical Nurse and the abbreviation L.P.N. No other person shall assume or use such title or abbreviation or any words, letters, signs, or devices to indicate that the person using the same is authorized to practice practical nursing in this state.

Source: Laws 1955, c. 272, § 12, p. 860; Laws 1995, LB 563, § 33; R.S.1943, (2003), § 71-1,132.41; Laws 2007, LB463, § 786.

38-2231. Disciplinary actions; limitations imposed by compact.

(1) In order to effectuate the transition into compact administration, the board shall require all licensees entering into or becoming subject to an order of probation or other disciplinary action that limits practice or requires monitoring to agree, as of the date of the order, not to practice in any other state which is a party to the Nurse Licensure Compact during the term of such probation or disciplinary action without prior authorization from the other party state.

(2) Any licensee subject to disciplinary action, such as revocation, suspension, probation, or any other action which affects a licensee's authorization to practice, on the effective date of entering the compact, is not entitled to a multistate license privilege while such disciplinary action is in effect unless practice in another state is authorized by this state and any other state in which the licensee wishes to practice.

Source: Laws 2000, LB 523, § 3; R.S.1943, (2003), § 71-1,132.38; Laws 2007, LB463, § 787.

Cross References

- **Nurse Licensure Compact**, see sections 71-1795 to 71-1795.02.

38-2232. Nursing program; application.

An institution desiring to conduct a program of nursing shall apply to the board and submit evidence to the board that it is prepared to carry out the prescribed basic nursing curriculum and to meet the other standards established by the Nurse Practice Act and by the board.

Source: Laws 1953, c. 245, § 15(1), p. 843; Laws 1955, c. 272, § 6, p. 858; Laws 1980, LB 847, § 10; Laws 1995, LB 563, § 24; Laws 2002, LB 1062, § 27; R.S.1943, (2003), § 71-1,132.24; Laws 2007, LB463, § 788.

38-2233. Nursing program; application; form.

An application to conduct a program of nursing shall be made in writing upon a form to be approved and furnished by the board.

Source: Laws 1953, c. 245, § 15(2), p. 843; Laws 1955, c. 272, § 7, p. 858; Laws 1995, LB 563, § 25; Laws 2002, LB 1062, § 28; R.S.1943, (2003), § 71-1,132.25; Laws 2007, LB463, § 789.

38-2234. Nursing program; survey; report; approval.

A survey of the program institution shall be made by the executive director or other representative appointed by the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the program meets the requirements for approval, the board shall approve the program.

Source: Laws 1953, c. 245, § 15(3), p. 843; Laws 1995, LB 563, § 26; R.S.1943, (2003), § 71-1,132.26; Laws 2007, LB463, § 790.

38-2235. Nursing programs; survey; report.

The board shall, through the executive director or other representative appointed by the board, survey all programs of nursing in the state at time intervals to be determined by the board through rules and regulations. Written reports of such surveys shall be submitted to the board. The board shall act on the report to grant or deny continuing approval of the program.

Source: Laws 1953, c. 245, § 15(4), p. 844; Laws 1975, LB 422, § 13; Laws 1995, LB 563, § 27; Laws 1999, LB 594, § 40; R.S.1943, (2003), § 71-1,132.27; Laws 2007, LB463, § 791.

38-2236. Nursing programs; failure to maintain standards; notice; discontinue; hearing.

If the board determines that any approved program of nursing is not maintaining the standards required by the statutes, rules, and regulations, notice in writing, specifying the defect or defects, shall be immediately given to the program. A program which fails to correct these conditions to the satisfaction of the board within a reasonable time shall be discontinued after hearing.

Source: Laws 1953, c. 245, § 15(5), p. 844; Laws 1980, LB 847, § 11; Laws 1995, LB 563, § 28; R.S.1943, (2003), § 71-1,132.28; Laws 2007, LB463, § 792.

38-2237. Intravenous therapy; requirements.

