

LEGISLATIVE BILL 1115

Approved by the Governor April 13, 2000

Introduced by Health and Human Services Committee: Jensen, 20, Chairperson;
Byars, 30; Dickey, 18; Price, 26; Suttle, 10; Thompson, 14;
Tyson, 19

AN ACT relating to health and human services; to amend sections 18-1738, 37-1254.06, 48-1903, 60-4,164.01, 60-6,201, 60-6,202, 60-6,204, 68-1050, 71-1,132.07, 71-1,132.08, 71-1,143, 71-1,147.01, 71-1,160, 71-1704 to 71-1708, 71-1709.01 to 71-1710, 71-1712, 71-1714, 71-1716 to 71-1716.03, 71-1716.05, 71-1717, 71-1718.01, 71-1718.02, 71-1721, 71-1721.07, 71-1723 to 71-1727, 71-1775, 71-1776, 71-1777, 71-1780, 71-1781, 71-1784, 71-3515.02, 71-4401, 71-5303, 71-5306, 71-5652, and 79-221, Reissue Revised Statutes of Nebraska, sections 68-1021, 71-168.02, 71-1,147.57, 71-1,147.58, 71-1,198, 71-1,339, 71-541, 71-1722, 71-1778, 71-2610.01, 71-3505, 71-5191, 71-5653, 71-5662, 71-5663, 71-5665, 71-5668, 71-8207, and 79-214, Revised Statutes Supplement, 1998, and sections 28-405, 44-2847, 71-168, 71-1,103, 71-1,132.11, 71-1735, 71-1774, 71-1913.01, 71-3507, 71-5707, 79-11,145, 79-11,146, and 79-11,149, Revised Statutes Supplement, 1999; to change provisions relating to schedules of controlled substances, medical review panels, medical assistance, managed care, veterinarians, advanced registered nurse practitioners, licensed practical nurses-certified, radiography, rabies vaccination and control, public water supply regulation, the Rural Health Systems and Professional Incentive Act, the Nebraska Clean Indoor Air Act, and the Community-Based Neurobehavioral Action Plan Act; to repeal the Clinical Laboratories Certification Act and a prohibition on gifts as prescribed; to harmonize provisions; to repeal the original sections; to outright repeal sections 71-6802 to 71-6815.01, 71-6817 to 71-6831, and 83-120, Reissue Revised Statutes of Nebraska, and sections 71-6801 and 71-6816, Revised Statutes Supplement, 1998; and to declare an emergency.

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

Section 1. Section 18-1738, Reissue Revised Statutes of Nebraska, is amended to read:

18-1738. (1) The clerk of any city of the primary class, first class, or second class or village shall, or the county clerk or designated county official pursuant to section 23-186 may, take an application from a handicapped or disabled person or temporarily handicapped or disabled person or his or her parent, legal guardian, or foster parent for a permit which will entitle the holder thereof or a person driving a motor vehicle for the purpose of transporting such holder to park in those spaces provided for by sections 18-1736 to 18-1741 when the holder of the permit will enter or exit the motor vehicle while it is parked in such spaces. For purposes of this section, the handicapped or disabled person or temporarily handicapped or disabled person shall be considered the holder of the permit.

(2) For the purpose of sections 18-1736 to 18-1741, handicapped or disabled person shall mean any individual with a severe visual or physical impairment which limits personal mobility and results in an inability to travel unassisted more than two hundred feet without the use of a wheelchair, crutch, walker, or prosthetic, orthotic, or other assistant device, any individual whose personal mobility is limited as a result of respiratory problems, any individual who has a cardiac condition to the extent that his or her functional limitations are classified in severity as being Class III or Class IV, according to standards set by the American Heart Association, and any individual who has permanently lost all or substantially all the use of one or more limbs. Temporarily handicapped or disabled person shall mean any handicapped or disabled person whose personal mobility is expected to be limited in such manner for no longer than one year.

(3) A person applying for a permit or for the renewal of a permit shall complete an application, shall provide proof of identity, and shall submit a completed medical form containing the statutory criteria for qualification and signed by a physician, physician assistant, or advanced practice registered nurse practitioner certifying that the person who will be the holder meets the definition of handicapped or disabled person or temporarily handicapped or disabled person. In the case of a temporarily handicapped or disabled person, the certifying physician, physician assistant,

or advanced practice registered nurse practitioner shall indicate the estimated date of recovery or that the temporary handicap or disability will continue for a period of six months, whichever is less. A person may hold only one permit under this section and may hold either a permit under this section or a permit under section 18-1738.01, but not both. The Department of Motor Vehicles shall provide applications and medical forms to the clerk or designated county official. The application form shall contain information listing the legal uses of the permit and that the permit is not transferable, is to be used by the party to whom issued or for the motor vehicle for which it is issued, is not to be altered or reproduced, and is to be used only when a handicapped or disabled person or a temporarily handicapped or disabled person will enter or exit the motor vehicle while it is parked in a designated parking space. It shall indicate that those convicted of handicapped parking infractions shall be subject to suspension of the permit for six months and possible fines. A copy of the completed application form shall be given to each applicant. Before a permit is issued, the department shall enter all information required in the manner prescribed by section 18-1739. The clerk or designated county official shall submit to the department the name, address, and license number of all persons applying for a permit pursuant to this section.

(4) The Department of Motor Vehicles, upon receipt from the clerk or designated county official of a completed application form and completed medical form from an applicant for a handicapped parking permit under this section, shall verify that the applicant qualifies for such permit and, if so, shall issue the same by mailing the permit to the applicant at the address provided on the application. Upon issuing such permit, the department shall mail a copy of the permitholder's completed application form and completed medical form with the permit number to the clerk or designated county official who originally accepted the application.

Sec. 2. Section 28-405, Revised Statutes Supplement, 1999, is amended to read:

28-405. The following are the schedules of controlled substances referred to in the Uniform Controlled Substances Act:

Schedule I

(a) Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation: (1) Acetylmethadol; (2) allylprodine; (3) alphacetylmethadol, except levo-alphacetylmethadol which is also known as levo-alpha-acetylmethadol, levomethadyl acetate, and LAAM; (4) alphameprodine; (5) alphamethadol; (6) benzethidine; (7) betacetylmethadol; (8) betameprodine; (9) betamethadol; (10) betaprodine; (11) clonitazene; (12) dextromoramide; (13) difenoxin; (14) diampromide; (15) diethylthiambutene; (16) dimenoxadol; (17) dimepheptanol; (18) dimethylthiambutene; (19) dioxaphetyl butyrate; (20) dipipanone; (21) ethylmethylthiambutene; (22) etonitazene; (23) etoxeridine; (24) furethidine; (25) hydroxypethidine; (26) ketobemidone; (27) levomoramide; (28) levophenacetylmorphan; (29) morpheridine; (30) noracymethadol; (31) norlevorphanol; (32) normethadone; (33) norpiperanone; (34) phenadoxone; (35) phenampromide; (36) phenomorphan; (37) phenoperidine; (38) piritramide; (39) proheptazine; (40) properidine; (41) propiram; (42) racemoramide; (43) trimeperidine; (44) alpha-methylfentanyl, N-(1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl) propionanilide, 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine; (45) tilidine; (46) 3-Methylfentanyl, N-(3-methyl-1-(2-phenylethyl)-4-piperidyl)-N-phenylpropanamide, its optical and geometric isomers, salts, and salts of isomers; (47) 1-methyl-4-phenyl-4-propionoxypiperidine (MPPP), its optical isomers, salts, and salts of isomers; (48) 1-(2-phenylethyl)-4-phenyl-4-acetyloxypiperidine (PEPAP), its optical isomers, salts, and salts of isomers; (49) N-(1-(1-methyl-2-phenyl)ethyl-4-piperidyl)-N-phenylacetamide (acetyl-alpha-methylfentanyl), its optical isomers, salts, and salts of isomers; (50) N-(1-(1-methyl-2-(2-thienyl)ethyl-4-piperidyl)-N-phenylpropanamide (alpha-methylthiofentanyl), its optical isomers, salts, and salts of isomers; (51) N-(1-benzyl-4-piperidyl)-N-phenylpropanamide (benzylfentanyl), its optical isomers, salts, and salts of isomers; (52) N-(1-(2-hydroxy-2-phenyl)ethyl-4-piperidyl)-N-phenylpropanamide (beta-hydroxyfentanyl), its optical isomers, salts, and salts of isomers; (53) N-(3-methyl-1-(2-hydroxy-2-phenyl)ethyl-4-piperidyl)-N-phenylpropanamide (beta-hydroxy-3-methylfentanyl), its optical and geometric isomers, salts, and salts of isomers; (54) N-(3-methyl-1-(2-(2-thienyl)ethyl-4-piperidyl)-N-phenylpropanamide (3-methylthiofentanyl), its optical and geometric isomers, salts, and salts of isomers; (55) N-(1-(2-thienyl)methyl-4-piperidyl)-N-

phenylpropanamide (thenylfentanyl), its optical isomers, salts, and salts of isomers; (56) N-(1-(2-(2-thienyl)ethyl-4-piperidyl)-N-phenylpropanamide (thiofentanyl), its optical isomers, salts, and salts of isomers; and (57) N-(1-(2-phenylethyl)-4-piperidyl)-N-(4-fluorophenyl)-propanamide (para-fluorofentanyl), its optical isomers, salts, and salts of isomers.

(b) Any of the following opium derivatives, their salts, isomers, and salts of isomers, unless specifically excepted, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation: (1) Acetorphine; (2) acetyldihydrocodeine; (3) benzylmorphine; (4) codeine methylbromide; (5) codeine-N-Oxide; (6) cyprenorphine; (7) desomorphine; (8) dihydromorphine; (9) drotebanol; (10) etorphine, except hydrochloride salt; (11) heroin; (12) hydromorphanol; (13) methyl-desorphine; (14) methyldihydromorphine; (15) morphine methylbromide; (16) morphine methylsulfonate; (17) morphine-N-Oxide; (18) myrophine; (19) nicocodeine; (20) nicomorphine; (21) normorphine; (22) pholcodine; and (23) thebacon.

(c) Any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, their salts, isomers, and salts of isomers, unless specifically excepted, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation, and, for purposes of this subdivision only, isomer shall include the optical, position, and geometric isomers: (1) Bufotenine. Trade and other names shall include, but are not limited to: 3-(B-Dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; and mappine; (2) diethyltryptamine. Trade and other names shall include, but are not limited to: N, N-diethyltryptamine; and DET; (3) dimethyltryptamine. Trade and other names shall include, but are not limited to: DMT; (4) 4-bromo-2, 5-dimethoxyamphetamine. Trade and other names shall include, but are not limited to: 4-bromo-2, 5-dimethoxy-a-methylphenethylamine; and 4-bromo-2, 5-DMA; (5) 4-methoxyamphetamine. Trade and other names shall include, but are not limited to: 4-methoxy-a-methyl-phenethylamine; and paramethoxyamphetamine, PMA; (6) 4-methyl-2, 5-dimethoxyamphetamine. Trade and other names shall include, but are not limited to: 4-methyl-2, 5-dimethoxy-a-methylphenethylamine; DOM; and STP; (7) 5-methoxy-N,N-dimethyltryptamine; (8) ibogaine. Trade and other names shall include, but are not limited to: 7-ethyl-6,6B,7,8,9,10,12,13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; and tabernanthe iboga; (9) lysergic acid diethylamide; (10) marijuana; (11) mescaline; (12) peyote. Peyote shall mean all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant or its seeds or extracts; (13) psilocybin; (14) psilocyn; (15) tetrahydrocannabinols, including, but not limited to, synthetic equivalents of the substances contained in the plant or in the resinous extractives of cannabis, sp. or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as the following: Delta 1 cis or trans tetrahydrocannabinol and their optical isomers, excluding dronabinol in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the federal Food and Drug Administration; Delta 6 cis or trans tetrahydrocannabinol and their optical isomers; and Delta 3,4 cis or trans tetrahydrocannabinol and its optical isomers. Since nomenclature of these substances is not internationally standardized, compounds of these structures shall be included regardless of the numerical designation of atomic positions covered; (16) 3,4-methylenedioxy amphetamine; (17) 5-methoxy-3, 4-methylenedioxy amphetamine; (18) 3,4,5-trimethoxy amphetamine; (19) N-ethyl-3-piperidyl benzilate; (20) N-methyl-3-peperidyl benzilate; (21) thiophene analog of phencyclidine. Trade and other names shall include, but are not limited to: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienylanalog of phencyclidine; TCP; and TCP; (22) 2,5-dimethoxyamphetamine. Trade and other names shall include, but are not limited to: 2,5-dimethoxy-a-methylphenethylamine; and 2,5-DMA; (23) hashish or concentrated cannabis; (24) Parahexyl. Trade and other names shall include, but are not limited to: 3-Hexyl-1-hydroxy-7,8,9,10-tetrahydro-6,6, 9-trimethyl-6H-dibenzo(b,d)pyran; and synhexyl; (25) Ethylamine analog of phencyclidine. Trade and other names shall include, but are not limited to: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl)ethylamine; N-(1-phenylcyclohexyl)ethylamine; cyclohexamine; and PCE; (26) Pyrrolidine analog of phencyclidine. Trade and other names shall include, but are not limited to: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; and PHP; (27) 3,4-methylenedioxymethamphetamine (MDMA), its optical, positional, and

geometric isomers, salts, and salts of isomers; and (28) Phenethylamine. Trade and other names shall include, but are not limited to: 4-bromo-2,5-dimethoxyphenethylamine; 2-CB; Venus; Bromo; Erox; and Nexus.

(d) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation: (1) Mecloqualone; and (2) methaqualone.

(e) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers: (1) Fenethylamine; and (2) N-ethylamphetamine.

(f) Gamma hydroxy butyrate (GHB).

(g) Any controlled substance analogue to the extent intended for human consumption.

Schedule II

(a) Any of the following substances except those narcotic drugs listed in other schedules whether produced directly or indirectly by extraction from substances of vegetable origin, independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, buprenorphine, nalbuphine, nalmefene, naloxone, and naltrexone and their salts, but including the following: (i) Raw opium; (ii) opium extracts; (iii) opium fluid extracts; (iv) powdered opium; (v) granulated opium; (vi) tincture of opium; (vii) codeine; (viii) ethylmorphine; (ix) etorphine hydrochloride; (x) dihydrocodeinone which is also known as hydrocodone; (xi) hydromorphone; (xii) metopon; (xiii) morphine; (xiv) oxycodone; (xv) oxymorphone; and (xvi) thebaine;

(2) Any salt, compound, derivative, or preparation thereof which is chemically equivalent to or identical with any of the substances referred to in subdivision (1) of this subdivision, except that these substances shall not include the isoquinoline alkaloids of opium;

(3) Opium poppy and poppy straw;

(4) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent to or identical with any of these substances, including cocaine and its salts, optical isomers, and salts of optical isomers, except that the substances shall not include decocainized coca leaves or extractions which do not contain cocaine or ecgonine; and

(5) Concentrate of poppy straw, the crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrene alkaloids of the opium poppy.

