

LEGISLATURE OF NEBRASKA
ONE HUNDRED FIFTH LEGISLATURE
SECOND SESSION

LEGISLATIVE BILL 1034

FINAL READING

Introduced by Riepe, 12.

Read first time January 17, 2018

Committee: Health and Human Services

1 A BILL FOR AN ACT relating to public health and welfare; to amend
2 sections 38-122, 38-131, 38-321, 38-1201, 38-1204, 38-1205, 38-1208,
3 38-1215, 38-1216, 38-1219, 38-1221, 38-1224, 38-1225, 38-1229,
4 38-1232, 38-1237, 38-2025, 38-2026, 38-2104, 38-2112, 38-2115,
5 38-2117, 38-2122, 38-2123, 38-2124, 38-2518, 38-2519, 38-2521,
6 38-2826.01, 38-3101, 38-3111, 44-772, 44-792, 69-2429, 71-423,
7 71-430, 71-507, 71-906, and 71-1913, Reissue Revised Statutes of
8 Nebraska, sections 71-403, 71-413, 71-474, 71-1908, 71-2411,
9 71-4204, 71-4205, 71-4209, and 77-2704.12, Revised Statutes
10 Cumulative Supplement, 2016, and sections 28-401, 28-470, 29-2261,
11 38-319, 38-1217, 38-1218, 38-2125, 71-401, 71-2445, and 71-2454,
12 Revised Statutes Supplement, 2017; to define and redefine terms; to
13 change provisions relating to credentialing under the Uniform
14 Credentialing Act, licensure under the Health Care Facility
15 Licensure Act and the Child Care Licensing Act, the prescription
16 drug monitoring system, and the Stroke System of Care Act; to change
17 provisions of the Emergency Medical Services Practice Act as
18 prescribed; to adopt the EMS Personnel Licensure Interstate Compact
19 and the Psychology Interjurisdictional Compact; to harmonize
20 provisions; and to repeal the original sections.
21 Be it enacted by the people of the State of Nebraska,

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

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

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

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

12 (3) Administration means the Drug Enforcement Administration of the
13 United States Department of Justice;

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

21 (5) Counterfeit substance means a controlled substance which, or the
22 container or labeling of which, without authorization, bears the
23 trademark, trade name, or other identifying mark, imprint, number, or
24 device, or any likeness thereof, of a manufacturer, distributor, or
25 dispenser other than the person or persons who in fact manufactured,
26 distributed, or dispensed such substance and which thereby falsely
27 purports or is represented to be the product of, or to have been
28 distributed by, such other manufacturer, distributor, or dispenser;

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

30 (7) Division of Drug Control means the personnel of the Nebraska
31 State Patrol who are assigned to enforce the Uniform Controlled

1 Substances Act;

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

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

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

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

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

21 (13) Marijuana means all parts of the plant of the genus cannabis,
22 whether growing or not, the seeds thereof, and every compound,
23 manufacture, salt, derivative, mixture, or preparation of such plant or
24 its seeds, but does not include the mature stalks of such plant, hashish,
25 tetrahydrocannabinols extracted or isolated from the plant, fiber
26 produced from such stalks, oil or cake made from the seeds of such plant,
27 any other compound, manufacture, salt, derivative, mixture, or
28 preparation of such mature stalks, the sterilized seed of such plant
29 which is incapable of germination, or cannabidiol contained in a drug
30 product approved by the federal Food and Drug Administration or obtained
31 pursuant to sections 28-463 to 28-468. When the weight of marijuana is

1 referred to in the Uniform Controlled Substances Act, it means its weight
2 at or about the time it is seized or otherwise comes into the possession
3 of law enforcement authorities, whether cured or uncured at that time.
4 When industrial hemp as defined in section 2-5701 is in the possession of
5 a person as authorized under section 2-5701, it is not considered
6 marijuana for purposes of the Uniform Controlled Substances Act;

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

24 (15) Narcotic drug means any of the following, whether produced
25 directly or indirectly by extraction from substances of vegetable origin,
26 independently by means of chemical synthesis, or by a combination of
27 extraction and chemical synthesis: (a) Opium, opium poppy and poppy
28 straw, coca leaves, and opiates; (b) a compound, manufacture, salt,
29 derivative, or preparation of opium, coca leaves, or opiates; or (c) a
30 substance and any compound, manufacture, salt, derivative, or preparation
31 thereof which is chemically equivalent to or identical with any of the

1 substances referred to in subdivisions (a) and (b) of this subdivision,
2 except that the words narcotic drug as used in the Uniform Controlled
3 Substances Act does not include decocainized coca leaves or extracts of
4 coca leaves, which extracts do not contain cocaine or ecgonine, or
5 isoquinoline alkaloids of opium;

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

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

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

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

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

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

29 (22) Immediate precursor means a substance which is the principal
30 compound commonly used or produced primarily for use and which is an
31 immediate chemical intermediary used or likely to be used in the

1 manufacture of a controlled substance, the control of which is necessary
2 to prevent, curtail, or limit such manufacture;

3 (23) State means the State of Nebraska;

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

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

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

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

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

26 (29) Imitation controlled substance means a substance which is not a
27 controlled substance or controlled substance analogue but which, by way
28 of express or implied representations and consideration of other relevant
29 factors including those specified in section 28-445, would lead a
30 reasonable person to believe the substance is a controlled substance or
31 controlled substance analogue. A placebo or registered investigational

1 drug manufactured, distributed, possessed, or delivered in the ordinary
2 course of practice or research by a health care professional shall not be
3 deemed to be an imitation controlled substance;

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

16 (b) Controlled substance analogue does not include (i) a controlled
17 substance, (ii) any substance generally recognized as safe and effective
18 within the meaning of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C.
19 301 et seq., as such act existed on January 1, 2014, (iii) any substance
20 for which there is an approved new drug application, or (iv) with respect
21 to a particular person, any substance if an exemption is in effect for
22 investigational use for that person, under section 505 of the Federal
23 Food, Drug, and Cosmetic Act, 21 U.S.C. 355, as such section existed on
24 January 1, 2014, to the extent conduct with respect to such substance is
25 pursuant to such exemption;

26 (31) Anabolic steroid means any drug or hormonal substance,
27 chemically and pharmacologically related to testosterone (other than
28 estrogens, progestins, and corticosteroids), that promotes muscle growth
29 and includes any controlled substance in Schedule III(d) of section
30 28-405. Anabolic steroid does not include any anabolic steroid which is
31 expressly intended for administration through implants to cattle or other

1 nonhuman species and has been approved by the Secretary of Health and
2 Human Services for such administration, but if any person prescribes,
3 dispenses, or distributes such a steroid for human use, such person shall
4 be considered to have prescribed, dispensed, or distributed an anabolic
5 steroid within the meaning of this subdivision;

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

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

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

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

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

22 (37) Signature means the name, word, or mark of a person written in
23 his or her own hand with the intent to authenticate a writing or other
24 form of communication or a digital signature which complies with section
25 86-611 or an electronic signature;

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

30 (39) Electronic signature has the definition found in section
31 86-621;

1 (40) Electronic transmission means transmission of information in
2 electronic form. Electronic transmission includes computer-to-computer
3 transmission or computer-to-facsimile transmission;

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

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

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

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

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

26 (b) The name or packaging of the product or substance uses images or
27 labels suggesting that it is a controlled substance or produces effects
28 on the human body that replicate or mimic those produced by a controlled
29 substance;

30 (c) The product or substance is marketed or advertised for a
31 particular use or purpose and the cost of the product or substance is

1 disproportionately higher than other products or substances marketed or
2 advertised for the same or similar use or purpose;

3 (d) The packaging or label on the product or substance contains
4 words or markings that state or suggest that the product or substance is
5 in compliance with state and federal laws regulating controlled
6 substances;

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

10 (f) The owner or person in control of the product or substance makes
11 a verbal or written statement suggesting or implying that the product or
12 substance is a synthetic drug or that consumption of the product or
13 substance will replicate or mimic effects on the human body to those
14 effects commonly produced through use or consumption of a controlled
15 substance;

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

20 (h) The product or substance contains a chemical or chemical
21 compound that does not have a legitimate relationship to the use or
22 purpose claimed by the seller, distributor, packer, or manufacturer of
23 the product or substance or indicated by the product name, appearing on
24 the product's packaging or label or depicted in advertisement of the
25 product or substance.

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

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

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

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

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

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

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

21 (b) Personally liable in any civil action to respond in damages as a
22 result of his or her acts of commission or omission arising out of and in
23 the course of his or her rendering such care or services or arising out
24 of his or her failure to act to provide or arrange for further medical
25 treatment or care for the person who is apparently experiencing an
26 opioid-related overdose, unless the emergency responder caused damage or
27 injury by his or her willful, wanton, or grossly negligent act of
28 commission or omission. This subdivision shall not affect the liability
29 of such emergency medical service organization for the emergency
30 responder's acts of commission or omission.

31 (4) A peace officer who, acting in good faith, obtains naloxone from

1 the peace officer's law enforcement agency and administers the naloxone
2 to a person who is apparently experiencing an opioid-related overdose
3 shall not be:

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

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

15 (5) For purposes of this section:

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

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

18 (c) Emergency responder means an emergency medical responder, an
19 emergency medical technician, an advanced emergency medical technician,
20 or a paramedic licensed under the Emergency Medical Services Practice Act
21 or practicing pursuant to the EMS Personnel Licensure Interstate Compact;

22 (d) Health professional means a physician, physician assistant,
23 nurse practitioner, or pharmacist licensed under the Uniform
24 Credentialing Act;

25 (e) Law enforcement agency means a police department, a town
26 marshal, the office of sheriff, or the Nebraska State Patrol;

27 (f) Naloxone means naloxone hydrochloride; and

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

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

31 29-2261 (1) Unless it is impractical to do so, when an offender has

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

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

18 (3) The presentence investigation and report shall include, when
19 available, an analysis of the circumstances attending the commission of
20 the crime, the offender's history of delinquency or criminality, physical
21 and mental condition, family situation and background, economic status,
22 education, occupation, and personal habits, and any other matters that
23 the probation officer deems relevant or the court directs to be included.
24 All local and state police agencies and Department of Correctional
25 Services adult correctional facilities shall furnish to the probation
26 officer copies of such criminal records, in any such case referred to the
27 probation officer by the court of proper jurisdiction, as the probation
28 officer shall require without cost to the court or the probation officer.

29 Such investigation shall also include:

30 (a) Any written statements submitted to the county attorney by a
31 victim; and

1 (b) Any written statements submitted to the probation officer by a
2 victim.

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

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

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

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

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

18 (6)(a) ~~(6)~~ Any presentence report, substance abuse evaluation, or
19 psychiatric examination shall be privileged and shall not be disclosed
20 directly or indirectly to anyone other than a judge; ~~τ~~ probation officers
21 to whom an offender's file is duly transferred; ~~τ~~ the probation
22 administrator or his or her designee; ~~τ~~ alcohol and drug counselors,
23 mental health practitioners, psychiatrists, and psychologists licensed or
24 certified under the Uniform Credentialing Act to conduct substance abuse
25 evaluations and treatment; ~~τ~~ or others entitled by law to receive such
26 information, including personnel and mental health professionals for the
27 Nebraska State Patrol specifically assigned to sex offender registration
28 and community notification for the sole purpose of using such report,
29 evaluation, or examination for assessing risk and for community
30 notification of registered sex offenders.

31 (b) For purposes of this subsection, mental health professional

1 means (i) ~~(a)~~ a practicing physician licensed to practice medicine in
2 this state under the Medicine and Surgery Practice Act, (ii) ~~(b)~~ a
3 practicing psychologist licensed to engage in the practice of psychology
4 in this state as provided in section 38-3111 or as provided under similar
5 provisions of the Psychology Interjurisdictional Compact, or (iii) ~~(c)~~ a
6 practicing mental health professional licensed or certified in this state
7 as provided in the Mental Health Practice Act.

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

28 (8) If an offender is sentenced to imprisonment, a copy of the
29 report of any presentence investigation, substance abuse evaluation, or
30 psychiatric examination shall be transmitted immediately to the
31 Department of Correctional Services. Upon request, the Board of Parole or

1 the Office of Parole Administration may receive a copy of the report from
2 the department.

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

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

12 38-122 Every initial credential to practice a profession or engage
13 in a business shall be in the form of a document under the name of the
14 department ~~and signed by the director, the Governor, and the officers of~~
15 ~~the appropriate board, if any.~~

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

18 38-131 (1) An applicant for an initial license to practice as a
19 registered nurse, ~~or~~ a licensed practical nurse, a psychologist, an
20 advanced emergency medical technician, an emergency medical technician,
21 or a paramedic or to practice a profession which is authorized to
22 prescribe controlled substances shall be subject to a criminal background
23 check. A criminal background check may also be required for initial
24 licensure or reinstatement of a license governed by the Uniform
25 Credentialing Act if a criminal background check is required by an
26 interstate licensure compact. Except as provided in subsection (3) of
27 this section, the applicant shall submit with the application a full set
28 of fingerprints which shall be forwarded to the Nebraska State Patrol to
29 be submitted to the Federal Bureau of Investigation for a national
30 criminal history record information check. The applicant shall authorize
31 release of the results of the national criminal history record

1 information check to the department. The applicant shall pay the actual
2 cost of the fingerprinting and criminal background check.

3 (2) This section shall not apply to a dentist who is an applicant
4 for a dental locum tenens under section 38-1122, to a physician or
5 osteopathic physician who is an applicant for a physician locum tenens
6 under section 38-2036, or to a veterinarian who is an applicant for a
7 veterinarian locum tenens under section 38-3335.

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

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

16 38-319 The department, with the recommendation of the board, may
17 issue a license based on licensure in another jurisdiction to an
18 individual who (1) meets the requirements of the Alcohol and Drug
19 Counseling Practice Act, (2) meets or substantially equivalent
20 requirements as determined by the department, with the recommendation of
21 the board, or (3) holds a license or certification that is current in
22 another jurisdiction that authorizes the applicant to provide alcohol and
23 drug counseling, has at least two hundred seventy hours of alcohol and
24 drug counseling education, has at least three years of full-time alcohol
25 and drug counseling practice following initial licensure or certification
26 in the other jurisdiction, and has passed an alcohol and drug counseling
27 examination. An applicant who is a military spouse may apply for a
28 temporary license as provided in section 38-129.01.

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

31 38-321 ~~(1)~~—The department, with the recommendation of the board,

1 shall adopt and promulgate rules and regulations to administer the
2 Alcohol and Drug Counseling Practice Act, including rules and regulations
3 governing:

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

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

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

13 ~~(4) (d)~~ The contents and methods of distribution of disclosure
14 statements to clients of alcohol and drug counselors; and

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

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

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

23 38-1201 Sections 38-1201 to 38-1237 and sections 10, 12, 13, 14, 16,
24 17, and 22 of this act shall be known and may be cited as the Emergency
25 Medical Services Practice Act.