(1) A licensed practical nurse may provide intravenous therapy if he or she (a) holds a valid license issued before May 1, 2016, by the department pursuant to the Licensed Practical Nurse-Certified Practice Act as such act existed on such date, (b) graduates from an approved program of practical nursing on or after May 1, 2016, or (c) holds a valid license as a licensed practical nurse issued on or before May 1, 2016, and completes, within five years after August 24, 2017, (i) an eight-hour didactic course in intravenous therapy which shall include, but not be limited to, peripheral intravenous lines, central lines, and legal aspects of intravenous therapy and (ii) an approved employer-specific intravenous therapy skills course.

(2) This section does not require a licensed practical nurse who does not provide intravenous therapy in the course of employment to complete the course described in subdivision (1)(c)(ii) of this section.

Source: Laws 2017, LB88, § 69.

38-2238. Licenses issued under Licensed Practical Nurse-Certified Practice Act; how treated.

On and after November 1, 2017, all licenses issued pursuant to the Licensed Practical Nurse-Certified Practice Act before such date shall be renewed as licenses to practice as a licensed practical nurse pursuant to section 38-2221.

Source: Laws 2017, LB88, § 74.

71-1,108 to 71-1,132. Repealed. Laws 1953, c. 245, §21.

71-1,132.01. Transferred to section 38-2201.

71-1,132.02 to 71-1,132.03. Act, expired.

71-1,132.04. Transferred to section 38-2217.

71-1,132.05. Repealed. Laws 2007, LB 463, § 1319.

71-1,132.06. Transferred to section 38-2218.

71-1,132.07. Transferred to section 38-2213.

71-1,132.08. Transferred to section 38-2214.

71-1,132.09. Repealed. Laws 2007, LB 463, § 1319.

71-1,132.10. Repealed. Laws 2007, LB 463, § 1319.

71-1,132.11. Transferred to section 38-2216.

71-1,132.12. Repealed. Laws 2007, LB 463, § 1319.

71-1,132.13. Transferred to section 38-2220.

71-1,132.14. Transferred to section 38-2222.

71-1,132.15. Transferred to section 38-2223.

71-1,132.16. Transferred to section 38-2225.

71-1,132.17. Transferred to section 38-2228.

71-1,132.18. Transferred to section 38-2229.

71-1,132.19. Transferred to section 38-2224.

71-1,132.20. Repealed. Laws 2007, LB 463, § 1319.

71-1,132.21. Repealed. Laws 2007, LB 463, § 1319.

71-1,132.22. Repealed. Laws 2003, LB 242, s. 154.

71-1,132.23. Repealed. Laws 1976, LB 692, §6.

71-1,132.24. Transferred to section 38-2232.

71-1,132.25. Transferred to section 38-2233.

71-1,132.26. Transferred to section 38-2234.

71-1,132.27. Transferred to section 38-2235.

71-1,132.28. Transferred to section 38-2236.

71-1,132.29. Repealed. Laws 2007, LB 463, § 1319.

71-1,132.30. Transferred to section 38-2219.

71-1,132.31. Transferred to section 38-2215.

71-1,132.32 to 71-1,132.34. Repealed. Laws 1983, LB 472, §8.

71-1,132.35. Repealed. Laws 2007, LB 463, § 1319.

71-1,132.36. Repealed. Laws 2007, LB 463, § 1319.

71-1,132.37. Transferred to section 38-2221.

71-1,132.38. Transferred to section 38-2231.

71-1,132.39 to 71-1,132.40. Repealed. Laws 1975, LB 422, §21.

71-1,132.41. Transferred to section 38-2230.

71-1,132.42. Repealed. Laws 1975, LB 422, §21.

71-1,132.43. Repealed. Laws 1978, LB 756, §59.

71-1,132.44 to 71-1,132.46. Repealed. Laws 1983, LB 472, §8.

71-1,132.47. Repealed. Laws 2003, LB 242, s. 154.

71-1,132.48. Repealed. Laws 2007, LB 463, § 1319.

71-1,132.49 and 71-1,132.50. Repealed. Laws 2003, LB 242, s. 154.

71-1,132.51. Repealed. Laws 1981, LB 379, §38.

71-1,132.52. Repealed. Laws 1995, LB 563, §50.

71-1,132.53. Repealed. Laws 2007, LB 463, § 1319.