(b) Unless specifically excepted or unless in another schedule any of the following opiates, including their isomers, esters, ethers, salts, and salts of their isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation, dextrorphan and levopropoxyphene excepted: (1) Alphaprodine; (2) anileridine; (3) bezitramide; (4) diphenoxylate; (5) fentanyl; (6) isomethadone; (7) levomethorphan; (8) levorphanol; (9) metazocine; (10) methadone; (11) methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane; (12) moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenyl-propane-carboxylic acid; (13) pethidine or meperidine; (14) pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine; (15) pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate; (16) pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid; (17) phenazocine; (18) piminodine; (19) racemethorphan; (20) racemorphan; (21) dihydrocodeine; (22) bulk dextropropoxyphene in nondosage forms; (23) sufentanil; (24) alfentanil; and (25) levo-alpha-acetylmethadol which is also known as levo-alpha-acetylmethadol, levomethadyl acetate, and LAAM.

(c) Any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a stimulant effect on the central nervous system: (1) Amphetamine, its salts, optical isomers, and salts of its optical isomers; (2) phenmetrazine and its salts; (3) methamphetamine, its salts, isomers, and salts of its isomers; and (4) methylphenidate.

(d) Any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system, including their salts, isomers, and salts of isomers whenever the existence of such

salts, isomers, and salts of isomers is possible within the specific chemical designations: (1) Amobarbital; (2) secobarbital; (3) pentobarbital; (4) phencyclidine; and (5) glutethimide.

(e) Hallucinogenic substances known as: (1) ~~Dronabinol, synthetic, in sesame oil and encapsulated in a soft gelatin capsule in a Food and Drug Administration approved drug product. Some other names for dronabinol are (6aR-trans)-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo(b,d)pyran-1-ol~~ or ~~(-)-delta-9-(trans)-tetrahydrocannabinol~~; and (2) nabilone Nabilone. Another name for nabilone is (+)-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H-dibenzo(b,d)pyran-9-one.

(f) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances: (1) Immediate precursor to amphetamine and methamphetamine: Phenylacetone. Trade and other names shall include, but are not limited to: Phenyl-2-propanone; P2P; benzyl methyl ketone; and methyl benzyl ketone; or (2) immediate precursors to phencyclidine, PCP: (i) 1-phenylcyclohexylamine; or (ii) 1-piperidinocyclohexanecarbonitrile, PCC.

Schedule III

(a) Any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a stimulant effect on the central nervous system, including their salts, isomers, whether optical, position, or geometric, and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation: (1) Benzphetamine; (2) chlorphentermine; (3) chlortermine; and (4) phendimetrazine.

(b) Any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system: (1) Any substance which contains any quantity of a derivative of barbituric acid or any salt of a derivative of barbituric acid, except those substances which are specifically listed in other schedules of this section; (2) chlorhexadol; (3) lysergic acid; (4) lysergic acid amide; (5) methyprylon; (6) sulfondiethylmethane; (7) sulfonethylmethane; (8) sulfonmethane; (9) nalorphine; (10) any compound, mixture, or preparation containing amobarbital, secobarbital, pentobarbital, or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule; (11) any suppository dosage form containing amobarbital, secobarbital, pentobarbital, or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository; and (12) tiletamine and zolazepam or any salt thereof. Trade or other names for a tiletamine-zolazepam combination product shall include, but not be limited to: telazol. Trade or other names for tiletamine shall include, but not be limited to: 2-(ethylamino)-2-(2-thienyl)-cyclohexanone. Trade or other names for zolazepam shall include, but not be limited to: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-(3,4-e) (1,4)-diazepin-7(1H)-one, and flupyzapone.

(c) Any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than one and eight-tenths grams of codeine per one hundred milliliters or not more than ninety milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(2) Not more than one and eight-tenths grams of codeine per one hundred milliliters or not more than ninety milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(3) Not more than three hundred milligrams of dihydrocodeinone which is also known as hydrocodone per one hundred milliliters or not more than fifteen milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(4) Not more than three hundred milligrams of dihydrocodeinone which is also known as hydrocodone per one hundred milliliters or not more than fifteen milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(5) Not more than one and eight-tenths grams of dihydrocodeine per one hundred milliliters or not more than ninety milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(6) Not more than three hundred milligrams of ethylmorphine per one

hundred milliliters or not more than fifteen milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(7) Not more than five hundred milligrams of opium per one hundred milliliters or per one hundred grams, or not more than twenty-five milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts; and

(8) Not more than fifty milligrams of morphine per one hundred milliliters or per one hundred grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(d) Any anabolic steroid, which shall include any material, compound, mixture, or preparation containing any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts of isomers is possible within the specific chemical designation: (1) Boldenone; (2) chlorotestosterone (4-chlorotestosterone); (3) clostebol; (4) dehydrochlormethyltestosterone; (5) dihydrotestosterone (4-dihydrotestosterone); (6) drostanolone; (7) ethylestrenol; (8) fluoxymesterone; (9) formebolone (formebolone); (10) mesterolone; (11) methandienone; (12) methandranone; (13) methandriol; (14) methandrostenolone; (15) methenolone; (16) methyltestosterone; (17) mibolerone; (18) nandrolone; (19) norethandrolone; (20) oxandrolone; (21) oxymesterone; (22) oxymetholone; (23) stanolone; (24) stanozolol; (25) testolactone; (26) testosterone; (27) trenbolone; and (28) any salt, ester, or isomer of a drug or substance described or listed in this subdivision if the salt, ester, or isomer promotes muscle growth.

(e) Hallucinogenic substances known as: (1) Dronabinol, synthetic, in sesame oil and encapsulated in a soft gelatin capsule in a Food and Drug Administration approved drug product. Some other names for dronabinol are (6aR-trans)-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo(b,d)pyran-1-ol or (-)-delta-9-(trans)-tetrahydrocannabinol.

(f) Ketamine, its salts, isomers, and salts of isomers. Some other names for ketamine: (+)-2-(2-chlorophenyl)-2-(methylamino)-cyclohexanone.

Schedule IV

(a) Any material, compound, mixture, or preparation which contains any quantity of the following substances, including their salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation: (1) Barbital; (2) chloral betaine; (3) chloral hydrate; (4) chlordiazepoxide, but not including librax (chlordiazepoxide hydrochloride and clindinium bromide) or menrium (chlordiazepoxide and water soluble esterified estrogens); (5) clonazepam; (6) clorazepate; (7) diazepam; (8) ethchlorvynol; (9) ethinamate; (10) flurazepam; (11) mebutamate; (12) meprobamate; (13) methohexital; (14) methylphenobarbital; (15) oxazepam; (16) paraldehyde; (17) petrichloral; (18) phenobarbital; (19) prazepam; (20) alprazolam; (21) bromazepam; (22) camazepam; (23) clobazam; (24) clotiazepam; (25) cloxazolam; (26) delorazepam; (27) estazolam; (28) ethyl loflazepate; (29) fludiazepam; (30) flunitrazepam; (31) halazepam; (32) haloxazolam; (33) ketazolam; (34) loprazolam; (35) lorazepam; (36) lormetazepam; (37) medazepam; (38) nimetazepam; (39) nitrazepam; (40) nordiazepam; (41) oxazolam; (42) pinazepam; (43) temazepam; (44) tetrazepam; (45) triazolam; (46) midazolam; (47) quazepam; and (48) zolpidem.

(b) Any material, compound, mixture, or preparation which contains any quantity of the following substance, including its salts, isomers, whether optical, position, or geometric, and salts of such isomers, whenever the existence of such salts, isomers, and salts of isomers is possible: Fenfluramine.

(c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including their salts, isomers, whether optical, position, or geometric, and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation: (1) Diethylpropion; (2) phentermine; (3) pemoline, including organometallic complexes and chelates thereof; (4) mazindol; (5) pipradrol; (6) SPA,((-)-1-dimethylamino-1,2-diphenylethane); (7) cathine. Another name for cathine is ((+)-norpseudoephedrine); (8) fencamfamin; (9) fenproporex; and (10) mefenorex.

(d) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following narcotic drugs, or their salts or isomers calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below: (1) Propoxyphene; and (2) not more than one milligram of difenoxin and

not less than twenty-five micrograms of atropine sulfate per dosage unit.

(e) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substance, including its salts: Pentazocine.

(f) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substance, including its salts, isomers, and salts of such isomers: Butorphanol.

(g)(1) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substance, including its salts, optical isomers, and salts of such optical isomers: Ephedrine.

(2) The following drug products containing ephedrine, its salts, optical isomers, and salts of such optical isomers are excepted from subdivision (g)(1) of Schedule IV if they may lawfully be sold over the counter without a prescription under the Federal Food, Drug, and Cosmetic Act; are labeled and marketed in a manner consistent with the pertinent OTC Tentative Final or Final Monograph; are manufactured and distributed for legitimate medicinal use in a manner that reduces or eliminates the likelihood of abuse; and are not marketed, advertised, or labeled for the indication of stimulation, mental alertness, weight loss, muscle enhancement, appetite control, or energy:

(A) Solid oral dosage forms, including soft gelatin capsules, that combine active ingredients in the following ranges for each dosage unit:

(i) Not less than one hundred milligrams nor more than one hundred thirty milligrams of theophylline and not less than twelve and five-tenths milligrams nor more than twenty-four milligrams of ephedrine;

(ii) Not less than sixty milligrams nor more than one hundred milligrams of theophylline, not less than twelve and five-tenths milligrams nor more than twenty-four milligrams of ephedrine, and not less than two hundred milligrams nor more than four hundred milligrams of guaifenesin;

(iii) Not less than twelve and five-tenths milligrams nor more than twenty-five milligrams of ephedrine and not less than two hundred milligrams nor more than four hundred milligrams of guaifenesin; and

(iv) Not more than eight milligrams of phenobarbital in combination with the ingredients of subdivision (g)(2)(A)(i) or (g)(2)(A)(ii) of Schedule IV;

(B) Liquid oral dosage forms that combine active ingredients in the following ranges for each five-milliliter dose:

(i) Not more than forty-five milligrams of theophylline, not more than thirty-six milligrams of ephedrine, not more than one hundred milligrams of guaifenesin, and not more than twelve milligrams of phenobarbital; and

(ii) Not more than five milligrams of phenylephrine, not more than five milligrams of ephedrine, not more than two milligrams of chlorpheniramine, not more than ten milligrams of dextromethorphan, not more than forty milligrams of ammonium chloride, and not more than five one-thousandths of a milligram of ipecac fluid extract; and

(C) Anorectal preparations containing less than five percent ephedrine.

Schedule V

(a) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drug and its salts: (1) Buprenorphine.

(b) Any compound, mixture, or preparation containing any of the following limited quantities of narcotic drugs or salts calculated as the free anhydrous base or alkaloid, which shall include one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone:

(1) Not more than two hundred milligrams of codeine per one hundred milliliters or per one hundred grams;

(2) Not more than one hundred milligrams of dihydrocodeine per one hundred milliliters or per one hundred grams;

(3) Not more than one hundred milligrams of ethylmorphine per one hundred milliliters or per one hundred grams;

(4) Not more than two and five-tenths milligrams of diphenoxylate and not less than twenty-five micrograms of atropine sulfate per dosage unit;

(5) Not more than one hundred milligrams of opium per one hundred milliliters or per one hundred grams; and

(6) Not more than five-tenths milligram of difenoxin and not less than twenty-five micrograms of atropine sulfate per dosage unit.

Sec. 3. Section 37-1254.06, Reissue Revised Statutes of Nebraska,

is amended to read:

37-1254.06. (1) Any physician, registered nurse, other trained person employed by a licensed institution or facility defined in section 71-2017.01, a clinical laboratory certified pursuant to ~~the Nebraska Clinical Laboratories Certification Act~~, the federal Clinical ~~Laboratory~~ Laboratories Improvement Act of 1967, as amended, or Title XVIII or XIX of the federal Social Security Act, as amended, to withdraw human blood for scientific or medical purposes, or a hospital shall be an agent of the State of Nebraska when performing the act of withdrawing blood at the request of a peace officer pursuant to section 37-1254.02. The state shall be liable in damages for any illegal or negligent acts or omissions of such agents in performing the act of withdrawing blood. The agent shall not be individually liable in damages or otherwise for any act done or omitted in performing the act of withdrawing blood at the request of a peace officer pursuant to such section except for acts of willful, wanton, or gross negligence of the agent or of persons employed by such agent.

(2) Any person listed in subsection (1) of this section withdrawing a blood specimen for purposes of section 37-1254.02 shall, upon request, furnish to any law enforcement agency or the person being tested a certificate stating that such specimen was taken in a medically acceptable manner. The certificate shall be signed under oath before a notary public and shall be admissible in any proceeding as evidence of the statements contained in the certificate. The form of the certificate shall be prescribed by the Department of Health and Human Services Regulation and Licensure and such forms shall be made available to the persons listed in subsection (1) of this section.

Sec. 4. Section 44-2847, Revised Statutes Supplement, 1999, is amended to read:

44-2847. (1) Medical review panels shall be concerned only with the determination of the questions set forth in section 44-2843. Such panels shall not consider or report on disputed questions of law.

(2) To provide for uniformity of procedure, the Director of Regulation and Licensure ~~shall~~ may appoint a doctor of medicine from the members of the Board of Medicine and Surgery who ~~shall~~ may sit with each panel as an observer and as an adviser on procedure but without a vote.

Sec. 5. Section 48-1903, Reissue Revised Statutes of Nebraska, is amended to read:

48-1903. Any results of any test performed on the body fluid or breath specimen of an employee, as directed by the employer, to determine the presence of drugs or alcohol shall not be used to deny any continued employment or in any disciplinary or administrative action unless the following requirements are met:

(1) A positive finding of drugs by preliminary screening procedures has been subsequently confirmed by gas chromatography-mass spectrometry or other scientific testing technique which has been or may be approved by the department; and

(2) A positive finding of alcohol by preliminary screening procedures is subsequently confirmed by either:

(a) Gas chromatography with a flame ionization detector or other scientific testing technique which has been or may be approved by the department; or

(b) A breath-testing device operated by a breath-testing-device operator. Nothing in this subdivision shall be construed to preclude an employee from immediately requesting further confirmation of any breath-testing results by a blood sample if the employee voluntarily submits to give a blood sample taken by qualified medical personnel in accordance with the rules and regulations adopted and promulgated by the department. If the confirmatory blood test results do not confirm a violation of the employer's work rules, any disciplinary or administrative action shall be rescinded.