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

28 38-1204 For purposes of the Emergency Medical Services Practice Act
29 and elsewhere in the Uniform Credentialing Act, unless the context
30 otherwise requires, the definitions found in sections 38-1205 to 38-1214
31 and sections 10, 12, 13, 14, 16, and 17 of this act apply.

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

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

10 38-1205 Ambulance means any privately or publicly owned motor
11 vehicle or aircraft that is especially designed, constructed or modified,
12 and equipped and is intended to be used and is maintained or operated for
13 the overland or air transportation of patients upon the streets, roads,
14 highways, airspace, or public ways in this state, ~~including funeral~~
15 ~~coaches or hearses,~~ or any other motor vehicles or aircraft used for such
16 purposes.

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

24 Sec. 13. Emergency medical technician practice of out-of-hospital
25 emergency medical care means care provided in accordance with the
26 knowledge and skill acquired through successful completion of an approved
27 program for an emergency medical technician. Such care includes, but is
28 not limited to, (1) all of the acts that an emergency medical responder
29 can perform, and (2) simple invasive interventions, management and
30 transportation of individuals, and nonvisualized intubation.

31 Sec. 14. Emergency medical technician-intermediate practice of out-

1 of-hospital emergency medical care means care provided in accordance with
2 the knowledge and skill acquired through successful completion of an
3 approved program for an emergency medical technician-intermediate. Such
4 care includes, but is not limited to, (1) all of the acts that an
5 advanced emergency medical technician can perform, and (2) visualized
6 intubation. This section terminates on December 31, 2025.

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

9 38-1208 Out-of-hospital emergency care provider includes all
10 licensure classifications of emergency care providers established
11 pursuant to the Emergency Medical Services Practice Act. Prior to
12 December 31, 2025, out-of-hospital emergency care provider includes out-
13 of-hospital advanced emergency medical technician, emergency medical
14 responder, emergency medical technician, emergency medical technician-
15 intermediate, and paramedic. On and after December 31, 2025, out-of-
16 hospital emergency care provider includes advanced emergency medical
17 technician, emergency medical responder, emergency medical technician,
18 and paramedic.

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

25 Sec. 17. Practice of out-of-hospital emergency medical care means
26 the performance of any act using judgment or skill based upon the United
27 States Department of Transportation education standards and guideline
28 training requirements, the National Highway Traffic Safety
29 Administration's National Emergency Medical Service Scope of Practice
30 Model and National Emergency Medical Services Education Standards, and
31 permitted practices and procedures for the level of licensure listed in

1 section 38-1217. Such acts include the identification of and intervention
2 in actual or potential health problems of individuals and are directed
3 toward addressing such problems based on actual or perceived traumatic or
4 medical circumstances prior to or during transportation to a hospital or
5 for routine transportation between health care facilities or services.
6 Such acts are provided under therapeutic regimens ordered by a physician
7 medical director or through protocols as provided by the Emergency
8 Medical Services Practice Act.

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

11 38-1215 (1) The board shall have seventeen members appointed by the
12 Governor with the approval of a majority of the Legislature. The
13 appointees may begin to serve immediately following appointment and prior
14 to approval by the Legislature.

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

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

27 (c) Five members shall be appointed to include one member who is a
28 representative of an approved training agency, one member who is a
29 physician assistant with at least five years of experience and active in
30 out-of-hospital emergency medical care education, one member who is a
31 registered nurse with at least five years of experience and active in

1 out-of-hospital emergency medical care education, and two public members
2 who meet the requirements of section 38-165 and who have an expressed
3 interest in the provision of out-of-hospital emergency medical care.

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

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

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

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

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

31 (5) The Governor upon recommendation of the department shall have

1 power to remove from office at any time any member of the board for
2 physical or mental incapacity to carry out the duties of a board member,
3 for continued neglect of duty, for incompetency, for acting beyond the
4 individual member's scope of authority, for malfeasance in office, for
5 any cause for which a professional credential may be suspended or revoked
6 pursuant to the Uniform Credentialing Act, or for a lack of license
7 required by the Emergency Medical Services Practice Act.

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

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

17 38-1216 In addition to any other responsibilities prescribed by the
18 Emergency Medical Services Practice Act, the board shall:

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

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

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

1 ~~(3) (4)~~ Establish model procedures for patient management in out-of-
2 hospital medical emergencies that do not limit the authority of law
3 enforcement and fire protection personnel to manage the scene during an
4 out-of-hospital medical emergency;

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

10 ~~(5) (6)~~ Identify communication needs of emergency medical services
11 and make recommendations for development of a communications plan for a
12 communications network for out-of-hospital emergency care providers and
13 emergency medical services.

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

16 38-1217 The board shall adopt rules and regulations necessary to:

17 ~~(1) Create licensure requirements for advanced emergency medical~~
18 ~~technicians, emergency medical responders, emergency medical technicians,~~
19 ~~and paramedics and, until December 31, 2025, create renewal requirements~~
20 ~~for emergency medical technicians-intermediate. (1)(a) For licenses~~
21 ~~issued prior to September 1, 2010, create the following licensure~~
22 ~~classifications of out-of-hospital emergency care providers: (i) First~~
23 ~~responder; (ii) emergency medical technician; (iii) emergency medical~~
24 ~~technician-intermediate; and (iv) emergency medical technician-paramedic;~~
25 ~~and (b) for licenses issued on or after September 1, 2010, create the~~
26 ~~following licensure classifications of out-of-hospital emergency care~~
27 ~~providers: (i) Emergency medical responder; (ii) emergency medical~~
28 ~~technician; (iii) advanced emergency medical technician; and (iv)~~
29 ~~paramedic. The rules and regulations creating the classifications shall~~
30 ~~include all the practices and procedures authorized for each~~
31 ~~classification, training and testing requirements, renewal and~~

1 ~~reinstatement requirements, and other~~ criteria and qualifications for
2 each classification determined to be necessary for protection of public
3 health and safety. ~~A person holding a license issued prior to September~~
4 ~~1, 2010, shall be authorized to practice in accordance with the laws,~~
5 ~~rules, and regulations governing the license for the term of the license;~~

6 (2) Provide for temporary licensure of an out-of-hospital emergency
7 care provider who has completed the educational requirements for a
8 licensure classification enumerated in subdivision ~~(1)~~ ~~(1)(b)~~ of this
9 section but has not completed the testing requirements for licensure
10 under such subdivision. A temporary license shall allow the person to
11 practice only in association with a licensed out-of-hospital emergency
12 care provider under physician medical direction and shall be valid until
13 the date on which the results of the next licensure examination are
14 available to the department. The temporary license shall expire
15 immediately if the applicant has failed the examination. In no case may a
16 temporary license be issued for a period extending beyond one year Such
17 ~~temporary licensure shall be valid for one year or until a license is~~
18 ~~issued under such subdivision and shall not be subject to renewal.~~ The
19 rules and regulations shall include qualifications and training necessary
20 for issuance of such temporary license, the practices and procedures
21 authorized for a temporary licensee under this subdivision, and
22 supervision required for a temporary licensee under this subdivision. The
23 requirements of this subdivision and the rules and regulations adopted
24 and promulgated pursuant to this subdivision do not apply to a temporary
25 license issued as provided in section 38-129.01;

26 (3) Provide for temporary licensure of an out-of-hospital emergency
27 care provider relocating to Nebraska, if such out-of-hospital emergency
28 care provider is lawfully authorized to practice in another state that
29 has adopted the licensing standards of the EMS Personnel Licensure
30 Interstate Compact. Such temporary licensure shall be valid for one year
31 or until a license is issued and shall not be subject to renewal. The

1 requirements of this subdivision do not apply to a temporary license
2 issued as provided in section 38-129.01;

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

10 (5) ~~(4)~~ Authorize emergency medical services to provide differing
11 practices and procedures depending upon the qualifications of out-of-
12 hospital emergency care providers available at the time of service
13 delivery. No emergency medical service shall be licensed to provide
14 practices or procedures without the use of personnel licensed to provide
15 the practices or procedures;

16 (6) ~~(5)~~ Authorize out-of-hospital emergency care providers to
17 perform any practice or procedure which they are authorized to perform
18 with an emergency medical service other than the service with which they
19 are affiliated when requested by the other service and when the patient
20 for whom they are to render services is in danger of loss of life;

21 (7) ~~(6)~~ Provide for the approval of training agencies and establish
22 minimum standards for services provided by training agencies;

23 (8) ~~(7)~~ Provide for the minimum qualifications of a physician
24 medical director in addition to the licensure required by section
25 38-1212;

26 (9) ~~(8)~~ Provide for the use of physician medical directors,
27 qualified physician surrogates, model protocols, standing orders,
28 operating procedures, and guidelines which may be necessary or
29 appropriate to carry out the purposes of the Emergency Medical Services
30 Practice Act. The model protocols, standing orders, operating procedures,
31 and guidelines may be modified by the physician medical director for use

1 by any out-of-hospital emergency care provider or emergency medical
2 service before or after adoption;

3 ~~(10) (9)~~ Establish criteria for approval of organizations issuing
4 cardiopulmonary resuscitation certification which shall include criteria
5 for instructors, establishment of certification periods and minimum
6 curricula, and other aspects of training and certification;

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

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

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

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

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

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

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

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

22 38-1218 (1) ~~The Legislature adopts all parts of the United States~~
23 ~~Department of Transportation curricula, including appendices, and skills~~
24 ~~as the training requirements and permitted practices and procedures for~~
25 ~~the licensure classifications listed in subdivision (1)(a) of section~~
26 ~~38-1217 until modified by the board by rule and regulation. The~~
27 ~~Legislature adopts the United States Department of Transportation~~
28 ~~National Emergency Medical Services Education Standards and the National~~
29 ~~Emergency Medical Services Scope of Practice for the licensure~~
30 ~~classifications listed in subdivision (1)(b) of section 38-1217 until~~
31 ~~modified by the board by rule and regulation. The board may approve~~

1 curricula for the licensure classifications listed in the Emergency
2 Medical Services Practice Act ~~subdivision (1) of section 38-1217.~~

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

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

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

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

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

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

23 Sec. 22. The board shall review decisions of the Interstate
24 Commission for Emergency Medical Services Personnel Practice established
25 pursuant to the EMS Personnel Licensure Interstate Compact. Upon approval
26 by the commission of any action that will have the result of increasing
27 the cost to the state for membership in the compact, the board may
28 recommend to the Legislature that Nebraska withdraw from the compact.

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

31 38-1219 The department, with the recommendation of the board, shall

1 adopt and promulgate rules and regulations necessary to:

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

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

9 (2) ~~(3)~~ Establish procedures and requirements for applications for
10 licensure, renewal, and reinstatement in any of the licensure
11 classifications created pursuant to the Emergency Medical Services
12 Practice Act; ~~, including provisions for issuing an emergency medical~~
13 ~~responder license to a licensee renewing his or her first responder~~
14 ~~license after September 1, 2010, and for issuing a paramedic license to a~~
15 ~~licensee renewing his or her emergency medical technician-paramedic~~
16 ~~license after September 1, 2010; and~~

17 (3) ~~(4)~~ Provide for the inspection, review, and termination of
18 approval of training agencies. All training for licensure shall be
19 provided through an approved training agency; ~~and -~~

20 (4) ~~Provide for the inspection, review, and termination of basic~~
21 ~~life support emergency medical services and advanced life support~~
22 ~~emergency medical services.~~

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

25 38-1221 ~~(1)~~—To be eligible for a license under the Emergency
26 Medical Services Practice Act, an individual shall have attained the age
27 of eighteen years and met the requirements established in accordance with
28 subdivision ~~(1), (2), or (15)~~ of section 38-1217.

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

31 ~~(3) An individual holding a certificate under the Emergency Medical~~

1 ~~Services Act on December 1, 2008, shall be deemed to be holding a license~~
2 ~~under the Uniform Credentialing Act and the Emergency Medical Services~~
3 ~~Practice Act on such date. The certificate holder may continue to~~
4 ~~practice under such certificate as a license in accordance with the~~
5 ~~Uniform Credentialing Act until the certificate would have expired under~~
6 ~~its terms.~~

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

9 38-1224 (1) An out-of-hospital emergency care provider other than a
10 ~~first responder~~ or an emergency medical responder as classified under
11 ~~section 38-1217~~ may not assume the duties incident to the title or
12 practice the skills of an out-of-hospital emergency care provider unless
13 he or she (a) is acting under the supervision of a licensed health care
14 practitioner or under the direction of a registered nurse and (b) is
15 employed by or serving as a ~~volunteer~~ member of an emergency medical
16 service, a hospital, or a health clinic licensed by the department.

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

22 (3) For purposes of this section, licensed health care practitioner
23 means (a) a physician medical director or physician surrogate for
24 purposes of supervision of an out-of-hospital emergency care provider for
25 an emergency medical service or (b) a physician, a physician assistant,
26 or an advance practice registered nurse for purposes of supervision of an
27 out-of-hospital emergency care provider for a hospital or health clinic.
28 A registered nurse may direct an out-of-hospital emergency care provider
29 in a hospital or health clinic.

30 ~~(3) An emergency medical technician-intermediate, an emergency~~
31 ~~medical technician-paramedic, an advanced emergency medical technician,~~

1 ~~or a paramedic may volunteer or be employed at a hospital as defined in~~
2 ~~section 71-419 or a health clinic as defined in section 71-416 to perform~~
3 ~~activities within his or her scope of practice within such hospital or~~
4 ~~health clinic under the supervision of a registered nurse, a physician~~
5 ~~assistant, or a physician. Such activities shall be performed in a manner~~
6 ~~established in rules and regulations adopted and promulgated by the~~
7 ~~department, with the recommendation of the board.~~

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

10 38-1225 (1) No patient data received or recorded by an emergency
11 medical service or an out-of-hospital emergency care provider shall be
12 divulged, made public, or released by an emergency medical service or an
13 out-of-hospital emergency care provider, except that patient data may be
14 released for purposes of treatment, payment, and other health care
15 operations as defined and permitted under the federal Health Insurance
16 Portability and Accountability Act of 1996, as such act existed on
17 January 1, 2018 ~~2007~~, or as otherwise permitted by law. Such data shall
18 be provided to the department for public health purposes pursuant to
19 rules and regulations of the department. For purposes of this section,
20 patient data means any data received or recorded as part of the records
21 maintenance requirements of the Emergency Medical Services Practice Act.

22 (2) Patient data received by the department shall be confidential
23 with release only (a) in aggregate data reports created by the department
24 on a periodic basis or at the request of an individual, (b) as case-
25 specific data to approved researchers for specific research projects, (c)
26 as protected health information to a public health authority, as such
27 terms are defined under the federal Health Insurance Portability and
28 Accountability Act of 1996, as such act existed on January 1, 2018 ~~2007~~,
29 and (d) as protected health information, as defined under the federal
30 Health Insurance Portability and Accountability Act of 1996, as such act
31 existed on January 1, 2018 ~~2007~~, to an emergency medical service, to an

1 out-of-hospital emergency care provider, or to a licensed health care
2 facility for purposes of treatment. A record may be shared with the
3 emergency medical service or out-of-hospital emergency care provider that
4 reported that specific record. Approved researchers shall maintain the
5 confidentiality of the data, and researchers shall be approved in the
6 same manner as described in section 81-666. Aggregate reports shall be
7 public documents.

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

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

14 38-1229 The department, ~~with the recommendation of the board,~~ may
15 issue a license to any individual who has a current certificate from the
16 National Registry of Emergency Medical Technicians. ~~The level of such~~
17 ~~licensure shall be determined by the board.~~

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

20 38-1232 (1) No out-of-hospital emergency care provider, physician
21 assistant, registered nurse, or licensed practical nurse who provides
22 public emergency care shall be liable in any civil action to respond in
23 damages as a result of his or her acts of commission or omission arising
24 out of and in the course of his or her rendering in good faith any such
25 care. Nothing in this subsection shall be deemed to grant any such
26 immunity for liability arising out of the operation of any motor vehicle,
27 aircraft, or boat or while such person was impaired by alcoholic liquor
28 or any controlled substance enumerated in section 28-405 in connection
29 with such care, nor shall immunity apply to any person causing damage or
30 injury by his or her willful, wanton, or grossly negligent act of
31 commission or omission.

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

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

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

15 38-1237 It shall be unlawful for any person who has not been
16 licensed pursuant to the Emergency Medical Services Practice Act or
17 authorized pursuant to the EMS Personnel Licensure Interstate Compact to
18 hold himself or herself out as an out-of-hospital emergency care
19 provider, to use any other term to indicate or imply that he or she is an
20 out-of-hospital emergency care provider, or to act as such a provider
21 without a license therefor. It shall be unlawful for any person to
22 operate a training agency for the initial training or renewal or
23 reinstatement of licensure of out-of-hospital emergency care providers
24 unless the training agency is approved pursuant to rules and regulations
25 of the department ~~board~~. It shall be unlawful for any person to operate
26 an emergency medical service unless such service is licensed.

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

29 38-2025 The following classes of persons shall not be construed to
30 be engaged in the unauthorized practice of medicine:

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

1 (2) Persons administering ordinary household remedies;

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

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

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

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

23 (7) Physicians who are licensed in good standing to practice
24 medicine in another state but who, from such other state, order
25 diagnostic or therapeutic services on an irregular or occasional basis,
26 to be provided to an individual in this state, if such physicians do not
27 maintain and are not furnished for regular use within this state any
28 office or other place for the rendering of professional services or the
29 receipt of calls;

30 (8) Physicians who are licensed in good standing to practice
31 medicine in another state and who, on an irregular and occasional basis,

1 are granted temporary hospital privileges to practice medicine and
2 surgery at a hospital or other medical facility licensed in this state;

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

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

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

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

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

15 (14) Podiatrists practicing their profession when licensed to
16 practice in this state and practicing under and in accordance with the
17 Podiatry Practice Act;

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

21 (16) Advanced practice registered nurses practicing in their
22 clinical specialty areas when licensed under the Advanced Practice
23 Registered Nurse Practice Act and practicing under and in accordance with
24 their respective practice acts;

25 (17) Surgical first assistants practicing in accordance with the
26 Surgical First Assistant Practice Act;

27 (18) Persons licensed or certified under the laws of this state to
28 practice a limited field of the healing art, not specifically named in
29 this section, when confining themselves strictly to the field for which
30 they are licensed or certified, not assuming the title of physician,
31 surgeon, or physician and surgeon, and not professing or holding

1 themselves out as qualified to prescribe drugs in any form or to perform
2 operative surgery;

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

8 (20) Physicians who are licensed in good standing to practice
9 medicine under the laws of another state or jurisdiction who accompany an
10 athletic team or organization into this state for an event from the state
11 or jurisdiction of licensure. This exemption is limited to treatment
12 provided to such athletic team or organization while present in Nebraska;
13 and

14 (21) (20) Other trained persons employed by a licensed health care
15 facility or health care service defined in the Health Care Facility
16 Licensure Act or clinical laboratory certified pursuant to the federal
17 Clinical Laboratories Improvement Act of 1967, as amended, or Title XVIII
18 or XIX of the federal Social Security Act to withdraw human blood for
19 scientific or medical purposes.

20 Any person who has held or applied for a license to practice
21 medicine and surgery in this state, and such license or application has
22 been denied or such license has been refused renewal or disciplined by
23 order of limitation, suspension, or revocation, shall be ineligible for
24 the exceptions described in subdivisions (5) through (8) of this section
25 until such license or application is granted or such license is renewed
26 or reinstated. Every act or practice falling within the practice of
27 medicine and surgery as defined in section 38-2024 and not specially
28 excepted in this section shall constitute the practice of medicine and
29 surgery and may be performed in this state only by those licensed by law
30 to practice medicine in Nebraska.

31 Sec. 31. Section 38-2026, Reissue Revised Statutes of Nebraska, is

1 amended to read:

2 38-2026 Except as otherwise provided in sections 38-2026.01 and
3 38-2027, each applicant for a license to practice medicine and surgery
4 shall:

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

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

25 (3) Pass a licensing examination approved by the board covering
26 appropriate medical subjects; and

27 (4) Present proof satisfactory to the department that he or she,
28 within the three years immediately preceding the application for
29 licensure, (a) has been in the active practice of the profession of
30 medicine and surgery in some other state, a territory, the District of
31 Columbia, or Canada for a period of one year, (b) has had at least one

1 year of graduate medical education as described in subdivision (2) of
2 this section, (c) has completed continuing education in medicine and
3 surgery approved by the board, (d) has completed a refresher course in
4 medicine and surgery approved by the board, or (e) has completed the
5 special purposes examination approved by the board.

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

8 38-2104 (1) Approved educational program means a program of
9 education and training accredited by an agency listed in subsection (2)
10 of this section or approved by the board. Such approval may be based on
11 the program's accreditation by an accrediting agency with requirements
12 similar to an agency listed in subsection (2) of this section or on
13 standards established by the board in the manner and form provided in
14 section 38-133.

15 (2) Approved educational program includes a program of education and
16 training accredited by:

17 (a) The Commission on Accreditation for Marriage and Family Therapy
18 Education;

19 (b) The Council for Accreditation of Counseling and Related
20 Educational Programs;

21 (c) The Council on Rehabilitation Education;

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

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

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

28 38-2112 Consultation means a professional collaborative relationship
29 between a licensed mental health practitioner and a consultant who is a
30 psychologist licensed to engage in the practice of psychology in this
31 state as provided in section 38-3111 or as provided in similar provisions

1 of the Psychology Interjurisdictional Compact, a qualified physician, or
2 a licensed independent mental health practitioner in which (1) the
3 consultant makes a diagnosis based on information supplied by the
4 licensed mental health practitioner and any additional assessment deemed
5 necessary by the consultant and (2) the consultant and the licensed
6 mental health practitioner jointly develop a treatment plan which
7 indicates the responsibility of each professional for implementing
8 elements of the plan, updating the plan, and assessing the client's
9 progress.

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

12 38-2115 (1) Mental health practice means the provision of treatment,
13 assessment, psychotherapy, counseling, or equivalent activities to
14 individuals, couples, families, or groups for behavioral, cognitive,
15 social, mental, or emotional disorders, including interpersonal or
16 personal situations.

17 (2) Mental health practice does not include:

18 (a) The practice of psychology or medicine;

19 (b) Prescribing drugs or electroconvulsive therapy;

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

21 (d) Diagnosing major mental illness or disorder except in
22 consultation with a qualified physician, a psychologist licensed to
23 engage in the practice of psychology in this state as provided in section
24 38-3111 or as provided in similar provisions of the Psychology
25 Interjurisdictional Compact, or a licensed independent mental health
26 practitioner;

27 (e) Measuring personality or intelligence for the purpose of
28 diagnosis or treatment planning;

29 (f) Using psychotherapy with individuals suspected of having major
30 mental or emotional disorders except in consultation with a qualified
31 physician, a licensed psychologist, or a licensed independent mental

1 health practitioner; or

2 (g) Using psychotherapy to treat the concomitants of organic illness
3 except in consultation with a qualified physician or licensed
4 psychologist.

5 (3) Mental health practice includes the initial assessment of
6 organic mental or emotional disorders for the purpose of referral or
7 consultation.

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

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

15 38-2117 Mental health program means an approved educational program
16 in a field such as, but not limited to, social work, professional
17 counseling, marriage and family therapy, human development, psychology,
18 or family relations, the content of which contains an emphasis on
19 therapeutic mental health and course work in psychotherapy and the
20 assessment of mental disorders.

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

23 38-2122 A person shall be qualified to be a licensed mental health
24 practitioner if he or she:

25 (1) Has received a master's ~~or doctorate~~ degree, a doctoral degree,
26 or the equivalent of a master's degree, as determined by the board, that
27 consists of course work and training which was primarily therapeutic
28 mental health in content and included a practicum or internship and was
29 from an approved educational program. Practicums or internships completed
30 after September 1, 1995, must include a minimum of three hundred clock
31 hours of direct client contact under the supervision of a qualified

1 physician, a licensed psychologist, or a licensed mental health
2 practitioner;

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

20 (3) Has satisfactorily passed an examination approved by the board.
21 An individual who by reason of educational background is eligible for
22 certification as a certified master social worker, a certified
23 professional counselor, or a certified marriage and family therapist
24 shall take and pass a certification examination approved by the board
25 before becoming licensed as a mental health practitioner.

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

28 38-2123 (1) A person who needs to obtain the required three thousand
29 hours of supervised experience in mental health practice as specified in
30 section 38-2122 to qualify for a mental health practitioner license shall
31 obtain a provisional mental health practitioner license. To qualify for a

1 provisional mental health practitioner license, such person shall:

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

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

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

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

15 (3) (2) A provisional mental health practitioner license shall
16 expire upon receipt of licensure as a mental health practitioner or five
17 years after the date of issuance, whichever comes first.

18 (4) (3) A person who holds a provisional mental health practitioner
19 license shall inform all clients that he or she holds a provisional
20 license and is practicing mental health under supervision and shall
21 identify the supervisor. Failure to make such disclosure is a ground for
22 discipline as set forth in section 38-2139.

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

25 38-2124 (1) No person shall hold himself or herself out as an
26 independent mental health practitioner unless he or she is licensed as
27 such by the department. A person shall be qualified to be a licensed
28 independent mental health practitioner if he or she:

29 (a)(i)(A) Graduated with a master's or doctoral degree from an
30 educational program which is accredited, at the time of graduation or
31 within four years after graduation, by the Council for Accreditation of

1 Counseling and Related Educational Programs, the Commission on
2 Accreditation for Marriage and Family Therapy Education, or the Council
3 on Social Work Education or (B) graduated with a master's or doctoral
4 degree from an educational program deemed by the board to be equivalent
5 in didactic content and supervised clinical experience to an accredited
6 program;

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

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

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

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

22 (iii) Has seven thousand hours of experience obtained in a period of
23 not less than ten years and supervised by a licensed physician, a
24 licensed psychologist, or a licensed independent mental health
25 practitioner, one-half of which is comprised of experience with clients
26 diagnosed under the major mental illness or disorder category.

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

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

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

5 38-2125 The department, with the recommendation of the board, may
6 issue a license based on licensure in another jurisdiction to an
7 individual who (1) meets the licensure requirements of the Mental Health
8 Practice Act or substantially equivalent requirements as determined by
9 the department, with the recommendation of the board, or (2) has been in
10 active practice in the appropriate discipline for at least five years
11 following initial licensure or certification in another jurisdiction and
12 has passed the Nebraska jurisprudence examination. An applicant for a
13 license who is a military spouse may apply for a temporary license as
14 provided in section 38-129.01.

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

17 38-2518 (1) An applicant applying for a license as an occupational
18 therapist shall show to the satisfaction of the department that he or
19 she:

20 (a) Has successfully completed the academic requirements of an
21 educational program in occupational therapy recognized by the department
22 and accredited by a nationally recognized medical association or
23 nationally recognized occupational therapy association;

24 (b) Has successfully completed a period of supervised fieldwork
25 experience at an educational institution approved by the department and
26 where the applicant's academic work was completed or which is part of a
27 training program approved by such educational institution. A minimum of
28 six months of supervised fieldwork experience shall be required for an
29 occupational therapist; and

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

31 (2) In the case of an applicant who has been trained as an

1 occupational therapist in a foreign country, the applicant shall:

2 (a) Present documentation of completion of an educational program in
3 occupational therapy that is substantially equivalent to an approved
4 program accredited by the Accreditation Council for Occupational Therapy
5 Education or by an equivalent accrediting agency as determined by the
6 board;

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

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

9 (3) ~~(2)~~ Residency in this state shall not be a requirement of
10 licensure. A corporation, partnership, limited liability company, or
11 association shall not be licensed as an occupational therapist pursuant
12 to the Occupational Therapy Practice Act.

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

15 38-2519 (1) An applicant applying for a license as an occupational
16 therapy assistant shall show to the satisfaction of the department that
17 he or she:

18 (a) Has successfully completed the academic requirements of an
19 educational program in occupational therapy recognized by the department
20 and accredited by a nationally recognized medical association or
21 nationally recognized occupational therapy association;

22 (b) Has successfully completed a period of supervised fieldwork
23 experience at an educational institution approved by the department and
24 where the applicant's academic work was completed or which is part of a
25 training program approved by such educational institution. A minimum of
26 two months of supervised fieldwork experience shall be required for an
27 occupational therapy assistant; and

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

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

31 (a) Present documentation of completion of an educational program

1 for occupational therapy assistants that is substantially equivalent to
2 an approved program accredited by the Accreditation Council for
3 Occupational Therapy Education or by an equivalent accrediting agency as
4 determined by the board;

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

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

7 (3) (-2) Residency in this state shall not be a requirement of
8 licensure as an occupational therapy assistant. A corporation,
9 partnership, limited liability company, or association shall not be
10 licensed as an occupational therapy assistant pursuant to the
11 Occupational Therapy Practice Act.

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

14 38-2521 The department, with the recommendation of the board, may
15 waive continuing competency requirements, in part or in total, for any
16 two-year licensing period when a licensee submits documentation that
17 circumstances beyond his or her control prevented completion of such
18 requirements as provided in section 38-146. In addition to circumstances
19 determined by the department to be beyond the licensee's control pursuant
20 to such section, such circumstances shall include situations in which:

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

23 (2) The licensee has submitted proof that he or she was suffering
24 from a serious or disabling illness or physical disability which
25 prevented completion of the required continuing competency activities
26 during the twenty-four months preceding the license renewal date; and

27 (3) The licensee has successfully completed two or more semester
28 hours of formal credit instruction biennially offered by a an-accredited
29 school or college approved by the board which contributes to meeting the
30 requirements of an advanced degree in a postgraduate program relating to
31 occupational therapy.