Except for a confirmatory breath test as provided in subdivision (2)(b) of this section, all confirmatory tests shall be performed by a clinic, hospital, or laboratory which is certified licensed pursuant to the federal Clinical Laboratories Improvement Act of 1967, 42 U.S.C. 263a. ~~7 or which is accredited by the College of American Pathologists.~~

Sec. 6. Section 60-4,164.01, Reissue Revised Statutes of Nebraska, is amended to read:

60-4,164.01. (1) Any physician, registered nurse, other trained person employed by a licensed institution or facility defined in section 71-2017.01, a clinical laboratory certified pursuant to ~~the Nebraska Clinical Laboratories Certification Act~~, the federal Clinical ~~Laboratory~~ Laboratories Improvement Act of 1967, as amended, or Title XVIII or XIX of the federal Social Security Act, as amended, to withdraw human blood for scientific or

medical purposes, or a hospital shall be an agent of the State of Nebraska when performing the act of withdrawing blood at the request of a peace officer pursuant to section 60-4,164. The state shall be liable in damages for any illegal or negligent acts or omissions of such agents in performing the act of withdrawing blood. The agent shall not be individually liable in damages or otherwise for any act done or omitted in performing the act of withdrawing blood at the request of a peace officer pursuant to such section except for acts of willful, wanton, or gross negligence of the agent or of persons employed by such agent.

(2) Any person listed in subsection (1) of this section withdrawing a blood specimen for purposes of section 60-4,164 shall, upon request, furnish to any law enforcement agency or the person being tested a certificate stating that such specimen was taken in a medically acceptable manner. The certificate shall be signed under oath before a notary public and shall be admissible in any proceeding as evidence of the statements contained in the certificate. The form of the certificate shall be prescribed by the Department of Health and Human Services Regulation and Licensure and such forms shall be made available to the persons listed in subsection (1) of this section.

Sec. 7. Section 60-6,201, Reissue Revised Statutes of Nebraska, is amended to read:

60-6,201. (1) Any test made under section 60-6,197, if made in conformity with the requirements of this section, shall be competent evidence in any prosecution under a state statute or city or village ordinance involving operating a motor vehicle while under the influence of alcoholic liquor or drugs or involving driving or being in actual physical control of a motor vehicle when the concentration of alcohol in the blood or breath is in excess of allowable levels.

(2) Any test made under section 60-6,211.02, if made in conformity with the requirements of this section, shall be competent evidence in any prosecution involving operating or being in actual physical control of a motor vehicle in violation of section 60-6,211.01.

(3) To be considered valid, tests of blood, breath, or urine made under section 60-6,197 or 60-6,211.02 shall be performed according to methods approved by the Department of Health and Human Services Regulation and Licensure and by an individual possessing a valid permit issued by such department for such purpose, except that a physician, registered nurse, or other trained person employed by a licensed institution or facility which is defined in section 71-2017.01 or clinical laboratory certified pursuant to ~~the Nebraska Clinical Laboratories Certification Act~~, the federal Clinical ~~Laboratory Laboratories~~ Improvement Act of 1967, as amended, or Title XVIII or XIX of the federal Social Security Act to withdraw human blood for scientific or medical purposes, acting at the request of a peace officer, may withdraw blood for the purpose of a test to determine the alcohol concentration or the presence of drugs and no permit from the department shall be required for such person to withdraw blood pursuant to such an order. The department may approve satisfactory techniques or methods to perform such tests and may ascertain the qualifications and competence of individuals to perform such tests and issue permits which shall be subject to termination or revocation at the discretion of the department.

(4) A permit fee may be established by regulation by the department which shall not exceed the actual cost of processing the initial permit. Such fee shall be charged annually to each permitholder. The fees shall be used to defray the cost of processing and issuing the permits and other expenses incurred by the department in carrying out this section. The fee shall be remitted to the State Treasurer for credit to the Department of Health and Human Services Regulation and Licensure Cash Fund as a laboratory service fee.

(5) Relevant evidence shall not be excluded in any prosecution under a state statute or city or village ordinance involving operating a motor vehicle while under the influence of alcoholic liquor or drugs or involving driving or being in actual physical control of a motor vehicle when the concentration of alcohol in the blood, breath, or urine is in excess of allowable levels on the ground that the evidence existed or was obtained outside of this state.

Sec. 8. Section 60-6,202, Reissue Revised Statutes of Nebraska, is amended to read:

60-6,202. (1) Any physician, registered nurse, other trained person employed by a licensed institution or facility defined in section 71-2017.01, a clinical laboratory certified pursuant to ~~the Nebraska Clinical Laboratories Certification Act~~, the federal Clinical ~~Laboratory Laboratories~~ Improvement Act of 1967, as amended, or Title XVIII or XIX of the federal Social Security Act, as amended, to withdraw human blood for scientific or medical purposes,

or a hospital shall be an agent of the State of Nebraska when performing the act of withdrawing blood at the request of a peace officer pursuant to sections 60-6,197 and 60-6,211.02. The state shall be liable in damages for any illegal or negligent acts or omissions of such agents in performing the act of withdrawing blood. The agent shall not be individually liable in damages or otherwise for any act done or omitted in performing the act of withdrawing blood at the request of a peace officer pursuant to such sections except for acts of willful, wanton, or gross negligence of the agent or of persons employed by such agent.

(2) Any person listed in subsection (1) of this section withdrawing a blood specimen for purposes of section 60-6,197 or 60-6,211.02 shall, upon request, furnish to any law enforcement agency or the person being tested a certificate stating that such specimen was taken in a medically acceptable manner. The certificate shall be signed under oath before a notary public and shall be admissible in any proceeding as evidence of the statements contained in the certificate. The form of the certificate shall be prescribed by the Department of Health and Human Services Regulation and Licensure and such forms shall be made available to the persons listed in subsection (1) of this section.

Sec. 9. Section 60-6,204, Reissue Revised Statutes of Nebraska, is amended to read:

60-6,204. Any person arrested for any offense involving the operation or actual physical control of a motor vehicle while under the influence of alcoholic liquor or drugs shall be required to submit to a chemical test or tests of his or her blood, breath, or urine as provided in section 60-6,197 without the preliminary breath test if the arresting peace officer does not have available the necessary equipment for administering a breath test or if the person is unconscious or is otherwise in a condition rendering him or her incapable of testing by a preliminary breath test. Only a physician, registered nurse, or other trained person employed by a licensed institution or facility which is defined in section 71-2017.01 or a clinical laboratory certified pursuant to ~~the Nebraska Clinical Laboratories Certification Act~~, the federal Clinical Laboratory Laboratories Improvement Act of 1967, as amended, or Title XVIII or XIX of the federal Social Security Act to withdraw human blood for scientific or medical purposes, acting at the request of a peace officer, may withdraw blood for the purpose of determining the concentration of alcohol or the presence of drugs, but this limitation shall not apply to the taking of a urine or breath specimen.

Sec. 10. Section 68-1021, Revised Statutes Supplement, 1998, is amended to read:

68-1021. For the purpose of paying medical assistance as defined in sections 68-1002, 68-1006, and 68-1018 to 68-1025, the State of Nebraska hereby accepts and assents to all applicable provisions of Title XIX of the federal Social Security Act, as amended as of ~~September 17, 1998~~ the effective date of this act, and, ~~effective October 17, 1997~~, Title XXI of the federal Social Security Act, as amended as of ~~September 17, 1998~~ the effective date of this act. The Director of Finance and Support is authorized to adopt and promulgate rules and regulations, to enter into agreements, to adopt fee schedules with regard to medical assistance benefits, rehabilitation services, and any other remedial services, and to adopt copayments and deductibles with respect to such benefits and services if the requirements of subsection (4) of section 68-1019 are met.

Sec. 11. Section 68-1050, Reissue Revised Statutes of Nebraska, is amended to read:

68-1050. For purposes of the Managed Care Plan Act:

(1) Commission shall mean the Managed Care Commission established by section 68-1052;

(2) Consumer protection system shall mean a system which includes:

(a) Ensuring consumer protection from provider's financial conflicts of interest in managed care arrangements;

(b) Accommodation of consumer choice in the selection of providers within the scope of efficient care management standards;

(c) Allowance for the designation of appropriate specialists as primary care providers for individuals with chronic conditions requiring specialty care;

(d) Ensuring the confidentiality of consumer records; and

(e) Provision for access to an ombudsman from whom recipients may receive assistance in the enforcement of the protections provided by the act and inclusion of a hearing process to resolve recipient appeals of organized decisions;

(3) Department shall mean the Department of Health and Human Services ~~Finance and Support; Regulation and Licensure~~;

(4) Director shall mean the Director of Regulation and Licensure Finance and Support;

(5) Disproportionate-share hospital shall mean a hospital which, because of geographic location or for other reasons, serves a larger number of program recipients and other low-income individuals than other hospitals;

(6) Managed care system shall mean a system for providing health care services which integrates both the delivery and the financing of health care services in an attempt to provide access to medical services while containing the cost and use of medical care;

(7) Participating provider shall mean a health care provider that provides or arranges for medical assistance services to program recipients directly or indirectly under a managed care system;

(8) Plan shall mean the plan for implementing a managed care system required by sections 68-1056 to 68-1061;

(9) Program shall mean the medical assistance program established by sections 68-1018 to 68-1025;

(10) Program recipient shall mean any person eligible for or receiving benefits under the program; and

(11) Quality protection system shall mean a system which includes:

(a) Provision for utilization review and appeals to be conducted by similarly trained and licensed providers;

(b) Full access by recipients and providers to criteria for health care management and clinical practices used in evaluating care plans;

(c) Requirements for internal and external quality assurance, including measures for performance-based outcomes;

(d) Ensuring a substantial effort by managed care organizations to include existing specialty providers when establishing plans; and

(e) Creation of appropriate financial risks and incentives for providers that are consistent with standards for performance-based quality of care.

Sec. 12. Section 71-168, Revised Statutes Supplement, 1999, is amended to read:

71-168. (1) The department shall enforce the Uniform Licensing Law and for that purpose shall make necessary investigations. Every credentialed person listed under subsection (4) of this section and every member of a professional board shall furnish the department such evidence as he or she may have relative to any alleged violation which is being investigated.

(2) Every credentialed person listed under subsection (4) of this section shall report to the department the name of every person without a credential that he or she has reason to believe is engaged in practicing any profession for which a credential is required by the Uniform Licensing Law. The department may, along with the Attorney General and other law enforcement agencies, investigate such reports or other complaints of unauthorized practice. The professional board may issue an order to cease and desist the unauthorized practice of such profession as a measure to obtain compliance with the applicable credentialing requirements by the person prior to referral of the matter to the Attorney General for action. Practice of such profession without a credential after receiving a cease and desist order is a Class III felony.

(3) Any credentialed person listed under subsection (4) of this section who is required to file a report of loss or theft of a controlled substance to the federal Drug Enforcement Administration shall provide a copy of such report to the department.

(4) Every credentialed person regulated under the Advanced Practice Registered Nurse Practitioner Act, the Emergency Medical Services Act, the Licensed Practical Nurse-Certified Act, the Nebraska Certified Nurse Midwifery Practice Act, the Nebraska Cosmetology Act, the Nurse Practice Act, the Occupational Therapy Practice Act, the Uniform Controlled Substances Act, the Uniform Licensing Law, the Wholesale Drug Distributor Licensing Act, or sections 71-3702 to 71-3715, 71-4701 to 71-4719, or 71-6053 to 71-6068 shall, within thirty days of an occurrence described in this subsection, report to the department in such manner and form as the department may require by rule and regulation whenever he or she:

(a) Has first-hand knowledge of facts giving him or her reason to believe that any person in his or her profession has committed acts indicative of gross incompetence, a pattern of negligent conduct as defined in subdivision (5)(e) of section 71-147, or unprofessional conduct, may be practicing while his or her ability to practice is impaired by alcohol, controlled substances, narcotic drugs, or physical, mental, or emotional disability, or has otherwise violated such regulatory provisions governing the practice of the profession;

(b) Has first-hand knowledge of facts giving him or her reason to

believe that any person in another profession regulated under such regulatory provisions has committed acts indicative of gross incompetence or may be practicing while his or her ability to practice is impaired by alcohol, controlled substances, narcotic drugs, or physical, mental, or emotional disability. The requirement to file a report under subdivision (a) or (b) of this subsection shall not apply (i) to the spouse of the person, (ii) to a practitioner who is providing treatment to such person in a practitioner-patient relationship concerning information obtained or discovered in the course of treatment unless the treating practitioner determines that the condition of the person may be of a nature which constitutes a danger to the public health and safety by the person's continued practice, or (iii) when a credentialed person who is chemically impaired enters the Licensee Assistance Program authorized by section 71-172.01 except as provided in such section; or

(c) Has been the subject of any of the following actions:

(i) Loss of privileges in a hospital or other health care facility due to alleged incompetence, negligence, unethical or unprofessional conduct, or physical, mental, or chemical impairment or the voluntary limitation of privileges or resignation from staff of any health care facility when that occurred while under formal or informal investigation or evaluation by the facility or a committee of the facility for issues of clinical competence, unprofessional conduct, or physical, mental, or chemical impairment;

(ii) Loss of employment due to alleged incompetence, negligence, unethical or unprofessional conduct, or physical, mental, or chemical impairment;

(iii) Adverse judgments, settlements, or awards arising out of professional liability claims, including settlements made prior to suit, or adverse action by an insurance company affecting professional liability coverage. The department may define by rule and regulation what constitutes a settlement that would be reportable when a credentialed person refunds or reduces a fee or makes no charge for reasons related to a patient or client complaint other than costs;

(iv) Denial of a credential or other form of authorization to practice by any state, territory, or jurisdiction, including any military or federal jurisdiction, due to alleged incompetence, negligence, unethical or unprofessional conduct, or physical, mental, or chemical impairment;

(v) Disciplinary action against any credential or other form of permit he or she holds taken by another state, territory, or jurisdiction, including any federal or military jurisdiction, the settlement of such action, or any voluntary surrender of or limitation on any such credential or other form of permit;

(vi) Loss of membership in a professional organization due to alleged incompetence, negligence, unethical or unprofessional conduct, or physical, mental, or chemical impairment; or

(vii) Conviction of any misdemeanor or felony in this or any other state, territory, or jurisdiction, including any federal or military jurisdiction.

(5) A report made to the department under this section shall be confidential and treated in the same manner as complaints and investigative files under subsection (7) of section 71-168.01. Any person making a report to the department under this section except those self-reporting shall be completely immune from criminal or civil liability of any nature, whether direct or derivative, for filing a report or for disclosure of documents, records, or other information to the department under this section. Persons who are members of committees established under sections 25-12,123, 71-2046 to 71-2048, and 71-7901 to 71-7903 or witnesses before such committees shall not be required to report such activities. Any person who is a witness before a committee established under such sections shall not be excused from reporting matters of first-hand knowledge that would otherwise be reportable under this section only because he or she attended or testified before such committee. Documents from original sources shall not be construed as immune from discovery or use in actions under subsection (4) of this section.

Sec. 13. Section 71-168.02, Revised Statutes Supplement, 1998, is amended to read:

71-168.02. (1) A health care facility licensed under section 71-2017.01 or a peer review organization or professional association of a health care profession regulated under the Advanced Practice Registered Nurse Practitioner Act, the Emergency Medical Services Act, the Licensed Practical Nurse-Certified Act, the Nebraska Certified Nurse Midwifery Practice Act, the Nebraska Cosmetology Act, the Nurse Practice Act, the Occupational Therapy Practice Act, the Uniform Controlled Substances Act, the Uniform Licensing Law, the Wholesale Drug Distributor Licensing Act, or sections 71-3702 to

71-3715, 71-4701 to 71-4719, or 71-6053 to 71-6068 shall report to the department, on a form and in the manner specified by the department by rule and regulation, any facts known to them, including, but not limited to, the identity of the practitioner and patient, when the facility, organization, or association:

(a) Has made payment due to adverse judgment, settlement, or award of a professional liability claim against it or a licensee, certificate holder, or registrant, including settlements made prior to suit, arising out of the acts or omissions of the licensee, certificate holder, or registrant; or

(b) Takes action adversely affecting the privileges or membership of a licensee, certificate holder, or registrant in such facility, organization, or association due to alleged incompetence, professional negligence, unprofessional conduct, or physical, mental, or chemical impairment.

The report shall be made within thirty days after the date of the action or event.

(2) A report made to the department under this section shall be confidential and treated in the same manner as complaints and investigative files under subsection (7) of section 71-168.01. The facility, organization, association, or person making such report shall be completely immune from criminal or civil liability of any nature, whether direct or derivative, for filing a report or for disclosure of documents, records, or other information to the department under this section. The reports and information shall be subject to the investigatory and enforcement provisions of the regulatory provisions listed in subsection (1) of this section. Nothing in this subsection shall be construed to require production of records protected by section 25-12,123, 71-2048, or 71-7903 except as otherwise provided in any of such sections.

(3) For purposes of this section, the department shall accept reports made to it under the Nebraska Hospital-Medical Liability Act or in accordance with national practitioner data bank requirements of the federal Health Care Quality Improvement Act of 1986, as amended, and may require a supplemental report to the extent such reports do not contain the information required by rules and regulations of the department.

Sec. 14. Section 71-1,103, Revised Statutes Supplement, 1999, is amended to read:

71-1,103. The following classes of persons shall not be construed to be engaged in the unauthorized practice of medicine:

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

(2) Persons administering ordinary household remedies;

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

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

(5) Physicians and surgeons of the United States Armed Forces or Public Health Service or United States Department of Veterans Affairs when acting in the line of such duty in this state;

(6) Physicians and surgeons who are graduates of an accredited school or college of medicine with the degree of Doctor of Medicine and licensed in another state when incidentally called into this state for consultation with a physician and surgeon licensed in this state;

(7) Physicians and surgeons who are graduates of an accredited school or college of medicine with the degree of Doctor of Medicine and who reside in a state bordering this state and who are duly licensed under the laws thereof to practice medicine and surgery but who do not open an office or maintain or appoint a place to meet patients or to receive calls within this state unless they are performing services described in subdivision (7) of section 71-1,102;

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

(9) Dentists practicing their profession when licensed and practicing in accordance with sections 71-183 to 71-191;

(10) Optometrists practicing their profession when licensed and practicing under and in accordance with sections 71-1,133 to 71-1,136;

(11) Osteopathic physicians practicing their profession if licensed and practicing under and in accordance with sections 71-1,137 and 71-1,141;

(12) Chiropractors practicing their profession if licensed and practicing under sections 71-177 to 71-182;

(13) Podiatrists practicing their profession when licensed and practicing under and in accordance with sections 71-173 to 71-176;

(14) Psychologists practicing their profession when licensed and practicing under and in accordance with sections 71-1,206.01 to 71-1,206.35;

(15) Advanced ~~registered nurse practitioners~~ practice registered nurses and certified registered nurse anesthetists practicing their profession when licensed and practicing under and in accordance with the Advanced Practice Registered Nurse Practitioner Act;

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

(17) Physicians and surgeons who are duly licensed to practice medicine and surgery in another state who have been recommended by the secretary of the board of examiners in the state of licensure and who have been granted temporary practice rights by the Board of Medicine and Surgery, with the approval of the department, for a period not to exceed three months in any twelve-month period;

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

(19) Any other trained person employed by a licensed institution or facility which is defined in section 71-2017.01 or clinical laboratory certified pursuant to ~~the Nebraska Clinical Laboratories Certification Act,~~ the federal Clinical ~~Laboratory~~ Laboratories Improvement Act of 1967, as amended, or Title XVIII or XIX of the federal Social Security Act to withdraw human blood for scientific or medical purposes.

Every act or practice falling within the practice of medicine and surgery as defined not specially excepted in this section shall constitute the practice of medicine and surgery and may be performed in this state only by those licensed by law to practice medicine in Nebraska.

Sec. 15. Section 71-1,132.07, Reissue Revised Statutes of Nebraska, is amended to read:

71-1,132.07. (1) The Board of Nursing is established. The board shall consist of eight registered nurse members, two licensed practical nurse members, and two consumer members, all of whom shall be appointed by the State Board of Health. The registered nurses on the Board of Nursing shall be from the following areas: (a) One practical nurse educator; (b) one associate degree or diploma nurse educator; (c) one baccalaureate nurse educator; (d) two nursing service administrators; (e) two staff nurses; and (f) one clinical nurse specialist, advanced ~~registered nurse practitioner~~ practice registered nurse, certified nurse practitioner-anesthetist, or certified nurse midwife. The nursing service administrators, the staff nurses, and the licensed practical nurses shall be equally representative of acute care, long-term care, and community-based care. All congressional districts shall be equally represented on the board, and each member shall have been a bona fide resident of the congressional district from which he or she is appointed for a period of at least one year prior to the time of the appointment of such member.

(2) The terms of office of all board members shall be staggered terms of four years each as the State Board of Health determines.

(3) At the expiration of the term of any member, the State Board of Health may consult with appropriate professional nursing organizations regarding candidates for appointment. Appointments shall be made on or before December 1 of each year. In order to be considered for reappointment, a candidate must currently meet all criteria for initial appointment. Vacancies occurring on the Board of Nursing shall be filled for the unexpired terms by appointments made by the State Board of Health. No member shall serve more than two consecutive terms on the Board of Nursing. Any board member initially appointed for less than a full term shall be eligible to serve for two additional consecutive full terms.

(4) The State Board of Health shall have power to remove from office at any time any member of the Board of Nursing, after a public hearing pursuant to the Administrative Procedure Act, for physical or mental incapacity to carry out the duties of a board member, for continued neglect of duty, for incompetency, for acting beyond the individual member's scope of authority, for malfeasance in office, for any cause for which a license or

certificate in the member's profession involved may be suspended or revoked, for a lack of licensure or certification in the member's profession, or for other sufficient cause.

(5) All members of the board are immune from individual civil liability while acting within the scope of their duties as board members.

(6) If the entire board, an individual member, or a staff member is sued, the Attorney General shall appoint an attorney to represent the involved parties.

(7) The department shall adopt and promulgate rules and regulations which establish definitions of conflicts of interest for members of the board and which establish procedures in the case such a conflict arises.

Sec. 16. Section 71-1,132.08, Reissue Revised Statutes of Nebraska, is amended to read:

71-1,132.08. (1) Each licensed practical nurse educator on the board shall (a) be a registered nurse currently licensed in the state, (b) have graduated with a baccalaureate degree in nursing or a related field of study, (c) have had a minimum of three years' experience in administration, teaching, or consultation in practical nurse education, and (d) be currently employed as a practical nurse educator.

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

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

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

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

(6) Each consumer member shall (a) not have been involved in providing health care services in this state for at least three years prior to his or her appointment, (b) be of voting age, and (c) be a resident of the state.

(7) The clinical nurse specialist, advanced ~~registered nurse practitioner~~ practice registered nurse, certified nurse practitioner-anesthetist, or certified nurse midwife on the board shall (a) have a minimum of five years' experience in the role and (b) be currently employed in the role and (c) the advanced ~~registered nurse practitioner~~ practice registered nurse, nurse practitioner-anesthetist, or nurse midwife must be currently licensed or certified according to the Advanced Practice Registered Nurse Practitioner Act or the Nebraska Certified Nurse Midwifery Practice Act.

(8) For purposes of this section, current employment means having practiced no less than two thousand hours in the two years preceding appointment.

Sec. 17. Section 71-1,132.11, Revised Statutes Supplement, 1999, is amended to read:

71-1,132.11. The board may adopt, promulgate, and revise, with the approval of the department, such rules and regulations consistent with the Nurse Practice Act as may be necessary to carry the act into effect. All such rules and regulations shall be published and distributed. The board shall:

(1) Adopt reasonable and uniform standards for nursing practice and nursing education;

(2) If requested, issue or decline to issue advisory opinions defining acts which in the opinion of the board are or are not permitted in the practice of nursing as defined in section 71-1,132.05. Such opinions shall be considered informational only and are nonbinding;

(3) Establish rules and regulations for approving and classifying programs preparing practical and professional nurses, taking into consideration administrative and organizational patterns, the curriculum, students, student services, faculty, and instructional resources and

facilities, and provide surveys for each educational program as determined by the board;

(4) Approve educational programs which meet the requirements of the act;

(5) Examine, license, and renew the licenses of duly qualified applicants;

(6) Keep a record of all its proceedings and compile an annual report for distribution;

(7) Develop standards for continued competency of licensees continuing in or returning to practice;

(8) Adopt rules and regulations establishing standards for delegation of nursing activities, including training or experience requirements, competency determination, and nursing supervision;

(9) Make recommendations in accordance with section 71-168.01 regarding licensure and disciplinary dispositions for individuals who have violated the act and upon the grounds provided in the Uniform Licensing Law;

(10) Collect data regarding nursing;

(11) Provide consultation and conduct conferences, forums, studies, and research on nursing practice and education;

(12) Join organizations that develop and regulate the national nursing licensure examinations and exclusively promote the improvement of the legal standards of the practice of nursing for the protection of the public health, safety, and welfare;

(13) Appoint special purpose groups or adhoc groups to advise the board; and

(14) Administer the provisions of the Advanced Practice Registered Nurse Practitioner Act as it applies to certified registered nurse anesthetists and the Nebraska Certified Nurse Midwifery Practice Act.

Sec. 18. Section 71-1,143, Reissue Revised Statutes of Nebraska, is amended to read:

71-1,143. Sections 71-1,142 and 71-1,147 shall not be construed to include:

(1) Persons who sell, offer, or expose for sale completely denatured alcohol or concentrated lye, insecticides, and fungicides in original packages;

(2) Medical practitioners who dispense drugs and medicines as an incident to the practice of their profession, unless the practitioner regularly engages in dispensing such drugs and medicines to his or her patients for which such patients are charged. Except as provided in section 71-1,147.53, a medical practitioner who regularly engages in dispensing drugs and medicines to his or her patients and who charges for such drugs shall obtain a pharmacy permit and comply with all record-keeping, dispensing, labeling, and other requirements of the practice of pharmacy as set forth in this section and sections 71-1,142, 71-1,145 to 71-1,147.01, 71-1,147.03, 71-1,147.07 to 71-1,147.10, 71-1,147.15, 71-1,147.16, and 71-1,147.35 or by federal and state laws as they pertain to the regulation of the practice of pharmacy. Such regular and routine dispensing shall not be considered to be incident to practice, nor may such a practitioner delegate such dispensing to any other person;

(3) Persons who sell, offer, or expose for sale nonprescription drugs or proprietary medicines, the sale of which is not in itself a violation of the law relating to intoxicating liquors;

(4) Medical representatives, detail persons, or persons known by some name of like import, but only to the extent of permitting the relating of pharmaceutical information to health care practitioners;

(5) Licensed veterinarians;

(6) Persons authorized by sections 71-1,147.39 to 71-1,147.61 to dispense authorized refills of oral contraceptives in a public health clinic operating with a drug dispensing permit; and

(7) Advanced registered nurse practitioners practice registered nurses who dispense sample medications which are provided by the manufacturer and are dispensed at no charge to the patient.

Sec. 19. Section 71-1,147.01, Reissue Revised Statutes of Nebraska, is amended to read:

71-1,147.01. No person shall engage in, conduct, or carry on a pharmacy or engage in the practice of pharmacy in this state unless the Department of Health and Human Services Regulation and Licensure has issued a permit to conduct such pharmacy upon the recommendation of the board. Each permit shall be issued to a specific person and for a specific location. Separate permits shall be issued for each of the premises of any business establishment having more than one location.

Nothing contained in this section shall be construed to require a

public or private institution licensed as a hospital by the department which is engaged in the compounding and dispensing of drugs or medicines and the filling of prescriptions of medical practitioners and advanced ~~registered nurse practitioners practice~~ registered nurses for persons registered as patients or confined in the hospital to obtain a permit as provided in sections 71-1,142, 71-1,143, and 71-1,147 to 71-1,147.14, either in the name of the hospital, an employee thereof, or any other person. This exemption from the requirement to obtain a permit to conduct a pharmacy or to engage in the practice of pharmacy as provided in such sections does not include any public or private institution licensed as a hospital by the department which is primarily engaged in the compounding and dispensing of drugs and medicines and the filling of prescriptions of medical practitioners and advanced ~~registered nurse practitioners practice~~ registered nurses for persons not registered as patients or confined to the hospital. This exemption shall not allow such hospital exemption from any other laws of this state or of the United States pertaining to pharmacy and the dispensing of drugs and medicines.