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

3 38-2826.01 Long-term care facility means an intermediate care
4 facility, an intermediate care facility for persons with developmental
5 disabilities, a long-term care hospital, a mental health substance use
6 treatment center, a nursing facility, or a skilled nursing facility, as
7 such terms are defined in the Health Care Facility Licensure Act.

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

10 38-3101 Sections 38-3101 to 38-3132 and section 46 of this act shall
11 be known and may be cited as the Psychology Practice Act.

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

14 38-3111 (1) Unless otherwise expressly stated, references to
15 licensed psychologists in the Nebraska Mental Health Commitment Act, in
16 the Psychology Practice Act, in the Sex Offender Commitment Act, and in
17 section 44-513 means only psychologists licensed to practice psychology
18 in this state under section 38-3114 or under similar provisions of the
19 Psychology Interjurisdictional Compact and does not mean persons holding
20 a special license under section 38-3116 or holding a provisional license
21 under the Psychology Practice Act.

22 (2) Any reference to a person certified to practice clinical
23 psychology under the law in effect immediately prior to September 1,
24 1994, and any equivalent reference under the law of another jurisdiction,
25 including, but not limited to, certified clinical psychologist, health
26 care practitioner in psychology, or certified health care provider, shall
27 be construed to refer to a psychologist licensed under the Uniform
28 Credentialing Act except for persons licensed under section 38-3116 or
29 holding a provisional license under the Psychology Practice Act.

30 Sec. 46. The chairperson of the board or his or her designee shall
31 serve as the administrator of the Psychology Interjurisdictional Compact

1 for the State of Nebraska. The administrator shall give notice of
2 withdrawal to the executive heads of all other party states within thirty
3 days after the effective date of any statute repealing the compact
4 enacted by the Legislature pursuant to Article XIII of the compact.

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

7 44-772 Substance abuse treatment center shall mean an institution
8 licensed as a substance abuse treatment center by the Department of
9 Health and Human Services ~~and defined in section 71-430~~, which provides a
10 program for the inpatient or outpatient treatment of alcoholism pursuant
11 to a written treatment plan approved and monitored by a physician and
12 which is affiliated with a hospital under a contractual agreement with an
13 established system for patient referral.

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

16 44-792 For purposes of sections 44-791 to 44-795:

17 (1) Health insurance plan means (a) any group sickness and accident
18 insurance policy, group health maintenance organization contract, or
19 group subscriber contract delivered, issued for delivery, or renewed in
20 this state and (b) any self-funded employee benefit plan to the extent
21 not preempted by federal law. Health insurance plan includes any group
22 policy, group contract, or group plan offered or administered by the
23 state or its political subdivisions. Health insurance plan does not
24 include group policies providing coverage for a specified disease,
25 accident-only coverage, hospital indemnity coverage, disability income
26 coverage, medicare supplement coverage, long-term care coverage, or other
27 limited-benefit coverage. Health insurance plan does not include any
28 policy, contract, or plan covering an employer group that covers fewer
29 than fifteen employees;

30 (2) Mental health condition means any condition or disorder
31 involving mental illness that falls under any of the diagnostic

1 categories listed in the Mental Disorders Section of the International
2 Classification of Disease;

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

11 (4) Rate, term, or condition means lifetime limits, annual payment
12 limits, and inpatient or outpatient service limits. Rate, term, or
13 condition does not include any deductibles, copayments, or coinsurance;
14 and

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

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

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

29 69-2429 For purposes of the Concealed Handgun Permit Act:

30 (1) Concealed handgun means the handgun is totally hidden from view.
31 If any part of the handgun is capable of being seen, it is not a

1 concealed handgun;

2 (2) Emergency services personnel means a volunteer or paid
3 firefighter or rescue squad member or a person licensed to provide
4 emergency medical services pursuant to the Emergency Medical Services
5 Practice Act or authorized to provide emergency medical services pursuant
6 to the EMS Personnel Licensure Interstate Compact;

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

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

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

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

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

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

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

1 71-401 Sections 71-401 to 71-475 and sections 54 and 56 of this act
2 shall be known and may be cited as the Health Care Facility Licensure
3 Act.

4 Sec. 51. Section 71-403, Revised Statutes Cumulative Supplement,
5 2016, is amended to read:

6 71-403 For purposes of the Health Care Facility Licensure Act,
7 unless the context otherwise requires, the definitions found in sections
8 71-404 to 71-431 and section 54 of this act shall apply.

9 Sec. 52. Section 71-413, Revised Statutes Cumulative Supplement,
10 2016, is amended to read:

11 71-413 Health care facility means an ambulatory surgical center, an
12 assisted-living facility, a center or group home for the developmentally
13 disabled, a critical access hospital, a general acute hospital, a health
14 clinic, a hospital, an intermediate care facility, an intermediate care
15 facility for persons with developmental disabilities, a long-term care
16 hospital, a mental health substance use treatment center, a nursing
17 facility, a pharmacy, a psychiatric or mental hospital, a public health
18 clinic, a rehabilitation hospital, or a skilled nursing facility,~~or a~~
19 ~~substance abuse treatment center.~~

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

22 71-423 Mental health substance use treatment center means a facility
23 where shelter, food, and counseling, supervision, diagnosis, treatment,
24 care, rehabilitation, assessment, or related services professionally
25 directed are provided for a period of more than twenty-four consecutive
26 hours to persons residing at such facility who have a mental illness
27 ~~disease, disorder,~~ or substance use disorder or both, with the intention
28 of reducing or ameliorating the disorder or disorders or the effects of
29 the disorder or disorders ~~disability.~~

30 Sec. 54. Mental illness means a wide range of mental health
31 disorders that affect mood, thinking, and behavior and can result in

1 significantly impaired judgment, behavior, capacity to recognize reality,
2 or ability to address basic life necessities and requires care and
3 treatment for health, safety, or recovery of the individual or for the
4 safety of others.

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

7 71-430 Substance use disorder means a medical illness caused by
8 repeat misuse of a substance or substances, characterized by clinically
9 significant impairments in health, social function, and impaired control
10 over substance use and diagnosed through assessing cognitive, behavioral,
11 and psychological symptoms. Substance use disorders range from mild to
12 severe and from temporary to chronic.

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

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

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

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

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

28 Sec. 56. A health care facility applying for a license as a mental
29 health substance use treatment center shall designate whether the license
30 is to be issued to provide services for mental health disorders, for
31 substance use disorders, or for both mental health and substance use

1 disorders. A license issued to provide services for mental health
2 disorders permits the facility to treat persons whose primary need is
3 treatment for mental health disorders. A license issued to provide
4 services for substance use disorders permits the facility to treat
5 persons whose primary need is treatment for substance use disorders. A
6 license issued to provide services for both mental health and substance
7 use disorders permits the facility to treat persons with mental health
8 disorders, substance use disorders, or both mental health disorders and
9 substance use disorders.

10 Sec. 57. Section 71-474, Revised Statutes Cumulative Supplement,
11 2016, is amended to read:

12 71-474 A person may not advertise to the public, by way of any
13 medium, that a hospital is a comprehensive stroke center, a designated
14 thrombectomy-capable stroke center, a primary stroke center, or an acute
15 stroke-ready hospital unless the hospital is listed as such by the
16 Department of Health and Human Services under the Stroke System of Care
17 Act.

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

20 71-507 For purposes of sections 71-507 to 71-513:

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

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

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

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

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

11 (6) Funeral establishment means a business licensed under section
12 38-1419;

13 (7) Health care facility has the meaning found in sections 71-419,
14 71-420, 71-424, and 71-429 or any facility that receives patients of
15 emergencies who are transported to the facility by emergency services
16 providers;

17 (8) Infectious disease or condition means hepatitis B, hepatitis C,
18 meningococcal meningitis, active pulmonary tuberculosis, human
19 immunodeficiency virus, diphtheria, plague, hemorrhagic fevers, rabies,
20 and such other diseases as the department may by rule and regulation
21 specify;

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

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

27 (11) Provider agency means any law enforcement agency, fire
28 department, emergency medical service, funeral establishment, or other
29 entity which employs or directs emergency services providers or public
30 safety officials;

31 (12) Public safety official means a sheriff, a deputy sheriff, a

1 police officer, a state highway patrol officer, a paid or volunteer
2 firefighter, a school district employee, and any civilian law enforcement
3 employee or volunteer performing his or her duties, other than those as
4 an emergency services provider;

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

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

20 (15) Significant exposure report form means the form used by the
21 emergency services provider to document information necessary for
22 notification of significant exposure to an infectious disease or
23 condition.

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

26 71-906 Mental health professional means a person licensed to
27 practice medicine and surgery or psychology in this state under the
28 Psychology Interjurisdictional Compact or the Uniform Credentialing Act
29 or an advanced practice registered nurse licensed under the Advanced
30 Practice Registered Nurse Practice Act who has proof of current
31 certification in a psychiatric or mental health specialty.

1 Sec. 60. Section 71-1908, Revised Statutes Cumulative Supplement,
2 2016, is amended to read:

3 71-1908 (1) Sections 71-1908 to 71-1923 and section 62 of this act
4 shall be known and may be cited as the Child Care Licensing Act.

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

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

18 71-1913 (1) The department may request the State Fire Marshal to
19 inspect any program for fire safety pursuant to section 81-502. The State
20 Fire Marshal shall immediately notify the department whenever he or she
21 delegates authority for such inspections under such section.

22 (2) The department may investigate all facilities and programs of
23 licensed providers of child care programs as defined in section 71-1910
24 or applicants for licenses to provide such programs to determine if the
25 place or places to be covered by such licenses meet standards of
26 sanitation and physical well-being set by the department for the care and
27 protection of the child or children who may be placed in such facilities
28 and programs. The department may delegate this authority to qualified
29 local environmental health personnel.

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

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

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

16 Sec. 63. Section 71-2411, Revised Statutes Cumulative Supplement,
17 2016, is amended to read:

18 71-2411 For purposes of the Emergency Box Drug Act:

19 (1) Authorized personnel means any medical doctor, doctor of
20 osteopathy, registered nurse, licensed practical nurse, nurse
21 practitioner, pharmacist, or physician assistant;

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

23 (3) Drug means any prescription drug or device or legend drug or
24 device defined under section 38-2841, any nonprescription drug as defined
25 under section 38-2829, any controlled substance as defined under section
26 28-405, or any device as defined under section 38-2814;

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

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

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

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

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

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

16 71-2445 For purposes of the Automated Medication Systems Act:

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

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

28 (3) Chart order means an order for a drug or device issued by a
29 practitioner for a patient who is in the hospital where the chart is
30 stored, for a patient receiving detoxification treatment or maintenance
31 treatment pursuant to section 28-412, or for a resident in a long-term

1 care facility in which a long-term care automated pharmacy is located
2 from which drugs will be dispensed. Chart order does not include a
3 prescription;

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

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

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

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

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

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

25 (10) Pharmacist remote order entry means entering an order into a
26 computer system or drug utilization review by a pharmacist licensed to
27 practice pharmacy in the State of Nebraska and located within the United
28 States, pursuant to medical orders in a hospital, long-term care
29 facility, or pharmacy licensed under the Health Care Facility Licensure
30 Act;

31 (11) Practice of pharmacy has the definition found in section

1 38-2837;

2 (12) Practitioner means a certified registered nurse anesthetist, a
3 certified nurse midwife, a dentist, an optometrist, a nurse practitioner,
4 a physician assistant, a physician, a podiatrist, or a veterinarian;

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

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

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

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

19 71-2454 (1) An entity described in section 71-2455 shall establish a
20 system of prescription drug monitoring for the purposes of (a) preventing
21 the misuse of controlled substances that are prescribed and (b) allowing
22 prescribers and dispensers to monitor the care and treatment of patients
23 for whom such a prescription drug is prescribed to ensure that such
24 prescription drugs are used for medically appropriate purposes and that
25 the State of Nebraska remains on the cutting edge of medical information
26 technology.

27 (2) Such system of prescription drug monitoring shall be implemented
28 as follows: Except as provided in subsection (4) of this section,
29 beginning January 1, 2017, all dispensed prescriptions of controlled
30 substances shall be reported; and beginning January 1, 2018, all
31 prescription information shall be reported to the prescription drug

1 monitoring system. The prescription drug monitoring system shall include,
2 but not be limited to, provisions that:

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

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

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

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

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

24 Dispensers may begin on February 25, 2016, to report dispensing of
25 prescriptions to the entity described in section 71-2455 which is
26 responsible for establishing the system of prescription drug monitoring.

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

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

1 (b) The name and address of the pharmacy dispensing the
2 prescription;

3 (c) The date the prescription is issued;

4 (d) The date the prescription is filled;

5 (e) The name of the drug dispensed or the National Drug Code number
6 as published by the federal Food and Drug Administration of the drug
7 dispensed;

8 (f) The strength of the drug prescribed;

9 (g) The quantity of the drug prescribed and the number of days'
10 supply; and

11 (h) The prescriber's name and National Provider Identifier number or
12 Drug Enforcement Administration number when reporting a controlled
13 substance.

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

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

23 (b) Reporting status;

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

26 (d) The name of the drug dispensed and the prescription number;

27 (e) The date the prescription is written and the date the
28 prescription is filled;

29 (f) The number of refills authorized, if any; and

30 (g) The quantity of the drug dispensed and the number of days'
31 supply.

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

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

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

18 (6) Before accessing the prescription drug monitoring system, any
19 user shall undergo training on the purpose of the system, access to and
20 proper usage of the system, and the law relating to the system, including
21 confidentiality and security of the prescription drug monitoring system.
22 Such training shall be administered by the statewide health information
23 exchange described in section 71-2455 which shall have access to the
24 prescription drug monitoring system for training and administrative
25 purposes. Users who have been trained prior to May 10, 2017, are deemed
26 to be in compliance with the training requirement of this subsection.

27 (7) For purposes of this section:

28 (a) Designee means any licensed or registered health care
29 professional credentialed under the Uniform Credentialing Act designated
30 by a prescriber or dispenser to act as an agent of the prescriber or
31 dispenser for purposes of submitting or accessing data in the

1 prescription drug monitoring system and who is supervised by such
2 prescriber or dispenser;

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

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

25 (d) (e) Participant means an individual or entity that has entered
26 into a participation agreement with the statewide health information
27 exchange described in section 71-2455 which requires the individual or
28 entity to comply with the privacy and security protections set forth in
29 the provisions of the federal Health Insurance Portability and
30 Accountability Act of 1996, Public Law 104-191, and regulations
31 promulgated thereunder; and

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

3 Sec. 66. Section 71-4204, Revised Statutes Cumulative Supplement,
4 2016, is amended to read:

5 71-4204 The department shall designate hospitals as comprehensive
6 stroke centers, thrombectomy-capable stroke centers, primary stroke
7 centers, or ~~and~~ acute stroke-ready hospitals based on certification from
8 the American Heart Association, the Joint Commission on Accreditation of
9 Healthcare Organizations, or another nationally recognized, guidelines-
10 based organization that provides certification for stroke care, as such
11 certification existed on the effective date of this act July 21, 2016.
12 The department shall compile and maintain a list of such hospitals and
13 post the list on the department's web site. Before June 1 of each year,
14 the department shall send the list to the physician medical director of
15 each emergency medical service licensed pursuant to the Emergency Medical
16 Services Practice Act.

17 Sec. 67. Section 71-4205, Revised Statutes Cumulative Supplement,
18 2016, is amended to read:

19 71-4205 A hospital that is designated as a comprehensive stroke
20 center, a thrombectomy-capable stroke center, or a primary stroke center
21 may enter into a coordinating stroke care agreement with an acute stroke-
22 ready hospital to provide appropriate access to care for acute stroke
23 patients. The agreement shall be in writing and shall include, at a
24 minimum:

25 (1) A transfer agreement for the transport and acceptance of any
26 stroke patient seen by the acute stroke-ready hospital for stroke
27 treatment therapies which the acute stroke-ready hospital is not capable
28 of providing; and

29 (2) Communication criteria and protocol with the acute stroke-ready
30 hospital.

31 Sec. 68. Section 71-4209, Revised Statutes Cumulative Supplement,

1 2016, is amended to read:

2 71-4209 (1) The department shall establish a stroke system of care
3 task force to address matters of triage, treatment, and transport of
4 possible acute stroke patients. The task force shall include
5 representation from the department, including a program created by the
6 department to address chronic disease prevention and control issues
7 including cardiovascular health, the Emergency Medical Services Program
8 created by the department, and the Office of Rural Health, the American
9 Stroke Association, the Nebraska State Stroke Association, hospitals
10 designated as comprehensive stroke centers under the Stroke System of
11 Care Act, hospitals designated as primary stroke centers under the act,
12 hospitals designated as thrombectomy-capable stroke centers under the
13 act, rural hospitals, physicians, and emergency medical services licensed
14 pursuant to the Emergency Medical Services Practice Act.

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

24 (3) The task force shall recommend eligible essential health care
25 services for acute stroke care provided through telehealth as defined in
26 section 71-8503.

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

29 ARTICLE 1. PURPOSE

30 In order to protect the public through verification of competency
31 and ensure accountability for patient-care-related activities, all states

1 license emergency medical services personnel, such as emergency medical
2 technicians, advanced emergency medical technicians, and paramedics. The
3 EMS Personnel Licensure Interstate Compact is intended to facilitate the
4 day-to-day movement of emergency medical services personnel across state
5 boundaries in the performance of their emergency medical services duties
6 as assigned by an appropriate authority and authorize state emergency
7 medical services offices to afford immediate legal recognition to
8 emergency medical services personnel licensed in a member state. This
9 compact recognizes that states have a vested interest in protecting the
10 public's health and safety through their licensing and regulation of
11 emergency medical services personnel and that such state regulation
12 shared among the member states will best protect public health and
13 safety. This compact is designed to achieve the following purposes and
14 objectives:

- 15 1. Increase public access to emergency medical services personnel;
- 16 2. Enhance the states' ability to protect the public's health and
17 safety, especially patient safety;
- 18 3. Encourage the cooperation of member states in the areas of
19 emergency medical services personnel licensure and regulation;
- 20 4. Support licensing of military members who are separating from an
21 active duty tour and their spouses;
- 22 5. Facilitate the exchange of information between member states
23 regarding emergency medical services personnel licensure, adverse action,
24 and significant investigatory information;
- 25 6. Promote compliance with the laws governing emergency medical
26 services personnel practice in each member state; and
- 27 7. Invest all member states with the authority to hold emergency
28 medical services personnel accountable through the mutual recognition of
29 member state licenses.

30 ARTICLE 2. DEFINITIONS

31 In the EMS Personnel Licensure Interstate Compact:

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

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

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

15 D. Certification means the successful verification of entry-level
16 cognitive and psychomotor competency using a reliable, validated, and
17 legally defensible examination.

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

20 F. Emergency medical services (EMS) means services provided by
21 emergency medical services personnel.

22 G. Emergency medical services (EMS) personnel includes emergency
23 medical technicians, advanced emergency medical technicians, and
24 paramedics.

25 H. Emergency medical technician (EMT) means an individual licensed
26 with cognitive knowledge and a scope of practice that corresponds to that
27 level in the National EMS Education Standards and National EMS Scope of
28 Practice Model.

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

31 J. License means the authorization by a state for an individual to

1 practice as an EMT, an AEMT, or a paramedic.

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

4 L. Member state means a state that has enacted the EMS Personnel
5 Licensure Interstate Compact.

6 M. Privilege to practice means an individual's authority to deliver
7 emergency medical services in remote states as authorized under this
8 compact.

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

12 O. Remote state means a member state in which an individual is not
13 licensed.

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

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

23 R. Scope of practice means defined parameters of various duties or
24 services that may be provided by an individual with specific credentials.
25 Whether regulated by rule, statute, or court decision, it tends to
26 represent the limits of services an individual may perform.

27 S. Significant investigatory information means:

28 1. Investigative information that a state EMS authority, after a
29 preliminary inquiry that includes notification and an opportunity to
30 respond if required by state law, has reason to believe, if proved true,
31 would result in the imposition of an adverse action on a license or

1 privilege to practice; or

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

6 T. State means any state, commonwealth, district, or territory of
7 the United States.

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

10 ARTICLE 3. HOME STATE LICENSURE

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

14 B. Any member state may require an individual to obtain and retain a
15 license to be authorized to practice in the member state under
16 circumstances not authorized by the privilege to practice under the terms
17 of this compact.

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

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

23 2. Has a mechanism in place for receiving and investigating
24 complaints about individuals;

25 3. Notifies the commission, in compliance with the terms of this
26 compact, of any adverse action or significant investigatory information
27 regarding an individual;

28 4. No later than five years after activation of this compact,
29 requires a criminal background check of all applicants for initial
30 licensure, including the use of the results of fingerprint or other
31 biometric data checks compliant with the requirements of the Federal

1 Bureau of Investigation with the exception of federal employees who have
2 suitability determination in accordance with 5 C.F.R. 731.202 and submit
3 documentation of such as promulgated in the rules of the commission; and
4 5. Complies with the rules of the commission.

5 ARTICLE 4. COMPACT PRIVILEGE TO PRACTICE

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

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

11 1. Be at least eighteen years of age;

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

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

16 C. An individual providing patient care in a remote state under the
17 privilege to practice shall function within the scope of practice
18 authorized by the home state unless and until modified by an appropriate
19 authority in the remote state as may be defined in the rules of the
20 commission.

21 D. Except as provided in section C of this Article, an individual
22 practicing in a remote state will be subject to the remote state's
23 authority and laws. A remote state may, in accordance with due process
24 and that state's laws, restrict, suspend, or revoke an individual's
25 privilege to practice in the remote state and may take any other
26 necessary actions to protect the health and safety of its citizens. If a
27 remote state takes action, it shall promptly notify the home state and
28 the commission.

29 E. If an individual's license in any home state is restricted or
30 suspended, the individual shall not be eligible to practice in a remote
31 state under the privilege to practice until the individual's home state

1 license is restored.

2 F. If an individual's privilege to practice in any remote state is
3 restricted, suspended, or revoked, the individual shall not be eligible
4 to practice in any remote state until the individual's privilege to
5 practice is restored.

6 ARTICLE 5. CONDITIONS OF PRACTICE IN A REMOTE STATE

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

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

13 2. The individual originates in the home state and enters a remote
14 state to pick up a patient and provide care and transport of the patient
15 to the home state;

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

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

20 5. Other conditions as determined by rules promulgated by the
21 commission.

22 ARTICLE 6. RELATIONSHIP TO EMERGENCY MANAGEMENT ASSISTANCE COMPACT

23 Upon a member state's governor's declaration of a state of emergency
24 or disaster that activates the Emergency Management Assistance Compact,
25 all relevant terms and provisions of the compact shall apply and to the
26 extent any terms or provisions of the EMS Personnel Licensure Interstate
27 Compact conflict with the Emergency Management Assistance Compact, the
28 terms of the Emergency Management Assistance Compact shall prevail with
29 respect to any individual practicing in the remote state in response to
30 such declaration.

31 ARTICLE 7. VETERANS, SERVICE MEMBERS SEPARATING FROM ACTIVE DUTY

1 MILITARY, AND THEIR SPOUSES

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

9 B. Member states shall expedite the processing of licensure
10 applications submitted by veterans, active military service members, and
11 members of the National Guard and Reserves separating from an active duty
12 tour and their spouses.

13 C. All individuals functioning with a privilege to practice under
14 this Article remain subject to the adverse actions provisions of Article
15 8 of the EMS Personnel Licensure Interstate Compact.

16 ARTICLE 8. ADVERSE ACTIONS

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

19 B. If an individual's license in any home state is restricted or
20 suspended, the individual shall not be eligible to practice in a remote
21 state under the privilege to practice until the individual's home state
22 license is restored.

23 1. All home state adverse action orders shall include a statement
24 that the individual's compact privileges are inactive. The order may
25 allow the individual to practice in remote states with prior written
26 authorization from the state EMS authority of both the home state and the
27 remote state.

28 2. An individual currently subject to adverse action in the home
29 state shall not practice in any remote state without prior written
30 authorization from the state EMS authority of both the home state and the
31 remote state.

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

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

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

10 F. A home state's state EMS authority shall investigate and take
11 appropriate action with respect to reported conduct in a remote state as
12 it would if such conduct had occurred within the home state. In such
13 cases, the home state's law shall control in determining the appropriate
14 adverse action.

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

23 ARTICLE 9. ADDITIONAL POWERS INVESTED IN A MEMBER STATE'S STATE EMS
24 AUTHORITY

25 A member state's state EMS authority, in addition to any other
26 powers granted under state law, is authorized under the EMS Personnel
27 Licensure Interstate Compact to:

28 1. Issue subpoenas for both hearings and investigations that require
29 the attendance and testimony of witnesses and the production of evidence.
30 Subpoenas issued by a member state's state EMS authority for the
31 attendance and testimony of witnesses, or the production of evidence from

1 another member state, shall be enforced in the remote state by any court
2 of competent jurisdiction, according to that court's practice and
3 procedure in considering subpoenas issued in its own proceedings. The
4 issuing state EMS authority shall pay any witness fees, travel expenses,
5 mileage, and other fees required by the service statutes of the state
6 where the witnesses or evidence is located; and

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

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

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

13 1. The commission is a body politic and an instrumentality of the
14 member states.

15 2. Venue is proper and judicial proceedings by or against the
16 commission shall be brought solely and exclusively in a court of
17 competent jurisdiction where the principal office of the commission is
18 located. The commission may waive venue and jurisdictional defenses to
19 the extent it adopts or consents to participate in alternative dispute
20 resolution proceedings.

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

23 B. Membership, Voting, and Meetings

24 1. Each member state shall have and be limited to one delegate. The
25 responsible official of the state EMS authority or his or her designee
26 shall be the delegate to this compact for each member state. Any delegate
27 may be removed or suspended from office as provided by the law of the
28 state from which the delegate is appointed. Any vacancy occurring in the
29 commission shall be filled in accordance with the laws of the member
30 state in which the vacancy exists. In the event that more than one board,
31 office, or other agency with the legislative mandate to license EMS

1 personnel at and above the level of EMT exists, the Governor of the
2 member state will determine which entity will be responsible for
3 assigning the delegate.

4 2. Each delegate shall be entitled to one vote with regard to the
5 promulgation of rules and creation of bylaws and shall otherwise have an
6 opportunity to participate in the business and affairs of the commission.
7 A delegate shall vote in person or by such other means as provided in the
8 bylaws. The bylaws may provide for delegates' participation in meetings
9 by telephone or other means of communication.

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

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

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

17 a. Noncompliance of a member state with its obligations under this
18 compact;

19 b. The employment, compensation, discipline, or other personnel
20 matters, practices, or procedures related to specific employees or other
21 matters related to the commission's internal personnel practices and
22 procedures;

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

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

26 e. Accusing any person of a crime or formally censuring any person;

27 f. Disclosure of trade secrets or commercial or financial
28 information that is privileged or confidential;

29 g. Disclosure of information of a personal nature where disclosure
30 would constitute a clearly unwarranted invasion of personal privacy;

31 h. Disclosure of investigatory records compiled for law enforcement

1 purposes;

2 i. Disclosure of information related to any investigatory reports
3 prepared by or on behalf of or for use of the commission or other
4 committee charged with responsibility of investigation or determination
5 of compliance issues pursuant to the compact; or

6 j. Matters specifically exempted from disclosure by federal or
7 member state statute.

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

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

23 1. Establishing the fiscal year of the commission;

24 2. Providing reasonable standards and procedures:

25 a. For the establishment and meetings of other committees; and

26 b. Governing any general or specific delegation of any authority or
27 function of the commission;

28 3. Providing reasonable procedures for calling and conducting
29 meetings of the commission, ensuring reasonable advance notice of all
30 meetings, and providing an opportunity for attendance of such meetings by
31 interested parties, with enumerated exceptions designed to protect the

1 public's interest, the privacy of individuals, and proprietary
2 information, including trade secrets. The commission may meet in closed
3 session only after a majority of the membership votes to close a meeting
4 in whole or in part. As soon as practicable, the commission must make
5 public a copy of the vote to close the meeting revealing the vote of each
6 member with no proxy votes allowed;

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

9 5. Providing reasonable standards and procedures for the
10 establishment of the personnel policies and programs of the commission.
11 Notwithstanding any civil service or other similar laws of any member
12 state, the bylaws shall exclusively govern the personnel policies and
13 programs of the commission;

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

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

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

23 9. The commission shall maintain its financial records in accordance
24 with the bylaws.

25 10. The commission shall meet and take such actions as are
26 consistent with this compact and the bylaws.

27 D. The commission shall have the following powers:

28 1. The authority to promulgate uniform rules to facilitate and
29 coordinate implementation and administration of this compact. The rules
30 shall have the force and effect of law and shall be binding in all member
31 states;

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

5 3. To purchase and maintain insurance and bonds;

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

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

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

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

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

23 9. To establish a budget and make expenditures;

24 10. To borrow money;

25 11. To appoint committees, including advisory committees comprised
26 of members, state regulators, state legislators or their representatives,
27 and consumer representatives, and such other interested persons as may be
28 designated in this compact and the bylaws;

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

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

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

4 E. Financing of the Commission

5 1. The commission shall pay, or provide for the payment of, the
6 reasonable expenses of its establishment, organization, and ongoing
7 activities.

8 2. The commission may accept any and all appropriate revenue
9 sources, donations, and grants of money, equipment, supplies, materials,
10 and services.