Each public or private hospital which is licensed by the department shall designate a full-time, part-time, or consultant pharmacist licensed in this state as being the pharmacist in charge and responsible for the practice of pharmacy in such hospital. The board or its designated representatives shall have the authority to examine and inspect the practice of pharmacy in any public or private hospital licensed by the department.

Any medical practitioner who regularly engages in the dispensing of drugs or medicinal substances to his or her patients as described in subdivision (2) of section 71-1,143 shall be required to obtain a permit, except that a medical practitioner who dispenses drugs or medicinal substances incident to his or her practice shall not be required to obtain a permit.

Sec. 20. Section 71-1,147.57, Revised Statutes Supplement, 1998, is amended to read:

71-1,147.57. Each person licensed to practice medicine and surgery or as a physician assistant or advanced practice registered nurse and each person certified as a nurse practitioner or nurse midwife who works in a public health clinic operating with a drug dispensing permit shall have two hours of training provided by a licensed, actively practicing pharmacist in the following:

- (1) Procedures for dispensing initial prescriptions and authorized refills of oral contraceptives;
 - (2) Procedures for dispensing approved drugs and devices;
 - (3) Federal and state laws regarding drug dispensing;
 - (4) Proper labeling of oral contraceptives and approved drugs and devices;
 - (5) Proper record keeping of initial and refilled prescriptions;
 - (6) Use of Volumes I and II of the United States Pharmacopeia-Dispensing Information;
 - (7) Proper pharmacist referral;
 - (8) Procedures for reaching the on-call pharmacist;
 - (9) Storage and security of approved formulary drugs and devices;
- and

- (10) Patient information.

Sec. 21. Section 71-1,147.58, Revised Statutes Supplement, 1998, is amended to read:

71-1,147.58. Each person licensed as a registered nurse or licensed practical nurse who is not licensed as an advanced practice registered nurse or certified as a nurse practitioner or nurse midwife and who works in a public health clinic operating with a drug dispensing permit shall have eight hours of training provided by a licensed, actively practicing pharmacist in the following:

- (1) Procedures for dispensing initial prescriptions and authorized refills of oral contraceptives;
- (2) Procedures for dispensing approved drugs and devices;
- (3) Federal and state laws regarding drug dispensing;
- (4) Proper labeling of oral contraceptives and approved drugs and devices;
- (5) Proper record keeping of initial and refilled prescriptions;
- (6) The actions, drug interactions, and effects of oral contraceptives and approved drugs and devices;
- (7) Use of Volumes I and II of the United States Pharmacopeia-Dispensing Information;
- (8) Proper pharmacist referral;
- (9) Procedures for reaching the on-call pharmacist;
- (10) Storage and security of approved formulary drugs and devices;

and

(11) Patient information.

Sec. 22. Section 71-1,160, Reissue Revised Statutes of Nebraska, is amended to read:

71-1,160. The board may direct the issuing of a license without a written examination to a qualified applicant who furnishes satisfactory proof that he or she is a graduate of an accredited veterinary school and who:

(1) Has for one year prior to filing his or her application been a practicing veterinarian licensed in a state, territory, or district of the United States having license requirements, at the time the applicant was first licensed, which were substantially equivalent to the requirements of the Nebraska Veterinary Practice Act; or

(2) Has prior to filing his or her application successfully completed and passed ~~the an examination conducted by the National Board of Veterinary Examiners~~ approved by the board.

At its discretion, the board may orally or practically examine any person qualifying for licensing under this section.

Sec. 23. Section 71-1,198, Revised Statutes Supplement, 1998, is amended to read:

71-1,198. For purposes of sections 71-1,198 to 71-1,205, unless the context otherwise requires:

(1) Law enforcement agency means any governmental agency charged by law with carrying out any of the regulatory provisions or any person authorized by law to make arrests within the State of Nebraska;

(2) Practitioner means any person required to be licensed, certified, or registered under the regulatory provisions, whether or not such person is so licensed, certified, or registered; and

(3) Regulatory provisions means the Advanced Practice Registered Nurse Practitioner Act, the Emergency Medical Services Act, the Licensed Practical Nurse-Certified Act, the Nebraska Certified Nurse Midwifery Practice Act, the Nebraska Cosmetology Act, the Nurse Practice Act, the Occupational Therapy Practice Act, the Uniform Controlled Substances Act, the Uniform Licensing Law, the Wholesale Drug Distributor Licensing Act, or sections 71-3702 to 71-3715, 71-4701 to 71-4719, or 71-6053 to 71-6068.

Sec. 24. Section 71-1,339, Revised Statutes Supplement, 1998, is amended to read:

71-1,339. Beginning July 1, 1995, the clerk of any county or district court in this state shall report to the Department of Health and Human Services Regulation and Licensure the conviction of any person licensed, certified, or registered by the department under the Advanced Practice Registered Nurse Practitioner Act, the Emergency Medical Services Act, the Licensed Practical Nurse-Certified Act, the Nebraska Certified Nurse Midwifery Practice Act, the Nebraska Cosmetology Act, the Nurse Practice Act, the Occupational Therapy Practice Act, the Uniform Controlled Substances Act, the Uniform Licensing Law, the Wholesale Drug Distributor Licensing Act, or sections 71-3702 to 71-3715, 71-4701 to 71-4719, or 71-6053 to 71-6068 of any felony or of any misdemeanor involving the use, sale, distribution, administration, or dispensing of a controlled substance, alcohol or chemical impairment, or substance abuse and shall also report a judgment against any such licensee, certificate holder, or registrant arising out of a claim of professional liability. The Attorney General or city or county prosecutor prosecuting any such criminal action and plaintiff in any such civil action shall provide the court with information concerning the licensure, certification, or registration of the defendant or party. Notice to the department shall be filed within thirty days after the date of conviction or judgment in a manner agreed to by the Director of Regulation and Licensure and the State Court Administrator.

Sec. 25. Section 71-541, Revised Statutes Supplement, 1998, is amended to read:

71-541. A physician, ~~a nurse practitioner,~~ an advanced practice registered nurse, a physician assistant, a pharmacist, a licensed health care facility, a public immunization clinic, a local or district health department, the Department of Health and Human Services, the Department of Health and Human Services Regulation and Licensure, and the Department of Health and Human Services Finance and Support may share immunization information which is not restricted under section 71-540. The unrestricted immunization information shared may include, but is not limited to, the patient's name, date of birth, dates and vaccine types administered, and any immunization information obtained from other sources.

Sec. 26. Section 71-1704, Reissue Revised Statutes of Nebraska, is amended to read:

71-1704. Sections 71-1704 to 71-1737 shall be known and may be

cited as the Advanced Practice Registered Nurse Practitioner Act.

Sec. 27. Section 71-1705, Reissue Revised Statutes of Nebraska, is amended to read:

71-1705. The Legislature finds and declares that:

(1) Because of the geographic maldistribution of health care services in Nebraska it is necessary to utilize the skills and proficiency of existing health professionals more efficiently;

(2) It is necessary to encourage the more effective utilization of the skills of registered nurses by enabling them to perform in advanced roles in nursing; and

(3) The Advanced Practice Registered Nurse Practitioner Act and the Nurse Practice Act are established to encourage registered nurses to perform in advanced roles in nursing.

Sec. 28. Section 71-1706, Reissue Revised Statutes of Nebraska, is amended to read:

71-1706. For purposes of the Advanced Practice Registered Nurse Practitioner Act, unless the context otherwise requires and except as provided in section 71-1729, the definitions provided in sections 71-1707 to 71-1717 shall apply.

Sec. 29. Section 71-1707, Reissue Revised Statutes of Nebraska, is amended to read:

71-1707. Advanced practice registered nurse ~~practitioner shall mean~~ means a registered nurse who meets the requirements established in section 71-1722 and who holds a current license as an advanced practice registered nurse ~~practitioner~~ issued by the department.

Sec. 30. Section 71-1708, Reissue Revised Statutes of Nebraska, is amended to read:

71-1708. Board ~~shall mean~~ means the Board of Advanced ~~Registered Nurse Practitioners~~ Practice Registered Nurses.

Sec. 31. Section 71-1709.01, Reissue Revised Statutes of Nebraska, is amended to read:

71-1709.01. Boards ~~shall mean~~ means the Board of Advanced ~~Registered Nurse Practitioners~~ Practice Registered Nurses and the Board of Nursing of the State of Nebraska.

Sec. 32. Section 71-1709.02, Reissue Revised Statutes of Nebraska, is amended to read:

71-1709.02. Consultation ~~shall mean~~ means a process whereby an advanced practice registered nurse ~~practitioner~~ seeks the advice or opinion of a physician or another health care practitioner.

Sec. 33. Section 71-1710, Reissue Revised Statutes of Nebraska, is amended to read:

71-1710. Department ~~shall mean~~ means the Department of Health and Human Services Regulation and Licensure.

Sec. 34. Section 71-1712, Reissue Revised Statutes of Nebraska, is amended to read:

71-1712. Licensed practitioner ~~shall mean~~ means any podiatrist, dentist, physician, or osteopathic physician licensed to prescribe, diagnose, and treat as provided in section 71-173, 71-183, 71-1,102, or 71-1,137.

Sec. 35. Section 71-1714, Reissue Revised Statutes of Nebraska, is amended to read:

71-1714. Preceptorship ~~shall mean~~ means the clinical practice component of an educational program for the preparation of advanced ~~registered nurse practitioners~~ practice registered nurses.

Sec. 36. Section 71-1716, Reissue Revised Statutes of Nebraska, is amended to read:

71-1716. Collaboration ~~shall mean~~ means a process and relationship in which an advanced practice registered nurse, ~~practitioner shall,~~ together with other health professionals, ~~deliver~~ delivers health care within the scope of authority of the various clinical specialty practices.

Sec. 37. Section 71-1716.01, Reissue Revised Statutes of Nebraska, is amended to read:

71-1716.01. Approved certifying body ~~shall mean~~ means a national certification organization which certifies qualified licensed nurses for advanced practice in a clinical specialty area and which (1) requires eligibility criteria related to education and practice, (2) offers an examination in an advanced nursing area which meets current psychometric guidelines and tests, and (3) is approved by the board.

Sec. 38. Section 71-1716.02, Reissue Revised Statutes of Nebraska, is amended to read:

71-1716.02. Approved certification program ~~shall mean~~ means a certification process for advanced practice registered nurses ~~registered nurse practitioners~~ utilized by an approved certifying body that (1) requires

evidence of completion of a formal program of study in an advanced practice registered nurse ~~practitioner~~ clinical specialty, (2) requires successful completion of a nationally recognized certification examination developed by the approved certifying body, (3) provides an ongoing recertification program, and (4) is approved by the board.

Sec. 39. Section 71-1716.03, Reissue Revised Statutes of Nebraska, is amended to read:

71-1716.03. Integrated practice agreement ~~shall mean~~ means a written agreement between an advanced practice registered nurse ~~practitioner~~ and a collaborating physician in which the advanced practice registered nurse ~~practitioner~~ and the collaborating physician provide for the delivery of health care through an integrated practice. The integrated practice agreement shall provide that the advanced practice registered nurse ~~practitioner~~ and the collaborating physician will practice collaboratively within the framework of their respective scopes of practice. Each provider shall be responsible for his or her individual decisions in managing the health care of patients. Integrated practice includes consultation, collaboration, and referral.

The advanced practice registered nurse ~~practitioner~~ and the collaborating physician shall have joint responsibility for patient care, based upon the scope of practice of each practitioner. The collaborating physician shall be responsible for supervision of the advanced practice registered nurse ~~practitioner~~ to ensure the quality of health care provided to patients.

For purposes of this section:

(1) Collaborating physician ~~shall mean~~ means a physician or osteopathic physician licensed in Nebraska and practicing in the same geographic area and practice specialty, related specialty, or field of practice as the advanced practice registered nurse; ~~and practitioner; and~~

(2) Supervision ~~shall mean~~ means the ready availability of the collaborating physician for consultation and direction of the activities of the advanced practice registered nurse ~~practitioner~~ within the advanced practice registered nurse ~~practitioner's~~ nurse's defined scope of practice.

Sec. 40. Section 71-1716.05, Reissue Revised Statutes of Nebraska, is amended to read:

71-1716.05. Referral ~~shall mean~~ means a process whereby the advanced practice registered nurse ~~practitioner~~ directs the patient to a physician or other health care practitioner for management of a particular problem or aspect of the patient's care.

Sec. 41. Section 71-1717, Reissue Revised Statutes of Nebraska, is amended to read:

71-1717. Approved advanced practice registered nurse ~~practitioner~~ program ~~shall mean~~ means a program which:

(1) ~~Is~~ ~~(1)~~ ~~is~~ a minimum of one full-time academic year or nine months in length and includes both a didactic component and a preceptorship of five hundred contact hours;

(2) ~~Includes, and~~ ~~(2)~~ ~~includes,~~ but is not limited to, instruction in biological, behavioral, and health sciences relevant to practice as an advanced practice registered nurse ~~practitioner~~ in a specific clinical area; ~~and~~

(3) ~~Except for the specialities of women's health and neonatal, grants a post-master certificate, master's degree, or doctoral degree for all applicants who graduated on or after July 19, 1996, and granted a master's or doctoral degree, post-master certificate, or diploma for all applicants who graduated prior to July 19, 1996. A post-master certificate, a master's degree, or a doctoral degree is not required for programs in the speciality of women's health or neonatal.~~

Sec. 42. Section 71-1718.01, Reissue Revised Statutes of Nebraska, is amended to read:

71-1718.01. (1) The Board of Advanced Practice Registered Nurses ~~Registered Nurse Practitioners~~ is established. The purpose of the board is to (a) provide for the health, safety, and welfare of the citizens, (b) ensure that licensees serving the public meet minimum standards of proficiency and competency, and (c) control the profession in the interest of consumer protection. The Board of Advanced Practice Registered Nurses is the direct and only successor to the Board of Advanced Registered Nurse Practitioners.

(2) The board shall consist of ~~(1)~~ (a) five advanced ~~registered nurse practitioners~~ practice registered nurses representing different advanced practice registered nurse ~~practitioner~~ specialties for which a license has been issued, ~~(2)~~ (b) five physicians licensed under the Uniform Licensing Law to practice medicine in Nebraska, at least three of whom shall have a current collaborating relationship with an advanced practice registered nurse, (c) ~~three practitioner,~~ ~~(3)~~ ~~one consumer member~~ members, and ~~(4)~~ (d) one licensed

pharmacist.