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

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

23 5. The commission shall keep accurate accounts of all receipts and
24 disbursements. The receipts and disbursements of the commission shall be
25 subject to the audit and accounting procedures established under its
26 bylaws. However, all receipts and disbursements of funds handled by the
27 commission shall be audited yearly by a certified or licensed public
28 accountant, and the report of the audit shall be included in and become
29 part of the annual report of the commission.

30 F. Qualified Immunity, Defense, and Indemnification

31 1. The members, officers, executive director, employees, and

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

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

23 3. The commission shall indemnify and hold harmless any member,
24 officer, executive director, employee, or representative of the
25 commission for the amount of any settlement or judgment obtained against
26 that person arising out of any actual or alleged act, error, or omission
27 that occurred within the scope of commission employment, duties, or
28 responsibilities, or that such person had a reasonable basis for
29 believing occurred within the scope of commission employment, duties, or
30 responsibilities, if the actual or alleged act, error, or omission did
31 not result from the intentional or willful or wanton misconduct of that

1 person.

2 ARTICLE 11. COORDINATED DATA BASE

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

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

11 1. Identifying information;

12 2. Licensure data;

13 3. Significant investigatory information;

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

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

17 6. Nonconfidential information related to alternative program
18 participation;

19 7. Any denial of application for licensure, and the reason for such
20 denial; and

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

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

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

29 E. Any information submitted to the coordinated data base that is
30 subsequently required to be expunged by the laws of the member state
31 contributing the information shall be removed from the coordinated data

1 base.

2 ARTICLE 12. RULEMAKING

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

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

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

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

17 1. On the web site of the commission; and

18 2. On the web site of each member state's state EMS authority or the
19 publication in which each state would otherwise publish proposed rules.

20 E. The notice of proposed rulemaking shall include:

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

23 2. The text of the proposed rule or amendment and the reason for the
24 proposed rule;

25 3. A request for comments on the proposed rule from any interested
26 person; and

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

30 F. Prior to adoption of a proposed rule, the commission shall allow
31 persons to submit written data, facts, opinions, and arguments, which

1 shall be made available to the public.

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

4 1. At least twenty-five persons;

5 2. A governmental subdivision or agency; or

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

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

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

14 2. Hearings shall be conducted in a manner providing each person who
15 wishes to comment a fair and reasonable opportunity to comment orally or
16 in writing.

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

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

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

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

1 rule.

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

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

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

17 M. The commission or an authorized committee of the commission may
18 direct revisions to a previously adopted rule or amendment for purposes
19 of correcting typographical errors, errors in format, errors in
20 consistency, or grammatical errors. Public notice of any revisions shall
21 be posted on the web site of the commission. The revision shall be
22 subject to challenge by any person for a period of thirty days after
23 posting. The revision may be challenged only on grounds that the revision
24 results in a material change to a rule. A challenge shall be made in
25 writing and delivered to the chair of the commission prior to the end of
26 the notice period. If no challenge is made, the revision will take effect
27 without further action. If the revision is challenged, the revision may
28 not take effect without the approval of the commission.

29 ARTICLE 13. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

30 A. Oversight

31 1. The executive, legislative, and judicial branches of state

1 government in each member state shall enforce the EMS Personnel Licensure
2 Interstate Compact and take all actions necessary and appropriate to
3 effectuate this compact's purposes and intent. This compact and the rules
4 promulgated under this compact shall have standing as statutory law.

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

9 3. The commission shall be entitled to receive service of process in
10 any such proceeding and shall have standing to intervene in such a
11 proceeding for all purposes. Failure to provide service of process to the
12 commission shall render a judgment or order void as to the commission,
13 this compact, or promulgated rules.

14 B. Default, Technical Assistance, and Termination

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

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

21 b. Provide remedial training and specific technical assistance
22 regarding the default.

23 2. If a state in default fails to cure the default, the defaulting
24 state may be terminated from this compact upon an affirmative vote of a
25 majority of the member states, and all rights, privileges, and benefits
26 conferred by this compact may be terminated on the effective date of
27 termination. A cure of the default does not relieve the offending state
28 of obligations or liabilities incurred during the period of default.

29 3. Termination of membership in this compact shall be imposed only
30 after all other means of securing compliance have been exhausted. Notice
31 of intent to suspend or terminate shall be given by the commission to the

1 governor, the majority and minority leaders of the defaulting state's
2 legislature or the speaker if no such leaders exist, and each of the
3 member states.

4 4. A state that has been terminated is responsible for all
5 assessments, obligations, and liabilities incurred through the effective
6 date of termination, including obligations that extend beyond the
7 effective date of termination.

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

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

17 C. Dispute Resolution

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

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

23 D. Enforcement

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

26 2. By majority vote, the commission may initiate legal action in the
27 United States District Court for the District of Columbia or the federal
28 district where the commission has its principal offices against a member
29 state in default to enforce compliance with this compact and its
30 promulgated rules and bylaws. The relief sought may include both
31 injunctive relief and damages. In the event judicial enforcement is

1 necessary, the prevailing member shall be awarded all costs of such
2 litigation, including reasonable attorney's fees.

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

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

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

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

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

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

24 2. Withdrawal shall not affect the continuing requirement of the
25 withdrawing state's state EMS authority to comply with the investigative
26 and adverse action reporting requirements of this compact prior to the
27 effective date of withdrawal.

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

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

4 ARTICLE 15. CONSTRUCTION AND SEVERABILITY

5 The EMS Personnel Licensure Interstate Compact shall be liberally
6 construed so as to effectuate the purposes thereof. If this compact shall
7 be held contrary to the constitution of any member state, the compact
8 shall remain in full force and effect as to the remaining member states.
9 Nothing in this compact supersedes state law or rules related to
10 licensure of EMS agencies.

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

13 ARTICLE I

14 PURPOSE

15 States license psychologists in order to protect the public through
16 verification of education, training, and experience and ensure
17 accountability for professional practice.

18 The Psychology Interjurisdictional Compact is intended to regulate
19 the day-to-day practice of telepsychology, the provision of psychological
20 services using telecommunication technologies, by psychologists across
21 state boundaries in the performance of their psychological practice as
22 assigned by an appropriate authority.

23 The Compact is intended to regulate the temporary in-person, face-
24 to-face practice of psychology by psychologists across state boundaries
25 for thirty days within a calendar year in the performance of their
26 psychological practice as assigned by an appropriate authority.

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

30 The Compact recognizes that states have a vested interest in
31 protecting the public's health and safety through licensing and

1 regulation of psychologists and that such state regulation will best
2 protect public health and safety.

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

5 The Compact does not apply to permanent in-person, face-to-face
6 practice; it does allow for authorization of temporary psychological
7 practice.

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

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

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

16 3. Encourage the cooperation of compact states in the areas of
17 psychology licensure and regulation;

18 4. Facilitate the exchange of information between compact states
19 regarding psychologist licensure, adverse actions, and disciplinary
20 history;

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

23 6. Invest all compact states with the authority to hold licensed
24 psychologists accountable through the mutual recognition of compact state
25 licenses.

26 ARTICLE II

27 DEFINITIONS

28 A. Adverse action means any action taken by a state psychology
29 regulatory authority which finds a violation of a statute or regulation
30 that is identified by the state psychology regulatory authority as
31 discipline and is a matter of public record.

1 B. Association of State and Provincial Psychology Boards means the
2 recognized membership organization composed of State and Provincial
3 Psychology Regulatory Authorities responsible for the licensure and
4 registration of psychologists throughout the United States and Canada.

5 C. Authority to practice interjurisdictional telepsychology means a
6 licensed psychologist's authority to practice telepsychology, within the
7 limits authorized under the Psychology Interjurisdictional Compact, in
8 another compact state.

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

12 E. Client or patient means the recipient of psychological services,
13 whether psychological services are delivered in the context of
14 healthcare, corporate, supervision, and/or consulting services.

15 F. Commission means the Psychology Interjurisdictional Compact
16 Commission which is the national administration of which all compact
17 states are members.

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

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

24 I. Coordinated Licensure Information System means an integrated
25 process for collecting, storing, and sharing information on
26 psychologists' licensure and enforcement activities related to psychology
27 licensure laws, which is administered by the recognized membership
28 organization composed of state and provincial psychology regulatory
29 authorities.

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

1 K. Day means any part of a day in which psychological work is
2 performed.

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

6 M. E.Passport means a certificate issued by the Association of State
7 and Provincial Psychology Boards that promotes the standardization in the
8 criteria of interjurisdictional telepsychology practice and facilitates
9 the process for licensed psychologists to provide telepsychological
10 services across state lines.

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

14 O. Home state means a compact state where a psychologist is licensed
15 to practice psychology. If the psychologist is licensed in more than one
16 compact state and is practicing under the authorization to practice
17 interjurisdictional telepsychology, the home state is the compact state
18 where the psychologist is physically present when the telepsychology
19 services are delivered. If the psychologist is licensed in more than one
20 compact state and is practicing under the temporary authorization to
21 practice, the home state is any compact state where the psychologist is
22 licensed.

23 P. Identity history summary means a summary of information retained
24 by the Federal Bureau of Investigation, or other designee with similar
25 authority, in connection with arrests and, in some instances, federal
26 employment, naturalization, or military service.

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

31 R. Interjurisdictional Practice Certificate means a certificate

1 issued by the Association of State and Provincial Psychology Boards that
2 grants temporary authority to practice based on notification to the state
3 psychology regulatory authority of intention to practice temporarily and
4 verification of one's qualifications for such practice.

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

8 T. Noncompact state means any state which is not at the time a
9 compact state.

10 U. Psychologist means an individual licensed for the independent
11 practice of psychology.

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

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

20 X. Significant investigatory information means:

21 1. Investigative information that a state psychology regulatory
22 authority, after a preliminary inquiry that includes notification and an
23 opportunity to respond if required by state law, has reason to believe,
24 if proven true, would indicate more than a violation of state statute or
25 ethics code that would be considered more substantial than minor
26 infraction; or

27 2. Investigative information that indicates that the psychologist
28 represents an immediate threat to public health and safety regardless of
29 whether the psychologist has been notified or had an opportunity to
30 respond.

31 Y. State means a state, commonwealth, territory, or possession of

1 the United States or the District of Columbia.

2 Z. State psychology regulatory authority means the board, office, or
3 other agency with the legislative mandate to license and regulate the
4 practice of psychology.

5 AA. Telepsychology means the provision of psychological services
6 using telecommunication technologies.

7 BB. Temporary authorization to practice means a licensed
8 psychologist's authority to conduct temporary in-person, face-to-face
9 practice, within the limits authorized under the Compact, in another
10 compact state.

11 CC. Temporary in-person, face-to-face practice means the practice of
12 psychology in which a psychologist is physically present, not through
13 using telecommunications technologies, in the distant state to provide
14 for the practice of psychology for thirty days within a calendar year and
15 based on notification to the distant state.

16 ARTICLE III

17 HOME STATE LICENSURE

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

20 B. A psychologist may hold one or more compact state licenses at a
21 time. If the psychologist is licensed in more than one compact state, the
22 home state is the compact state where the psychologist is physically
23 present when the services are delivered as authorized by the authority to
24 practice interjurisdictional telepsychology under the terms of the
25 Psychology Interjurisdictional Compact.

26 C. Any compact state may require a psychologist not previously
27 licensed in a compact state to obtain and retain a license to be
28 authorized to practice in the compact state under circumstances not
29 authorized by the authority to practice interjurisdictional
30 telepsychology under the terms of the Psychology Interjurisdictional
31 Compact.

1 D. Any compact state may require a psychologist to obtain and retain
2 a license to be authorized to practice in a compact state under
3 circumstances not authorized by temporary authorization to practice under
4 the terms of the Compact.

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

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

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

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

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

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

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

22 1. Currently requires the psychologist to hold an active
23 Interjurisdictional Practice Certificate;

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

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

29 4. Requires an identity history summary of all applicants at initial
30 licensure, including the use of the results of fingerprints or other
31 biometric data checks compliant with the requirements of the Federal

1 Bureau of Investigation, or other designee with similar authority, no
2 later than ten years after activation of the Compact; and
3 5. Complies with the bylaws and rules of the Commission.

4 ARTICLE IV

5 COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

6 A. Compact states shall recognize the right of a psychologist,
7 licensed in a compact state in conformance with Article III, to practice
8 telepsychology in other compact states (receiving states) in which the
9 psychologist is not licensed, under the authority to practice
10 interjurisdictional telepsychology as provided in the Psychology
11 Interjurisdictional Compact.

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

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

17 a. Regionally accredited by an accrediting body recognized by the
18 United States Department of Education to grant graduate degrees, or
19 authorized by provincial statute or Royal Charter to grant doctoral
20 degrees; or

21 b. A foreign college or university deemed to be equivalent to
22 subdivision 1a of this subsection by a foreign credential evaluation
23 service that is a member of the National Association of Credential
24 Evaluation Services or by a recognized foreign credential evaluation
25 service; and

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

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

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

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

6 d. The program must consist of an integrated, organized sequence of
7 study;

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

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

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

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

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

19 j. The program includes an acceptable residency as defined by the
20 rules of the Commission.

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

23 4. Have no history of adverse action that violates the rules of the
24 Commission;

25 5. Have no criminal record history reported on an identity history
26 summary that violates the rules of the Commission;

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

28 7. Provide attestations in regard to areas of intended practice,
29 conformity with standards of practice, competence in telepsychology
30 technology; criminal background; and knowledge and adherence to legal
31 requirements in the home and receiving states, and provide a release of

1 information to allow for primary source verification in a manner
2 specified by the Commission; and

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

4 C. The home state maintains authority over the license of any
5 psychologist practicing into a receiving state under the authority to
6 practice interjurisdictional telepsychology.

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

16 E. If a psychologist's license in any home state, another compact
17 state, or any authority to practice interjurisdictional telepsychology in
18 any receiving state, is restricted, suspended, or otherwise limited, the
19 E.Passport shall be revoked and therefor the psychologist shall not be
20 eligible to practice telepsychology in a compact state under the
21 authority to practice interjurisdictional telepsychology.

22 ARTICLE V

23 COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

24 A. Compact states shall also recognize the right of a psychologist,
25 licensed in a compact state in conformance with Article III, to practice
26 temporarily in other compact states (distant states) in which the
27 psychologist is not licensed, as provided in the Psychology
28 Interjurisdictional Compact.

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

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

3 a. Regionally accredited by an accrediting body recognized by the
4 United States Department of Education to grant graduate degrees, or
5 authorized by provincial statute or Royal Charter to grant doctoral
6 degrees; or

7 b. A foreign college or university deemed to be equivalent to
8 subdivision 1a of this subsection by a foreign credential evaluation
9 service that is a member of the National Association of Credential
10 Evaluation Services or by a recognized foreign credential evaluation
11 service; and

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

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

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

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

23 d. The program must consist of an integrated, organized sequence of
24 study;

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

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

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

31 h. The program must include supervised practicum, internship, or

1 field training appropriate to the practice of psychology;

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

5 j. The program includes an acceptable residency as defined by the
6 rules of the Commission.

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

9 4. No history of adverse action that violates the rules of the
10 Commission;

11 5. No criminal record history that violates the rules of the
12 Commission;

13 6. Possess a current, active Interjurisdictional Practice
14 Certificate;

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

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

19 C. A psychologist practicing into a distant state under the
20 temporary authorization to practice shall practice within the scope of
21 practice authorized by the distant state.

22 D. A psychologist practicing into a distant state under the
23 temporary authorization to practice will be subject to the distant
24 state's authority and law. A distant state may, in accordance with that
25 state's due process law, limit or revoke a psychologist's temporary
26 authorization to practice in the distant state and may take any other
27 necessary actions under the distant state's applicable law to protect the
28 health and safety of the distant state's citizens. If a distant state
29 takes action, the state shall promptly notify the home state and the
30 Commission.

31 E. If a psychologist's license in any home state, another compact

1 state, or any temporary authorization to practice in any distant state,
2 is restricted, suspended, or otherwise limited, the Interjurisdictional
3 Practice Certificate shall be revoked and therefor the psychologist shall
4 not be eligible to practice in a compact state under the temporary
5 authorization to practice.

6 ARTICLE VI

7 CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

8 A psychologist may practice in a receiving state under the authority
9 to practice interjurisdictional telepsychology only in the performance of
10 the scope of practice for psychology as assigned by an appropriate state
11 psychology regulatory authority, as defined in the rules of the
12 Commission, and under the following circumstances:

13 1. The psychologist initiates a client or patient contact in a home
14 state via telecommunications technologies with a client or patient in a
15 receiving state;

16 2. Other conditions regarding telepsychology as determined by rules
17 promulgated by the Commission.

18 ARTICLE VII

19 ADVERSE ACTIONS

20 A. A home state shall have the power to impose adverse action
21 against a psychologist's license issued by the home state. A distant
22 state shall the power to take adverse action on a psychologist's
23 temporary authorization to practice within that distant state.

24 B. A receiving state may take adverse action on a psychologist's
25 authority to practice interjurisdictional telepsychology within that
26 receiving state. A home state may take adverse action against a
27 psychologist based on an adverse action taken by a distant state
28 regarding temporary in-person, face-to-face practice.

29 C. If a home state takes adverse action against a psychologist's
30 license, that psychologist's authority to practice interjurisdictional
31 telepsychology is terminated and the E.Passport is revoked. Furthermore,

1 that psychologist's temporary authorization to practice is terminated and
2 the Interjurisdictional Practice Certificate is revoked.

3 1. All home state disciplinary orders which impose adverse action
4 shall be reported to the Commission in accordance with the rules
5 promulgated by the Commission. A compact state shall report adverse
6 actions in accordance with the rules of the Commission.

7 2. In the event discipline is reported on a psychologist, the
8 psychologist will not be eligible for telepsychology or temporary in-
9 person, face-to-face practice in accordance with the rules of the
10 Commission.

11 3. Other actions may be imposed as determined by the rules
12 promulgated by the Commission.

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

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

27 F. Nothing in the Psychology Interjurisdictional Compact shall
28 override a compact state's decision that a psychologist's participation
29 in an alternative program may be used in lieu of adverse action and that
30 such participation shall remain nonpublic if required by the compact
31 state's law. Compact states must require psychologists who enter any

1 alternative programs to not provide telepsychology services under the
2 authority to practice interjurisdictional telepsychology or provide
3 temporary psychological services under the temporary authorization to
4 practice in any other compact state during the term of the alternative
5 program.

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

9 ARTICLE VIII

10 ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S STATE
11 PSYCHOLOGY REGULATORY AUTHORITY

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

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

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

29 3. During the course of any investigation, a psychologist may not
30 change his or her home state licensure. A home state's state psychology
31 regulatory authority is authorized to complete any pending investigations

1 of a psychologist and to take any actions appropriate under its law. The
2 home state's state psychology regulatory authority shall promptly report
3 the conclusions of such investigations to the Commission. Once an
4 investigation has been completed, and pending the outcome of the
5 investigation, the psychologist may change his or her home state
6 licensure. The Commission shall promptly notify the new home state of any
7 such decisions as provided in the rules of the Commission. All
8 information provided to the Commission or distributed by compact states
9 pursuant to the psychologist shall be confidential, filed under seal, and
10 used for investigatory or disciplinary matters. The Commission may create
11 additional rules for mandated or discretionary sharing of information by
12 compact states.

13 ARTICLE IX

14 COORDINATED LICENSURE INFORMATION SYSTEM

15 A. The Commission shall provide for the development and maintenance
16 of a Coordinated Licensure Information System (Coordinated Database) and
17 reporting system containing licensure and disciplinary action information
18 on all psychologists or individuals to whom the Psychology
19 Interjurisdictional Compact is applicable in all compact states as
20 defined by the rules of the Commission.

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

- 25 1. Identifying information;
- 26 2. Licensure data;
- 27 3. Significant investigatory information;
- 28 4. Adverse actions against a psychologist's license;
- 29 5. An indicator that a psychologist's authority to practice
30 interjurisdictional telepsychology or temporary authorization to practice
31 is revoked;

1 6. Nonconfidential information related to alternative program
2 participation information;

3 7. Any denial of application for licensure, and the reasons for such
4 denial; and

5 8. Other information which may facilitate the administration of the
6 Compact, as determined by the rules of the Commission.

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

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

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

16 ARTICLE X

17 ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT
18 COMMISSION

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

21 1. The Commission is a body politic and an instrumentality of the
22 compact states.

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

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

31 B. Membership, Voting, and Meetings

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

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

7 b. Current member of the state psychology regulatory authority of a
8 compact state; or

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

11 2. Any Commissioner may be removed or suspended from office as
12 provided by the law of the state from which the Commissioner is
13 appointed. Any vacancy occurring in the Commission shall be filled in
14 accordance with the laws of the compact state in which the vacancy
15 exists.

16 3. Each Commissioner shall be entitled to one vote with regard to
17 the promulgation of rules and creation of bylaws and shall otherwise have
18 an opportunity to participate in the business and affairs of the
19 Commission. A Commissioner shall vote in person or by such other means as
20 provided in the bylaws. The bylaws may provide for Commissioners'
21 participation in meetings by telephone or other means of communication.

22 4. The Commission shall meet at least once during each calendar
23 year. Additional meetings shall be held as set forth in the bylaws.

24 5. All meetings shall be open to the public, and public notice of
25 meetings shall be given in the same manner as required under the
26 rulemaking provisions in Article XI.

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

29 a. Noncompliance of a compact state with its obligations under the
30 Compact;

31 b. The employment, compensation, discipline, or other personnel

1 matters, practices, or procedures related to specific employees or other
2 matters related to the Commission's internal personnel practices and
3 procedures;

4 c. Current, threatened, or reasonably anticipated litigation against
5 the Commission;

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

8 e. Accusation against any person of a crime or formally censuring
9 any person;

10 f. Disclosure of trade secrets or commercial or financial
11 information which is privileged or confidential;

12 g. Disclosure of information of a personal nature where disclosure
13 would constitute a clearly unwarranted invasion of personal privacy;

14 h. Disclosure of investigatory records compiled for law enforcement
15 purposes;

16 i. Disclosure of information related to any investigatory reports
17 prepared by or on behalf of or for use of the Commission or other
18 committee charged with responsibility for investigation or determination
19 of compliance issues pursuant to the Compact; or

20 j. Matters specifically exempted from disclosure by federal and
21 state statute.

22 7. If a meeting, or portion of a meeting, is closed pursuant to this
23 Article, the Commission's legal counsel or designee shall certify that
24 the meeting may be closed and shall reference each relevant exempting
25 provision. The Commission shall keep minutes which fully and clearly
26 describe all matters discussed in a meeting and shall provide a full and
27 accurate summary of actions taken, of any person participating in the
28 meeting, and the reasons therefore, including a description of the views
29 expressed. All documents considered in connection with an action shall be
30 identified in such minutes. All minutes and documents of a closed meeting
31 shall remain under seal, subject to release only by a majority vote of

1 the Commission or order of a court of competent jurisdiction.

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

6 1. Establishing the fiscal year of the Commission;

7 2. Providing reasonable standards and procedures:

8 a. For the establishment and meetings of other committees; and

9 b. Governing any general or specific delegation of any authority or
10 function of the Commission;

11 3. Providing reasonable procedures for calling and conducting
12 meetings of the Commission, ensuring reasonable advance notice of all
13 meetings and providing an opportunity for attendance of such meetings by
14 interested parties, with enumerated exceptions designed to protect the
15 public's interest, the privacy of individuals of such proceedings, and
16 proprietary information, including trade secrets. The Commission may meet
17 in closed session only after a majority of the Commissioners vote to
18 close a meeting to the public in whole or in part. As soon as
19 practicable, the Commission must make public a copy of the vote to close
20 the meeting revealing the vote of each Commissioner with no proxy votes
21 allowed;

22 4. Establishing the titles, duties, and authority and reasonable
23 procedures for the election of the officers of the Commission;

24 5. Providing reasonable standards and procedures for the
25 establishment of the personnel policies and programs of the Commission.
26 Notwithstanding any civil service or other similar law of any compact
27 state, the bylaws shall exclusively govern the personnel policies and
28 programs of the Commission;

29 6. Promulgating a code of ethics to address permissible and
30 prohibited activities of Commission members and employees;

31 7. Providing a mechanism for concluding the operations of the

1 Commission and the equitable disposition of any surplus funds that may
2 exist after the termination of the Compact after the payment, reserving,
3 or both of all of its debts and obligations;

4 8. The Commission shall publish its bylaws in a convenient form and
5 file a copy thereof and a copy of any amendment thereto, with the
6 appropriate agency or officer in each of the compact states;

7 9. The Commission shall maintain its financial records in accordance
8 with the bylaws; and

9 10. The Commission shall meet and take such actions as are
10 consistent with the provisions of the Compact and the bylaws.

11 D. The Commission shall have the following powers:

12 1. The authority to promulgate uniform rules to facilitate and
13 coordinate implementation and administration of the Compact. The rules
14 shall have the force and effect of law and shall be binding in all
15 compact states;

16 2. To bring and prosecute legal proceedings or actions in the name
17 of the Commission, provided that the standing of any state psychology
18 regulatory authority or other regulatory body responsible for psychology
19 licensure to sue or be sued under applicable law shall not be affected;

20 3. To purchase and maintain insurance and bonds;

21 4. To borrow, accept, or contract for services of personnel,
22 including, but not limited to, employees of a compact state;

23 5. To hire employees, elect or appoint officers, fix compensation,
24 define duties, grant such individuals appropriate authority to carry out
25 the purposes of the Compact, and to establish the Commission's personnel
26 policies and programs relating to conflicts of interest, qualifications
27 of personnel, and other related personnel matters;

28 6. To accept any and all appropriate donations and grants of money,
29 equipment, supplies, materials, and services, and to receive, utilize,
30 and dispose of the same; provided that at all times the Commission shall
31 strive to avoid any appearance of impropriety or conflict of interest;

1 7. To lease, purchase, accept appropriate gifts or donations of, or
2 otherwise to own, hold, improve or use, any property, real, personal, or
3 mixed; provided that at all times the Commission shall strive to avoid
4 any appearance of impropriety;

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

7 9. To establish a budget and make expenditures;

8 10. To borrow money;

9 11. To appoint committees, including advisory committees comprised
10 of members, state regulators, state legislators or their representatives,
11 and consumer representatives, and such other interested persons as may be
12 designated in the Compact and the bylaws;

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

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

16 14. To perform such other functions as may be necessary or
17 appropriate to achieve the purposes of the Compact consistent with the
18 state regulation of psychology licensure, temporary in-person, face-to-
19 face practice, and telepsychology practice.

20 E. The Executive Board

21 The elected officers shall serve as the Executive Board, which shall
22 have the power to act on behalf of the Commission according to the terms
23 of the Compact.

24 1. The Executive Board shall be comprised of six members:

25 a. Five voting members who are elected from the current membership
26 of the Commission by the Commission; and

27 b. One ex-officio, nonvoting member from the recognized membership
28 organization composed of State and Provincial Psychology Regulatory
29 Authorities.

30 2. The ex-officio member must have served as staff or member on a
31 state psychology regulatory authority and will be selected by its

1 respective organization.

2 3. The Commission may remove any member of the Executive Board as
3 provided in bylaws.

4 4. The Executive Board shall meet at least annually.

5 5. The Executive Board shall have the following duties and
6 responsibilities:

7 a. Recommend to the entire Commission changes to the rules or
8 bylaws, changes to the Compact, fees paid by compact states such as
9 annual dues, and any other applicable fees;

10 b. Ensure Compact administration services are appropriately
11 provided, contractual or otherwise;

12 c. Prepare and recommend the budget;

13 d. Maintain financial records on behalf of the Commission;

14 e. Monitor Compact compliance of member states and provide
15 compliance reports to the Commission;

16 f. Establish additional committees as necessary; and

17 g. Other duties as provided in rules or bylaws.

18 F. Financing of the Commission

19 1. The Commission shall pay, or provide for the payment of, the
20 reasonable expenses of its establishment, organization, and ongoing
21 activities.

22 2. The Commission may accept any and all appropriate revenue
23 sources, donations, and grants of money, equipment, supplies, materials,
24 and services.

25 3. The Commission may levy on and collect an annual assessment from
26 each compact state or impose fees on other parties to cover the cost of
27 the operations and activities of the Commission and its staff which must
28 be in a total amount sufficient to cover its annual budget as approved
29 each year for which revenue is not provided by other sources. The
30 aggregate annual assessment amount shall be allocated based upon a
31 formula to be determined by the Commission which shall promulgate a rule

1 binding upon all compact states.

2 4. The Commission shall not incur obligations of any kind prior to
3 securing the funds adequate to meet the same; nor shall the Commission
4 pledge the credit of any of the compact states, except by and with the
5 authority of the compact state.

6 5. The Commission shall keep accurate accounts of all receipts and
7 disbursements. The receipts and disbursements of the Commission shall be
8 subject to the audit and accounting procedures established under its
9 bylaws. However, all receipts and disbursements of funds handled by the
10 Commission shall be audited yearly by a certified or licensed public
11 accountant and the report of the audit shall be included in and become
12 part of the annual report of the Commission.

13 G. Qualified Immunity, Defense, and Indemnification

14 1. The members, officers, executive director, employees, and
15 representatives of the Commission shall have no greater liability, either
16 personally or in their official capacity, for any claim for damage to or
17 loss of property or personal injury or other civil liability caused by or
18 arising out of any actual or alleged act, error, or omission that
19 occurred, or that the person against whom the claim is made had a
20 reasonable basis for believing occurred, within the scope of Commission
21 employment, duties, or responsibilities, than a state employee would have
22 under the same or similar circumstances; provided that nothing in this
23 paragraph shall be construed to protect any such person from suit or
24 liability for any damage, loss, injury, or liability caused by the
25 intentional or willful or wanton misconduct of that person.