(3) The members of the board shall be appointed by the State Board of Health. ~~Three advanced registered nurse practitioners and three physicians shall be appointed for initial terms of two years, and the remaining members shall be appointed for initial terms of four years. Thereafter members~~ Members shall be appointed for terms of four years. At the expiration of the term of any member, the State Board of Health may consult with appropriate professional organizations regarding candidates for appointment to the Board of Advanced ~~Registered Nurse Practitioners Practice Registered Nurses~~. Upon expiration of terms, appointments or reappointments shall be made on or before December 1 of each year. Vacancies on the Board of Advanced ~~Registered Nurse Practitioners Practice Registered Nurses~~ shall be filled for the unexpired term by appointments made by the State Board of Health. No member shall serve more than two consecutive terms on the Board of Advanced ~~Registered Nurse Practitioners Practice Registered Nurses~~.

(4) The State Board of Health has power to remove from office any member of the Board of Advanced ~~Registered Nurse Practitioners Practice Registered Nurses~~, after a public hearing pursuant to the Administrative Procedure Act, for physical or mental incapacity to carry out the duties of a board member, for continued neglect of duty, for incompetence, for acting beyond the individual member's scope of authority, for malfeasance in office, for any cause for which a license or certificate in the member's profession involved may be suspended or revoked, for a lack of licensure or certification in the member's profession, or for other sufficient cause.

(5) Each member of the Board of Advanced ~~Registered Nurse Practitioners Practice Registered Nurses~~ shall receive a per diem of thirty dollars per day for each day the member is actually engaged in the discharge of his or her official duties and shall be reimbursed for travel, lodging, and other necessary expenses incurred as a member of the board pursuant to sections 81-1174 to 81-1177.

(6) The department shall adopt and promulgate rules and regulations which define conflicts of interest for members of the Board of Advanced ~~Registered Nurse Practitioners Practice Registered Nurses~~ and which establish procedures in case such a conflict arises.

Sec. 43. Section 71-1718.02, Reissue Revised Statutes of Nebraska, is amended to read:

71-1718.02. The Board of Advanced ~~Registered Nurse Practitioners Practice Registered Nurses~~ shall:

(1) Establish standards for integrated practice agreements between advanced ~~registered nurse practitioners practice registered nurses~~ and collaborating physicians;

(2) Monitor the scope of practice by advanced ~~registered nurse practitioners practice registered nurses~~ and advise the Board of Nursing in matters pertaining to the scope of practice of advanced ~~registered nurse practitioners practice registered nurses~~; and

(3) Adopt, promulgate, and revise, with the approval of the department and the Board of Nursing, rules and regulations as may be necessary to carry the Advanced ~~Practice Registered Nurse Practitioner~~ Act into effect. Such regulations shall include: Approved certification organizations and approved certification programs; continued competence; grounds for discipline; licensure, renewal, and reinstatement requirements; fees; professional liability insurance; and conflict of interest for board members.

Sec. 44. Section 71-1721, Reissue Revised Statutes of Nebraska, is amended to read:

71-1721. An advanced practice registered nurse ~~practitioner~~ may provide health care services within specialty areas. An advanced practice registered nurse ~~practitioner~~ shall function by establishing collaborative, consultative, and referral networks as appropriate with other health care professionals. Patients who require care beyond the scope of practice of an advanced practice registered nurse ~~practitioner~~ shall be referred to an appropriate health care provider. Advanced practice registered nurse ~~practitioner~~ practice ~~shall mean~~ means health promotion, health supervision, illness prevention and diagnosis, treatment, and management of common health problems and chronic conditions, including:

(1) Assessing patients, ordering diagnostic tests and therapeutic treatments, synthesizing and analyzing data, and applying advanced nursing principles;

(2) Dispensing, incident to practice only, sample medications which are provided by the manufacturer and are provided at no charge to the patient; and

(3) Prescribing therapeutic measures and medications, except controlled substances listed in Schedule II of section 28-405 not otherwise

provided for in this section, related to health conditions within the scope of practice. An advanced practice registered nurse ~~practitioner~~ may prescribe controlled substances listed in Schedule II of section 28-405 used for pain control for a maximum seventy-two-hour supply if any subsequent renewal of such prescription is by a licensed physician.

Sec. 45. Section 71-1721.07, Reissue Revised Statutes of Nebraska, is amended to read:

71-1721.07. The department shall, after consultation with the boards, adopt and promulgate rules and regulations to carry out the Advanced Practice Registered Nurse ~~Practitioner~~ Act.

Sec. 46. Section 71-1722, Revised Statutes Supplement, 1998, is amended to read:

71-1722. Requirements for licensure as an advanced practice registered nurse ~~practitioner~~ shall be the following:

- (1) A license as a registered nurse in the State of Nebraska;
- (2) A completed application which includes the applicant's social security number;
- (3) A licensure fee;
- (4) Evidence of having successfully completed an approved advanced practice registered nurse ~~practitioner~~ program;
- (5) Evidence of having successfully completed thirty contact hours of education in pharmacotherapeutics;
- (6) Submission of proof of having passed an examination pertaining to the specific advanced practice registered nurse ~~practitioner~~ role in nursing adopted or approved by the boards with the approval of the department. Such examination may include any recognized national credentialing examination for advanced ~~registered nurse practitioners~~ practice registered nurses conducted by an approved certifying body which administers an approved certification program; and
- (7) If more than five years have elapsed since the completion of the advanced practice registered nurse ~~practitioner~~ program or since the applicant has practiced in the specific advanced practice registered nurse ~~practitioner~~ role, the applicant shall meet the requirements in subdivisions (1) through (6) of this section and provide evidence of continuing clinical competence, as may be determined by the boards, by a means identified in section 71-1724.02.

Sec. 47. Section 71-1723, Reissue Revised Statutes of Nebraska, is amended to read:

71-1723. (1) Anyone fulfilling the requirements listed in section 71-1722 shall be issued a license as an advanced practice registered nurse ~~practitioner~~ by the department.

(2) If an applicant for an initial license files an application for licensure within ninety days prior to the biennial renewal date of the license, the applicant may either:

- (a) Request that the department delay the processing of the application and the issuance of the license until the biennial renewal date and pay only the fee for initial licensure; or
- (b) Request that a license which will be valid until the next subsequent renewal date be issued immediately and pay the fee for initial licensure and an additional fee of one-fourth of the biennial fee.

Sec. 48. Section 71-1723.01, Reissue Revised Statutes of Nebraska, is amended to read:

71-1723.01. A person licensed as an advanced registered nurse practitioner in this state on the effective date of this act shall be deemed to be licensed as an advanced practice registered nurse. A person licensed to practice as an advanced practice registered nurse ~~practitioner~~ in this state may use the title advanced practice registered nurse ~~practitioner~~ and the abbreviation ARNP APRN. ~~A person certified as a nurse practitioner before July 19, 1996, may use the abbreviation ARNP, and the department shall issue a license as an advanced registered nurse practitioner to such persons.~~

Sec. 49. Section 71-1723.02, Reissue Revised Statutes of Nebraska, is amended to read:

71-1723.02. (1) An advanced practice registered nurse ~~practitioner~~ (a) who has a master's degree or doctorate degree in nursing and has completed an approved advanced practice registered nurse ~~practitioner~~ program, (b) who can demonstrate separate course work in pharmacotherapeutics, advanced health assessment, and pathopsychology or psychopathology, and (c) who has completed a minimum of two thousand hours of practice under the supervision of a physician shall (i) submit to the department an integrated practice agreement with a collaborating physician and (ii) furnish proof of professional liability insurance required under section 71-1723.04 prior to commencing practice.

(2) An advanced practice registered nurse ~~practitioner~~ who intends

to practice the clinical specialty of neonatal or women's health and who does not meet the education and training requirements of subsection (1) of this section or an advanced practice registered nurse ~~practitioner~~ who needs to obtain the two thousand hours of supervised practice required under subdivision (1)(c) of this section shall (a) submit to the department one or more integrated practice agreements with a collaborating physician, (b) furnish proof of jointly approved protocols with a collaborating physician which shall guide the ~~nurse practitioner's~~ advanced practice registered nurse's practice, and (c) furnish proof of professional liability insurance required under section 71-1723.04.

(3) If, after a diligent effort to obtain an integrated practice agreement, an advanced practice registered nurse ~~practitioner~~ is unable to obtain an integrated practice agreement with one physician, the Board of ~~Advanced Registered Nurse Practitioners Practice Registered Nurses~~ may waive the requirement of an integrated practice agreement upon a showing that the applicant (a) meets the requirements of subsection (1) of this section, (b) has made a diligent effort to obtain an integrated practice agreement, and (c) will practice in a geographic area where there is a shortage of health care services.

Sec. 50. Section 71-1723.03, Reissue Revised Statutes of Nebraska, is amended to read:

71-1723.03. Nothing in the Advanced Practice Registered Nurse ~~Practitioner~~ Act shall prohibit an advanced practice registered nurse ~~practitioner~~ from consulting or collaborating with and referring patients to health care providers not included in the ~~practitioner's~~ advanced practice registered nurse's integrated practice agreement.

Sec. 51. Section 71-1723.04, Reissue Revised Statutes of Nebraska, is amended to read:

71-1723.04. (1) ~~On and after January 17, 1997,~~ advanced registered nurse practitioners ~~Advanced practice registered nurses~~ shall maintain in effect professional liability insurance with such coverage and limits as may be established by the board.

(2) If an advanced practice registered nurse ~~practitioner~~ renders services in a hospital or other health care facility, he or she shall be subject to the rules and regulations of that facility. Such rules and regulations may include, but need not be limited to, reasonable requirements that the advanced practice registered nurse ~~practitioner~~ and all collaborating licensed practitioners maintain professional liability insurance with such coverage and limits as may be established by the hospital or other health care facility upon the recommendation of the medical staff.

Sec. 52. Section 71-1724, Reissue Revised Statutes of Nebraska, is amended to read:

71-1724. Renewal of a license as an advanced practice registered nurse ~~practitioner~~ shall be at the same time and in the same manner as renewal of a license as a registered nurse and shall require:

- (1) A license as a registered nurse in the State of Nebraska;
- (2) Documentation of continued clinical competence pursuant to section 71-1724.02;
- (3) Documentation of forty contact hours of continuing education in the clinical specialty area within the previous two years, ten hours of which shall be in pharmacotherapeutics. These continuing education hours shall fulfill the requirements of continuing education required for registered nurse renewal;
- (4) Documentation of a minimum of two thousand eighty hours of practice as an advanced practice registered nurse ~~practitioner~~ within the five years immediately preceding renewal. These practice hours shall fulfill the requirements of the practice hours required for registered nurse renewal;
- (5) Proof of current certification in the specific advanced practice clinical specialty area by an approved certification program; and
- (6) Payment of a biennial licensure fee.

Sec. 53. Section 71-1724.01, Reissue Revised Statutes of Nebraska, is amended to read:

71-1724.01. The department may grant a temporary permit as an advanced practice registered nurse ~~practitioner~~ upon application:

- (1) To graduates of an approved advanced practice registered nurse ~~practitioner~~ program pending results of the first credentialing examination following graduation;
- (2) For one hundred twenty days to advanced ~~registered nurse practitioners~~ practice registered nurses lawfully authorized to practice in another state pending completion of the application for a Nebraska license; and
- (3) To applicants for purposes of a reentry program or supervised

practice as provided in subsection (2) of section 71-1724.02.

Sec. 54. Section 71-1724.02, Reissue Revised Statutes of Nebraska, is amended to read:

71-1724.02. (1) Continued competence requirements shall apply to:

(a) A licensee seeking to renew an advanced practice registered nurse ~~practitioner~~ license;

(b) A licensee seeking to reinstate from lapsed status an advanced practice registered nurse ~~practitioner~~ license;

(c) An applicant for licensure as an advanced practice registered nurse ~~practitioner~~ who has been authorized by another state to practice in an advanced role; and

(d) An applicant for licensure as an advanced practice registered nurse ~~practitioner~~ who has not practiced in that role during the five years immediately preceding application.

(2) Continued competence may be demonstrated by continuing education, continuing practice, national recertification, a reentry program, peer review including patient care outcomes, supervised practice, or examination approved by the board.

Sec. 55. Section 71-1725, Reissue Revised Statutes of Nebraska, is amended to read:

71-1725. A license to practice as an advanced practice registered nurse ~~practitioner~~ may be denied, refused renewal, revoked, suspended, or disciplined in any other manner for any violation of the Advanced Practice Registered Nurse ~~Practitioner~~ Act, for physical or mental disability or incapacity, for gross incompetence, or for any reason for which a license to practice as a registered nurse could be denied, revoked, or suspended. The methods and procedures for notice of hearing, opportunity for hearing, presentation of evidence, conduct of hearing, reinstatement of license, and related matters in such instance shall be the same as those pertaining to the denial, revocation, or suspension of a license to practice as a registered nurse. Any decision to deny, refuse renewal of, revoke, or suspend a license to practice as an advanced practice registered nurse ~~practitioner~~ may be appealed. The appeal shall be in accordance with the Administrative Procedure Act.

Sec. 56. Section 71-1725.01, Reissue Revised Statutes of Nebraska, is amended to read:

71-1725.01. (1) An advanced ~~registered nurse practitioner's~~ practice registered nurse's license lapses if he or she (a) does not have a current license to practice as a registered nurse or has had his or her license to practice as a registered nurse denied, refused renewal, suspended, or revoked or (b) renews his or her license to practice as a registered nurse but does not renew his or her license to practice as an advanced ~~registered nurse practitioner~~ practice registered nurse.

(2) When a license to practice as an advanced practice registered nurse ~~practitioner~~ lapses, the right of the person whose license has lapsed to represent himself or herself as a licensee and to practice the activities for which a license is required terminates. To restore the license to active status, the person shall meet the requirements for renewal which are in effect at the time that he or she wishes to restore the license and shall pay the renewal fee and an additional fee.

Sec. 57. Section 71-1726, Reissue Revised Statutes of Nebraska, is amended to read:

71-1726. Any person practicing as an advanced practice registered nurse ~~practitioner~~ who is not currently licensed as such by the department and who possesses a current license to engage in any health profession for which a license is issued by the department may have such license denied, refused renewal, suspended, or revoked or have other disciplinary action taken against him or her by the department pursuant to the provisions of Chapter 71, article 1, relating to such profession, irrespective of any criminal proceedings for practicing without a license.