26 2. The Commission shall defend any member, officer, executive
27 director, employee, or representative of the Commission in any civil
28 action seeking to impose liability arising out of any actual or alleged
29 act, error, or omission that occurred within the scope of Commission
30 employment, duties, or responsibilities, or that the person against whom
31 the claim is made had a reasonable basis for believing occurred within

1 the scope of Commission employment, duties, or responsibilities; provided
2 that nothing in this paragraph shall be construed to prohibit that person
3 from retaining his or her own counsel; and provided further, that the
4 actual or alleged act, error, or omission did not result from that
5 person's intentional or willful or wanton misconduct.

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

16 ARTICLE XI

17 RULEMAKING

18 A. The Commission shall exercise its rulemaking powers pursuant to
19 the criteria set forth in this Article and the rules adopted thereunder.
20 Rules and amendments shall become binding as of the date specified in
21 each rule or amendment.

22 B. If a majority of the legislatures of the compact states rejects a
23 rule, by enactment of a statute or resolution in the same manner used to
24 adopt the Psychology Interjurisdictional Compact, then such rule shall
25 have no further force and effect in any compact state.

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

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

- 1 1. On the web site of the Commission; and
2 2. On the web site of each compact state's state psychology
3 regulatory authority or the publication in which each state would
4 otherwise publish proposed rules.

5 E. The notice of proposed rulemaking shall include:

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

8 2. The text of the proposed rule or amendment and the reason for the
9 proposed rule;

10 3. A request for comments on the proposed rule from any interested
11 person; and

12 4. The manner in which interested persons may submit notice to the
13 Commission of their intention to attend the public hearing and any
14 written comments.

15 F. Prior to adoption of a proposed rule, the Commission shall allow
16 persons to submit written data, facts, opinions, and arguments, which
17 shall be made available to the public.

18 G. The Commission shall grant an opportunity for a public hearing
19 before it adopts a rule or amendment if a hearing is requested by:

20 1. At least twenty-five persons who submit comments independently of
21 each other;

22 2. A governmental subdivision or agency; or

23 3. A duly appointed person in an association that has at least
24 twenty-five members.

25 H. If a hearing is held on the proposed rule or amendment, the
26 Commission shall publish the place, time, and date of the scheduled
27 public hearing.

28 1. All persons wishing to be heard at the hearing shall notify the
29 executive director of the Commission or other designated member in
30 writing of their desire to appear and testify at the hearing not less
31 than five business days before the scheduled date of the hearing.

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

4 3. No transcript of the hearing is required, unless a written
5 request for a transcript is made, in which case the person requesting the
6 transcript shall bear the cost of producing the transcript. A recording
7 may be made in lieu of a transcript under the same terms and conditions
8 as a transcript. This subsection shall not preclude the Commission from
9 making a transcript or recording of the hearing if it so chooses.

10 4. Nothing in this Article shall be construed as requiring a
11 separate hearing on each rule. Rules may be grouped for the convenience
12 of the Commission at hearings required by this Article.

13 I. Following the scheduled hearing date, or by the close of business
14 on the scheduled hearing date if the hearing was not held, the Commission
15 shall consider all written and oral comments received.

16 J. The Commission shall, by majority vote of all members, take final
17 action on the proposed rule and shall determine the effective date of the
18 rule, if any, based on the rulemaking record and the full text of the
19 rule.

20 K. If no written notice of intent to attend the public hearing by
21 interested parties is received, the Commission may proceed with
22 promulgation of the proposed rule without a public hearing.

23 L. Upon determination that an emergency exists, the Commission may
24 consider and adopt an emergency rule without prior notice, opportunity
25 for comment, or hearing, provided that the usual rulemaking procedures
26 provided in the Compact and in this section shall be retroactively
27 applied to the rule as soon as reasonably possible, in no event later
28 than ninety days after the effective date of the rule. For the purposes
29 of this paragraph, an emergency rule is one that must be adopted
30 immediately in order to:

31 1. Meet an imminent threat to public health, safety, or welfare;

- 1 2. Prevent a loss of Commission or compact state funds;
- 2 3. Meet a deadline for the promulgation of an administrative rule
- 3 that is established by federal law or rule; or
- 4 4. Protect public health and safety.

5 M. The Commission or an authorized committee of the Commission may
6 direct revisions to a previously adopted rule or amendment for purposes
7 of correcting typographical errors, errors in format, errors in
8 consistency, or grammatical errors. Public notice of any revisions shall
9 be posted on the web site of the Commission. The revision shall be
10 subject to challenge by any person for a period of thirty days after
11 posting. The revision may be challenged only on grounds that the revision
12 results in a material change to a rule. A challenge shall be made in
13 writing, and delivered to the chair of the Commission prior to the end of
14 the notice period. If no challenge is made, the revision will take effect
15 without further action. If the revision is challenged, the revision may
16 not take effect without the approval of the Commission.

17 ARTICLE XII

18 OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

19 A. Oversight

20 1. The executive, legislative, and judicial branches of state
21 government in each compact state shall enforce the Psychology
22 Interjurisdictional Compact and take all actions necessary and
23 appropriate to effectuate the Compact's purposes and intent. The Compact
24 and the rules promulgated under the Compact shall have standing as
25 statutory law.

26 2. All courts shall take judicial notice of the Compact and the
27 rules in any judicial or administrative proceeding in a compact state
28 pertaining to the subject matter of the Compact which may affect the
29 powers, responsibilities, or actions of the Commission.

30 3. The Commission shall be entitled to receive service of process in
31 any such proceeding and shall have standing to intervene in such a

1 proceeding for all purposes. Failure to provide service of process to the
2 Commission shall render a judgment or order void as to the Commission,
3 the Compact, or promulgated rules.

4 B. Default, Technical Assistance, and Termination

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

8 a. Provide written notice to the defaulting state and other compact
9 states of the nature of the default, the proposed means of remedying the
10 default, or any other action to be taken by the Commission; and

11 b. Provide remedial training and specific technical assistance
12 regarding the default.

13 2. If a state in default fails to remedy the default, the defaulting
14 state may be terminated from the Compact upon an affirmative vote of a
15 majority of the compact states, and all rights, privileges, and benefits
16 conferred by the Compact shall be terminated on the effective date of
17 termination. A remedy of the default does not relieve the offending state
18 of obligations or liabilities incurred during the period of default.

19 3. Termination of membership in the Compact shall be imposed only
20 after all other means of securing compliance have been exhausted. Notice
21 of intent to suspend or terminate shall be submitted by the Commission to
22 the Governor, the majority and minority leaders of the defaulting state's
23 legislature or the Speaker if no such leaders exist, and each of the
24 compact states.

25 4. A compact state which has been terminated is responsible for all
26 assessments, obligations, and liabilities incurred through the effective
27 date of termination, including obligations which extend beyond the
28 effective date of termination.

29 5. The Commission shall not bear any costs incurred by the state
30 which is found to be in default or which has been terminated from the
31 Compact, unless agreed upon in writing between the Commission and the

1 defaulting state.

2 6. The defaulting state may appeal the action of the Commission by
3 petitioning the United States District Court for the State of Georgia or
4 the federal district where the Compact has its principal offices. The
5 prevailing member shall be awarded all costs of such litigation,
6 including reasonable attorney's fees.

7 C. Dispute Resolution

8 1. Upon request by a compact state, the Commission shall attempt to
9 resolve disputes related to the Compact which arise among compact states
10 and between Compact and noncompact states.

11 2. The Commission shall promulgate a rule providing for both
12 mediation and binding dispute resolution for disputes that arise before
13 the Commission.

14 D. Enforcement

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

17 2. By majority vote, the Commission may initiate legal action in the
18 United States District Court for the State of Georgia or the federal
19 district where the Compact has its principal offices against a compact
20 state in default to enforce compliance with the provisions of the Compact
21 and its promulgated rules and bylaws. The relief sought may include both
22 injunctive relief and damages. In the event judicial enforcement is
23 necessary, the prevailing member shall be awarded all costs of such
24 litigation, including reasonable attorney's fees.

25 3. The remedies in this Article shall not be the exclusive remedies
26 of the Commission. The Commission may pursue any other remedies available
27 under federal or state law.

28 ARTICLE XIII

29 DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT
30 COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

31 A. The Psychology Interjurisdictional Compact shall come into effect

1 on the date on which the Compact is enacted into law in the seventh
2 compact state. The provisions which become effective at that time shall
3 be limited to the powers granted to the Commission relating to assembly
4 and the promulgation of rules. Thereafter, the Commission shall meet and
5 exercise rulemaking powers necessary to the implementation and
6 administration of the Compact.

7 B. Any state which joins the Compact subsequent to the Commission's
8 initial adoption of the rules shall be subject to the rules as they exist
9 on the date on which the Compact becomes law in that state. Any rule
10 which has been previously adopted by the Commission shall have the full
11 force and effect of law on the day the Compact becomes law in that state.

12 C. Any compact state may withdraw from this Compact by enacting a
13 statute repealing the same.

14 1. A compact state's withdrawal shall not take effect until six
15 months after enactment of the repealing statute.

16 2. Withdrawal shall not affect the continuing requirement of the
17 withdrawing state's state psychology regulatory authority to comply with
18 the investigative and adverse action reporting requirements of the
19 Compact prior to the effective date of withdrawal.

20 D. Nothing contained in the Compact shall be construed to invalidate
21 or prevent any psychology licensure agreement or other cooperative
22 arrangement between a compact state and a noncompact state which does not
23 conflict with the Compact.

24 E. The Compact may be amended by the compact states. No amendment to
25 the Compact shall become effective and binding upon any compact state
26 until it is enacted into the law of all compact states.

27 ARTICLE XIV

28 CONSTRUCTION AND SEVERABILITY

29 The Psychology Interjurisdictional Compact shall be liberally
30 construed so as to effectuate the purposes of the Compact. If the Compact
31 shall be held contrary to the constitution of any state which is a member

1 of the Compact, the Compact shall remain in full force and effect as to
2 the remaining compact states.

3 Sec. 71. Section 77-2704.12, Revised Statutes Cumulative Supplement,
4 2016, is amended to read:

5 77-2704.12 (1) Sales and use taxes shall not be imposed on the gross
6 receipts from the sale, lease, or rental of and the storage, use, or
7 other consumption in this state of purchases by (a) any nonprofit
8 organization created exclusively for religious purposes, (b) any
9 nonprofit organization providing services exclusively to the blind, (c)
10 any nonprofit private educational institution established under sections
11 79-1601 to 79-1607, (d) any regionally or nationally accredited,
12 nonprofit, privately controlled college or university with its primary
13 campus physically located in Nebraska, (e) any nonprofit (i) hospital,
14 (ii) health clinic when one or more hospitals or the parent corporations
15 of the hospitals own or control the health clinic for the purpose of
16 reducing the cost of health services or when the health clinic receives
17 federal funds through the United States Public Health Service for the
18 purpose of serving populations that are medically underserved, (iii)
19 skilled nursing facility, (iv) intermediate care facility, (v) assisted-
20 living facility, (vi) intermediate care facility for persons with
21 developmental disabilities, (vii) nursing facility, (viii) home health
22 agency, (ix) hospice or hospice service, (x) respite care service, (xi)
23 mental health substance use treatment center licensed under the Health
24 Care Facility Licensure Act, or (xii) ~~substance abuse treatment center~~
25 ~~licensed under the Health Care Facility Licensure Act, or~~ (xiii) center
26 for independent living as defined in 29 U.S.C. 796a, (f) any nonprofit
27 licensed residential child-caring agency, (g) any nonprofit licensed
28 child-placing agency, or (h) any nonprofit organization certified by the
29 Department of Health and Human Services to provide community-based
30 services for persons with developmental disabilities.

31 (2) Any organization listed in subsection (1) of this section shall

1 apply for an exemption on forms provided by the Tax Commissioner. The
2 application shall be approved and a numbered certificate of exemption
3 received by the applicant organization in order to be exempt from the
4 sales and use tax.

5 (3) The appointment of purchasing agents shall be recognized for the
6 purpose of altering the status of the construction contractor as the
7 ultimate consumer of building materials which are physically annexed to
8 the structure and which subsequently belong to the owner of the
9 organization or institution. The appointment of purchasing agents shall
10 be in writing and occur prior to having any building materials annexed to
11 real estate in the construction, improvement, or repair. The contractor
12 who has been appointed as a purchasing agent may apply for a refund of or
13 use as a credit against a future use tax liability the tax paid on
14 inventory items annexed to real estate in the construction, improvement,
15 or repair of a project for a licensed not-for-profit institution.

16 (4) Any organization listed in subsection (1) of this section which
17 enters into a contract of construction, improvement, or repair upon
18 property annexed to real estate without first issuing a purchasing agent
19 authorization to a contractor or repairperson prior to the building
20 materials being annexed to real estate in the project may apply to the
21 Tax Commissioner for a refund of any sales and use tax paid by the
22 contractor or repairperson on the building materials physically annexed
23 to real estate in the construction, improvement, or repair.

24 (5) Any person purchasing, storing, using, or otherwise consuming
25 building materials in the performance of any construction, improvement,
26 or repair by or for any institution enumerated in subsection (1) of this
27 section which is licensed upon completion although not licensed at the
28 time of construction or improvement, which building materials are annexed
29 to real estate and which subsequently belong to the owner of the
30 institution, shall pay any applicable sales or use tax thereon. Upon
31 becoming licensed and receiving a numbered certificate of exemption, the

1 institution organized not for profit shall be entitled to a refund of the
2 amount of taxes so paid in the performance of such construction,
3 improvement, or repair and shall submit whatever evidence is required by
4 the Tax Commissioner sufficient to establish the total sales and use tax
5 paid upon the building materials physically annexed to real estate in the
6 construction, improvement, or repair.

7 Sec. 72. Original sections 38-122, 38-131, 38-321, 38-1201,
8 38-1204, 38-1205, 38-1208, 38-1215, 38-1216, 38-1219, 38-1221, 38-1224,
9 38-1225, 38-1229, 38-1232, 38-1237, 38-2025, 38-2026, 38-2104, 38-2112,
10 38-2115, 38-2117, 38-2122, 38-2123, 38-2124, 38-2518, 38-2519, 38-2521,
11 38-2826.01, 38-3101, 38-3111, 44-772, 44-792, 69-2429, 71-423, 71-430,
12 71-507, 71-906, and 71-1913, Reissue Revised Statutes of Nebraska,
13 sections 71-403, 71-413, 71-474, 71-1908, 71-2411, 71-4204, 71-4205,
14 71-4209, and 77-2704.12, Revised Statutes Cumulative Supplement, 2016,
15 and sections 28-401, 28-470, 29-2261, 38-319, 38-1217, 38-1218, 38-2125,
16 71-401, 71-2445, and 71-2454, Revised Statutes Supplement, 2017, are
17 repealed.