Sec. 58. Section 71-1726.01, Reissue Revised Statutes of Nebraska, is amended to read:

71-1726.01. The Advanced Practice Registered Nurse ~~Practitioner~~ Act does not prohibit the performance of activities of an advanced practice registered nurse ~~practitioner~~ by an unlicensed person if performed:

(1) In an emergency situation;

(2) By a legally qualified person from another state employed by the United States Government and performing official duties in this state;

(3) By a person enrolled in an approved advanced practice registered nurse ~~practitioner~~ program for the preparation of advanced ~~registered nurse practitioners~~ practice registered nurses as part of that approved program; and

(4) By a person holding a temporary permit pursuant to section

71-1724.01.

Sec. 59. Section 71-1726.02, Reissue Revised Statutes of Nebraska, is amended to read:

71-1726.02. Any person, corporation, association, or other entity engaging in any of the following activities is guilty of a Class IV felony:

(1) Practicing as an advanced practice registered nurse ~~practitioner~~ without being issued a license as such by the department;

(2) Employing or offering to employ any person as an advanced ~~registered nurse practitioner practice~~ registered nurse, knowing that such person is not licensed as such by the department;

(3) Fraudulently seeking, obtaining, or furnishing a license as an advanced practice registered nurse ~~practitioner~~ or aiding and abetting such activities; or

(4) Using in connection with his or her name the title advanced ~~registered nurse practitioner practice~~ registered nurse, the abbreviation ~~ARNP~~ APRN, or any other designation tending to imply that he or she is an advanced practice registered nurse ~~practitioner~~ licensed by the department when such person is not an advanced ~~registered nurse practitioner practice~~ registered nurse.

Sec. 60. Section 71-1727, Reissue Revised Statutes of Nebraska, is amended to read:

71-1727. (1) All fees received pursuant to sections 71-1704 to 71-1727 shall be processed in the same manner as fees received pursuant to the Nurse Practice Act.

(2) The department shall, by rules and regulations, set the fees to be paid:

(a) By an applicant for a license to practice as an advanced ~~registered nurse practitioner practice~~ registered nurse, but the fee shall not be in excess of five hundred dollars;

(b) By an applicant for renewal of a license, but the fee shall not be in excess of four hundred dollars;

(c) By an applicant for renewal of a license who fails to pay the renewal fee on or before the license expiration date, an additional fee of fifty dollars;

(d) By an applicant for reinstatement of a license from lapsed status, the current renewal fee and an additional fee of fifty dollars;

(e) For a certified statement that a licensee is or has been licensed in this state, but the fee shall not be in excess of fifty dollars;

(f) For written verification that a licensee is licensed in this state, but the fee shall not be in excess of ten dollars; and

(g) For a duplicate or reissued original license or certificate, but the fee shall not be in excess of ten dollars.

~~(3) Until July 1, 1997, the following fees shall be in effect:~~

~~(a) By an applicant for a license to practice as an advanced registered nurse practitioner, a fee of two hundred dollars;~~

~~(b) By an applicant for renewal of a license, a fee of two hundred fifty dollars;~~

~~(c) By an applicant for renewal of a license who fails to pay the renewal fee on or before the license expiration date, an additional fee of fifty dollars;~~

~~(d) By an applicant for reinstatement of a license from lapsed status, a renewal fee of two hundred fifty dollars and an additional fee of fifty dollars;~~

~~(e) For a certified statement that a licensee is or has been licensed in this state, a fee of twenty-five dollars;~~

~~(f) For written verification that a licensee is licensed in this state, a fee of five dollars; and~~

~~(g) For a duplicate or reissued original license, a fee of five dollars.~~

Sec. 61. Section 71-1735, Revised Statutes Supplement, 1999, is amended to read:

71-1735. (1) The procedure for biennial recertification as a certified registered nurse anesthetist shall be at the same time and in the same manner as renewal of a license as a registered nurse and shall require:

(a) A license as a registered nurse in the State of Nebraska;

(b) Documentation of continued clinical competence, if deemed necessary by the Board of Nursing and Board of Medicine and Surgery, either by reference, peer review, or examination; and

(c) Payment of a biennial recertification fee not in excess of thirty dollars.

(2) Violations of the Advanced Practice Registered Nurse ~~Practitioner~~ Act shall be dealt with in the manner prescribed in sections

71-1725, 71-1726, and 71-1737.

(3) All fees received pursuant to sections ~~71-1727~~ 71-1729 to 71-1737 shall be processed in the same manner as fees received pursuant to the Nurse Practice Act.

Sec. 62. Section 71-1774, Revised Statutes Supplement, 1999, is amended to read:

71-1774. For purposes of the Licensed Practical Nurse-Certified Act:

(1) Administration includes observing, initiating, monitoring, discontinuing, maintaining, regulating, adjusting, documenting, assessing, planning, intervening, and evaluating;

(2) Approved certification course means a course for the education and training of a licensed practical nurse-certified which the board has approved;

(3) Board means the Board of Nursing;

(4) ~~Delegation means the decision by a registered nurse to give the responsibility for the performance of an act or procedure to a licensed practical nurse-certified;~~

~~(5)~~ Department means the Department of Health and Human Services Regulation and Licensure;

~~(6)~~ (5) Direct supervision means that the responsible licensed practitioner or registered nurse is physically present in the clinical area and retains accountability for patient care is available to assess, evaluate, and respond immediately;

~~(7)~~ (6) Initial venipuncture means the initiation of intravenous therapy based on a new order from a licensed practitioner for an individual for whom a previous order for intravenous therapy was not in effect;

~~(8)~~ (7) Intravenous therapy means the therapeutic infusion or injection of substances through the venous system;

~~(9)~~ (8) Licensed practical nurse-certified means a licensed practical nurse who meets the standards established pursuant to section 71-1777 and who holds a valid certificate issued by the department pursuant to the act;

~~(10)~~ (9) Licensed practitioner means any person authorized by state law to prescribe intravenous therapy and nasogastric tube insertion;

~~(11)~~ (10) Nasogastric tube insertion means the placing of a tube via the nares or mouth into the stomach; and

~~(12)~~ (11) Pediatric patient means a patient who is both younger than eighteen years old and who weighs under the weight of thirty-five kilograms. ~~or less.~~

Sec. 63. Section 71-1775, Reissue Revised Statutes of Nebraska, is amended to read:

71-1775. (1) Administration of intravenous therapy or nasogastric tube insertion shall be a responsibility of the registered nurse as ordered by a licensed practitioner.

(2) ~~A registered nurse may delegate the activities identified in section 71-1776 to a licensed practical nurse-certified in keeping with the registered nurse's professional judgment. The registered nurse so delegating shall remain accountable for the application of the nursing process and nursing theory when making the decision to delegate and for supervision.~~

~~(3)~~ A licensed practical nurse-certified may, under the direction of a licensed practitioner or registered nurse, perform the activities identified in ~~such~~ section 71-1776 after the licensed practitioner or registered nurse has performed a physical assessment of the patient.

~~(4)~~ (3) A licensed practitioner shall not direct a licensed practical nurse-certified to shall perform and a registered nurse shall not delegate to a licensed practical nurse-certified any appropriate activities associated with central venous lines ~~except only~~ under direct supervision. Activities in associated with central line therapy venous lines that are appropriate to delegate to or direct for the licensed practical nurse-certified to perform, including types of central lines and methods of central line access, shall be defined in rules and regulations. A licensed practitioner or registered nurse shall provide direct supervision whenever a licensed practical nurse-certified is performing activities associated with central venous lines. of the board.

~~(5)~~ (4) A licensed practitioner or registered nurse need not be on the premises in order for the licensed practical nurse-certified to perform directed ~~or delegated~~ activities except for (a) initial venipuncture for purposes of peripheral intravenous therapy, (b) initial nasogastric tube insertion, and (c) central-line activities.

~~(6)~~ (5) A licensed practitioner or registered nurse shall be present at least once during each twenty-four-hour interval and more frequently when a

significant change in therapy or client condition has occurred to assess the client when the licensed practical nurse-certified is performing the activities identified in section 71-1776.

Sec. 64. Section 71-1776, Reissue Revised Statutes of Nebraska, is amended to read:

71-1776. A licensed practical nurse-certified may perform the following activities related to the administration of intravenous therapy and nasogastric tube insertion under the direction of a licensed practitioner or ~~as delegated by a registered nurse:~~

(1) Calculate the rate of intravenous fluid infusions, except for pediatric patients;

(2) Perform venipuncture, excluding jugular, for purposes of peripheral intravenous therapy, except (a) for pediatric patients or (b) with devices which exceed three inches in length. Direct supervision by a licensed practitioner or registered nurse shall be required for initial venipuncture for purposes of peripheral intravenous therapy;

(3) ~~Except in the case of a pediatric patient, add medicated solutions which have been commercially prepared or prepared by a pharmacist, licensed practitioner, or registered nurse to intravenous lines. Acceptable administer approved medications by approved methods. Approved methods of administration and approved medications shall be those for which nursing interventions are routine and predictable in nature related to individual responses and adverse reactions and as defined in rules and regulations of the board;~~

(4) Flush intravenous ports with heparin solution or saline solution;

(5) Add pain medication solutions ~~which have been commercially prepared or prepared by a pharmacist, licensed practitioner, or registered nurse to a patient-controlled infusion pump; if reprogramming of such pump is not required;~~ and

(6) Insert flexible nasogastric tubes that are non-styles-guided. Direct supervision by a licensed practitioner or registered nurse shall be required for initial nasogastric tube insertion.

Sec. 65. Section 71-1777, Reissue Revised Statutes of Nebraska, is amended to read:

71-1777. In order to obtain a certificate as a licensed practical nurse-certified, an individual shall meet the following requirements:

(1) Have a current license to practice as a licensed practical nurse in Nebraska;

(2) Have successfully completed an approved certification course within one year before application for certification;

(3) Have satisfactorily passed an examination approved by the board;

(4) Have filed an application with the department; ~~on a form prescribed by the department;~~ and

(5) Have paid the applicable fee.

Sec. 66. Section 71-1778, Revised Statutes Supplement, 1998, is amended to read:

71-1778. ~~A~~ Except as otherwise provided in this section, a certificate to practice as a licensed practical nurse-certified shall be issued by the department to be valid for two years. An , except that an initial certificate shall expire at the same time as the applicant's license to practice as a licensed practical nurse. If an applicant for an initial certificate files an application for certification within ninety days prior to the biennial renewal date of the certificate, the applicant may either (1) request that the department delay the processing of the application and the issuance of the certificate until the biennial renewal date and pay only the fee for the initial certification or (2) request that a certificate which will be valid until the next subsequent renewal date be issued immediately and pay the fee for initial certification and an additional fee of one-fourth of the biennial fee. The application for the license shall include the applicant's social security number.

Sec. 67. Section 71-1780, Reissue Revised Statutes of Nebraska, is amended to read:

71-1780. (1) The board shall adopt and promulgate rules and regulations defining competencies required for enrollment in an approved certification course and acceptable means for measuring the competencies. Before enrolling in a course, a licensed practical nurse shall successfully demonstrate the prerequisite competencies.

(2) The department with the advice of the board shall prescribe a curriculum for training licensed practical nurses-certified, establish an examination, and adopt and promulgate rules and regulations setting minimum standards for approved certification courses, including faculty

qualifications, record keeping, faculty-to-student ratios, and other aspects of conducting such courses. The department may approve certification courses developed by associations, educational institutions, or other entities if such courses meet the requirements of this section and the criteria prescribed in the rules and regulations.

~~(2)~~ (3) An approved certification course shall be no less than forty-eight hours of classroom instruction and shall include a clinical competency component as defined in rules and regulations of the board. Classroom instruction shall include the following: (a) State laws governing the administration of intravenous therapy and nasogastric tube insertion; (b) anatomy and physiology of the circulatory system and the upper gastrointestinal system; (c) pharmacology; (d) fluid and electrolyte balance; (e) procedures and precautions in performing intravenous therapy and nasogastric tube insertion; (f) types of equipment for intravenous therapy and nasogastric tube insertion; (g) actions, interactions, and effects of medications in intravenous therapy; (h) documentation; and (i) other subjects relevant to the administration of intravenous therapy and nasogastric tube insertion. An approved certification course shall be supervised by a registered nurse with a minimum of three years of clinical experience immediately prior to supervision of the course. An educator may be a physician, pharmacist, or other qualified professional. Nothing in this section shall be deemed to prohibit any courses from exceeding the minimum requirements.

Sec. 68. Section 71-1781, Reissue Revised Statutes of Nebraska, is amended to read:

71-1781. (1) An applicant for approval to conduct a certification course shall file an application ~~on a form prescribed by the department~~ and shall present proof satisfactory to the department that the proposed course meets the requirements of the Licensed Practical Nurse-Certified Act and the rules and regulations adopted and promulgated under the act.

(2) The department may conduct such inspections or investigations of applicants for approval to conduct a certification course and of approved certification courses as may be necessary to ensure compliance with the act and the rules and regulations.

Sec. 69. Section 71-1784, Reissue Revised Statutes of Nebraska, is amended to read:

71-1784. (1) A person whose certificate to practice as a licensed practical nurse-certified has been suspended or limited may apply for reinstatement of such certificate at any time in the manner provided in sections 71-161.04 to 71-161.07.

(2) A person whose certificate has been revoked for any reason specified in sections 71-147 to 71-148 or for a violation of the Licensed Practical Nurse-Certified Act, ~~except for nonpayment of fees or failure to meet the continuing education requirements,~~ may apply for reinstatement after two years have elapsed from the date of revocation in the manner provided in sections 71-161.04 to 71-161.07.

Sec. 70. Section 71-1913.01, Revised Statutes Supplement, 1999, is amended to read:

71-1913.01. (1) Each program shall require the parent or guardian of each child enrolled in such program to present within thirty days after enrollment and periodically thereafter (a) proof that the child is protected by age-appropriate immunization against measles, mumps, rubella, poliomyelitis, diphtheria, pertussis, tetanus, and haemophilus influenzae type B and such other diseases as the Department of Health and Human Services may from time to time specify based on then current medical and scientific knowledge, (b) certification by a physician, an advanced ~~registered nurse practitioner~~ practice registered nurse, or a physician assistant that immunization is not appropriate for a stated medical reason, or (c) a written statement that the parent or guardian does not wish to have such child so immunized and the reasons therefor. The program shall exclude a child from attendance until such proof, certification, or written statement is provided. At the time the parent or guardian is notified that such information is required, he or she shall be notified in writing of his or her right to submit a certification or written statement pursuant to subdivision (b) or (c) of this subsection.

(2) Each program shall keep the written record of immunization, the certification, or the written statement of the parent or guardian. Such record, certification, or statement shall be kept by the program as part of the child's file, shall be available onsite to the Department of Health and Human Services and the Department of Health and Human Services Regulation and Licensure, and shall be filed with the Department of Health and Human Services for review and inspection. Each program shall report to the Department of

Health and Human Services by November 1 of each year the status of immunization for children enrolled as of September 30 of that year, and children who have reached kindergarten age and who are enrolled in public or private school need not be included in the report.

Sec. 71. Section 71-2610.01, Revised Statutes Supplement, 1998, is amended to read:

71-2610.01. (1) The State Board of Health shall have the power and duty to:

(a) Adopt and promulgate rules and regulations for the government of the professions and occupations licensed, certified, registered, or issued permits by the Department of Health and Human Services Regulation and Licensure, including rules and regulations necessary to implement laws enforced by the department. These professions and occupations include, but are not limited to, the Advanced Practice Registered Nurse Practitioner Act, the Licensed Practical Nurse-Certified Act, the Nebraska Certified Nurse Midwifery Practice Act, the Nebraska Cosmetology Act, the Nurse Practice Act, the Occupational Therapy Practice Act, the Uniform Controlled Substances Act, the Uniform Licensing Law, the Wholesale Drug Distributor Licensing Act, or sections 71-102, 71-3702 to 71-3715, 71-4701 to 71-4719, and 71-6053 to 71-6068; and

(b) Determine the policies of the department concerning the professions and occupations listed in this section.

(2) All funds rendered available by law may be used by the board in administering and effecting such purposes.

Sec. 72. Section 71-3505, Revised Statutes Supplement, 1998, is amended to read:

71-3505. Matters relative to radiation as they relate to occupational and public health and safety and the environment shall be a responsibility of the department. The department shall:

(1) Develop comprehensive policies and programs for the evaluation and determination of undesirable radiation associated with the production, use, storage, or disposal of radiation sources and formulate, adopt, promulgate, and repeal rules and regulations which may provide (a) for registration or licensure under section 71-3507 or 71-3509 and (b) for registration or licensure of (i) any other source of radiation, (ii) persons providing services for collection, detection, measurement, or monitoring of sources of radiation, including, but not limited to, radon and its decay products, (iii) persons providing services to reduce the effects of sources of radiation, ~~and~~ (iv) persons practicing medical radiography, and (v) persons practicing industrial radiography, as specified by rule or regulation so as to reasonably protect occupational and public health and safety and the environment in a manner compatible with regulatory programs of the federal government. The department for identical purposes may also adopt and promulgate rules and regulations for the issuance of licenses, either general or specific, to persons for the purpose of using, manufacturing, producing, transporting, transferring, receiving, acquiring, owning, or possessing any radioactive material. Such rules and regulations may prohibit the use of radiation for uses found by the department to be detrimental to occupational and public health or safety or the environment and shall carry out the purposes and policies set out in sections 71-3501 and 71-3502. Such rules and regulations shall not prohibit or limit the kind or amount of radiation purposely prescribed for or administered to a patient by doctors of medicine and surgery, dentistry, osteopathic medicine, chiropractic, podiatry, and veterinary medicine, while engaged in the lawful practice of such profession, or administered by other professional personnel, such as allied health personnel, medical radiographers, limited radiographers, nurses, and laboratory workers, acting under the supervision of a licensed practitioner. Violation of rules and regulations adopted and promulgated by the department pursuant to the Radiation Control Act shall be due cause for the suspension, revocation, or limitation of a license issued by the department. Any licensee may request a hearing before the department on the issue of such suspension, revocation, or limitation. Procedures for notice and opportunity for a hearing before the department shall be pursuant to the Administrative Procedure Act. The decision of the department may be appealed, and the appeal shall be in accordance with the Administrative Procedure Act;

(2) Inform the council of any such rules and regulations at least thirty days prior to their adoption and consider any recommendations of the council;

(3) Have the authority to accept and administer loans, grants, or other funds or gifts, conditional or otherwise, in furtherance of its functions, from the federal government and from other sources, public or private;

(4) Encourage, participate in, or conduct studies, investigations, training, research, and demonstrations relating to the control of sources of radiation;

(5) Collect and disseminate health education information relating to radiation protection;

(6) Make its facilities available so that any person or any agency may request the department to review and comment on plans and specifications of installations submitted by the person or agency with respect to matters of protection and safety for the control of undesirable radiation;

(7) Be empowered to inspect radiation sources and their shieldings and surroundings for the determination of any possible undesirable radiation or violations of rules and regulations adopted and promulgated by the department and provide the owner, user, or operator with a report of any known or suspected deficiencies; and

(8) Collect a fee for emergency response or environmental surveillance, or both, offsite from each nuclear power plant equal to the cost of completing the emergency response or environmental surveillance and any associated report. In no event shall the fee for any nuclear power plant exceed the lesser of the actual costs of such activities or fifty-three thousand dollars per annum. Commencing July 1, 1997, the accounting division of the Department of Administrative Services shall recommend an inflationary adjustment equivalent which shall be based upon the Consumer Price Index for All Urban Consumers of the United States Department of Labor, Bureau of Labor Statistics, and shall not exceed five percent per annum. Such adjustment shall be applied to the annual fee for nuclear power plants. The fee collected shall be credited to the Department of Health and Human Services Regulation and Licensure Cash Fund. This fee shall be used solely for the purpose of defraying the direct costs of the emergency response and environmental surveillance at Cooper Nuclear Station and Fort Calhoun Station conducted by the department. The department may charge additional fees when mutually agreed upon for services, training, or equipment that are a part of or in addition to matters in this section.

Sec. 73. Section 71-3507, Revised Statutes Supplement, 1999, is amended to read:

71-3507. (1) The department shall adopt and promulgate rules and regulations for the issuance, amendment, suspension, and revocation of general and specific licenses. Such licenses shall be for byproduct material, source material, special nuclear material, and radioactive material not under the authority of the federal Nuclear Regulatory Commission and for devices or equipment utilizing such materials. The rules and regulations shall provide:

(a) For written applications for a specific license which include the technical, financial, and other qualifications determined by the department to be reasonable and necessary to protect occupational and public health and safety and the environment;

(b) For additional written statements and inspections, as required by the department, at any time after filing an application for a specific license and before the expiration of the license to determine whether the license should be issued, amended, suspended, or revoked;

(c) That all applications and statements be signed by the applicant or licensee;

(d) The form, terms, and conditions of general and specific licenses;

(e) That no license or right to possess or utilize sources of radiation granted by a license shall be assigned or in any manner disposed of without the written consent of the department; and

(f) That the terms and conditions of all licenses are subject to amendment by rules, regulations, or orders issued by the department.

(2) The department may require registration or licensing of radioactive material not enumerated in subsection (1) of this section in order to maintain compatibility and equivalency with the standards and regulatory programs of the federal government or to protect the occupational and public health and safety and the environment.

(3) The department shall require licensure of persons providing measurement and mitigation services of radon or its decay products in order to protect the occupational and public health and safety and the environment. The department shall adopt and promulgate rules and regulations establishing education, experience, training, and examination requirements for radon measurement specialists, radon measurement technicians, radon mitigation specialists, and radon mitigation technicians. The department shall adopt and promulgate rules and regulations establishing staffing, proficiency, quality control, reporting, worker health and safety, equipment, and record-keeping requirements for radon measurement businesses and radon mitigation businesses

and mitigation system installation requirements for radon mitigation businesses.

(4) The department shall license persons practicing medical radiography, including medical radiographers and limited radiographers, in order to protect the occupational and public health and safety and the environment. The licenses shall be renewable biennially. For medical radiographers and limited radiographers, the department shall adopt and promulgate rules and regulations establishing examination requirements for licensure, continuing education requirements for renewal of a license, and approval requirements for examinations. For medical radiographers, the department shall adopt and promulgate rules and regulations establishing requirements for education and training and for approval of courses of training. Persons authorized under sections 71-193.15 and 71-193.17 to practice as dental hygienists and dental assistants who meet the requirements of section 71-193.13 shall not be required to be licensed under this section.

(5) The department may exempt certain sources of radiation or kinds of uses or users from licensing or registration requirements established under the Radiation Control Act when the department finds that the exemption will not constitute a significant risk to occupational and public health and safety and the environment.

(6) The department may provide by rule and regulation for the recognition of other state or federal licenses compatible and equivalent with the standards established by the department for Nebraska licensees.

(7) The department may accept accreditation for an industrial radiographer by a recognized independent accreditation body, a public agency, or the federal Nuclear Regulatory Commission, which has standards that are at least as stringent as those of the State of Nebraska, as evidence that the industrial radiographer complies with the rules and regulations adopted and promulgated pursuant to the act. The department may adopt and promulgate rules and regulations which list accreditation bodies, public agencies, and federal programs that meet this standard.

(8) The department may enter at all reasonable times upon any private or public property for the purpose of determining whether or not there is compliance with the act and rules and regulations adopted and promulgated pursuant to the act, except that entry into areas under the jurisdiction of the federal government shall be effected only with the concurrence of the federal government or its duly designated representative.

~~(9)~~ (9) The department shall cause to be registered with the department such sources of radiation as the department determines to be reasonably necessary to protect occupational and public health and safety and the environment as follows:

(a) The department shall, by public notice, establish a date on or before which date such sources of radiation shall be registered with the department, and the department shall provide appropriate forms for such registration. Each application for registration shall be in writing and shall state such information as the department by rules or regulations may determine to be necessary and reasonable to protect occupational and public health and safety and the environment;

(b) Registration of sources of radiation shall be an initial registration with appropriate notification to the department in the case of alteration of equipment, acquisition of new sources of radiation, or the transfer, loss, or destruction of sources of radiation and shall include the registration of persons installing or servicing sources of radiation;

(c) Failure to register or reregister sources of radiation in accordance with rules and regulations adopted and promulgated by the department shall be subject to a fine of not less than fifty dollars nor more than two hundred dollars; and

(d) The department may provide by rule and regulation for reregistration of sources of radiation.

~~(10)~~ (10) The results of any surveys or inspections of sources of radiation conducted by the department shall be public records subject to sections 84-712 to 84-712.09. In addition, the following information shall be deemed confidential:

(a) The names of individuals in dosimetry reports;

(b) Emergency response procedures which would present a clear threat to security or disclose names of individuals; and

(c) Any other information that is likely to present a clear threat to the security of radioactive material. The department shall make such reports of results of surveys or inspections available to the owner or operator of the source of radiation together with any recommendations of the department regarding deficiencies noted.

~~(11)~~ (11) The department shall have the right to survey or inspect

again any source of radiation previously surveyed without limitation of the number of surveys or inspections conducted on a given source of radiation.

~~(11)~~ (12) The department may enter into contracts with persons or corporations to perform the inspection of X-ray radiation-generating equipment or devices which emit radiation from radioactive materials and to aid the department in the administration of the act.

Sec. 74. Section 71-3515.02, Reissue Revised Statutes of Nebraska, is amended to read:

71-3515.02. (1) The educational program for medical radiographers shall consist of twenty-four months of instruction in radiography approved by the department which includes, but is not limited to, radiographic procedures, imaging equipment, image production and evaluation, film processing, radiation physics, radiation protection, radiation biology, radiographic pathology, and quality assurance activities. The department shall recognize equivalent courses of instruction successfully completed by individuals who are applying for licensure as medical radiographers by the department when determining if the requirements of section 71-3515.01 have been met.

(2) The examination for limited radiographers shall include, but not be limited to:

(a) Radiation protection, equipment maintenance and operation, image production and evaluation, and patient care and management; and

(b) The anatomy of, and positioning for, specific regions of the human anatomy. The anatomical regions shall include at least one of the following:

- (i) Chest;
- (ii) Extremities;
- (iii) Skull and sinus;
- (iv) Spine; or
- (v) Ankle and foot.

(3) The department shall adopt and promulgate rules and regulations regarding the examinations required in subdivisions (1)(a)(ii) and (2)(a) of section 71-3515.01. Such rules and regulations shall provide for (a) the administration of examinations based upon national standards, such as the Examination in Radiography from the American Registry of Radiologic Technologists for medical radiographers, the Examination for the Limited Scope of Practice in Radiography from the American Registry of Radiologic Technologists for limited radiographers, or equivalent examinations that, as determined by the department, meet the standards for educational and psychological testing as recommended by the American Psychological Association, the American Educational Research Association, and the National Council on Measurement in Education, (b) procedures to be followed for examinations, (c) the method of grading and the passing grades for such examinations, (d) security protection for questions and answers, and (e) for medical radiographers, the contents of such examination based on the course requirements for medical radiographers prescribed in subsection (1) of this section. Any costs incurred in determining the extent to which examinations meet the examining standards of this subsection shall be paid by the individual or organization proposing the use of such examination.

(4) Any person employed in medical radiography before and on June 2, 1995, who is not otherwise licensed may apply for a license as a provisional limited radiographer before January 1, 1996. A person licensed as a provisional limited radiographer may perform the duties of a limited radiographer licensed in all anatomical regions listed in subdivision (2)(b) of this section and the anatomical region of Abdomen. A provisional limited radiographer shall not radiograph children under the age of six months, except (a) upon a finding by the department that continued provision of service for a community would be in jeopardy if this provision is enforced, (b) for an employee of a hospital licensed and in good standing under Chapter 71 and located in a rural area as defined in ~~subdivision (8) of~~ section 71-5653, or (c) in a bona fide emergency situation. No examination shall be required of individuals applying for a license as a provisional limited radiographer. All provisional limited radiographer licenses expire January 1, 2005. A license as a provisional limited radiographer is subject to discipline for violations of the Radiation Control Act and rules and regulations adopted pursuant to the act, including, but not limited to, revocation for nonpayment of fees or failure to meet continuing education requirements of subdivision (2)(b) of section 71-3515.01.

(5) No applicant for a license as a limited radiographer may take the examination for licensure, or for licensure for any specific anatomical region, more than three times without first waiting a period of one year after the last unsuccessful attempt of the examination and submitting proof to the department of completion of twelve units of continuing education meeting the

requirements of subdivision (2)(b) of section 71-3515.01 for each subsequent attempt.

(6) The department shall adopt and promulgate rules and regulations establishing fees for the implementation of this section and section 71-3515.01, including an examination fee, initial and renewal licensure fees for persons performing medical radiography, and a fee for approval of courses of instruction. In determining such fees, the department shall obtain sufficient funds from the fees to pay the direct and indirect costs of administering such sections. No fee shall exceed the actual cost to the department for examination and licensure. The fees shall be collected and remitted by the department to the State Treasurer for credit to the Department of Health and Human Services Regulation and Licensure Cash Fund and shall be used solely for the purpose of defraying the direct and indirect costs of administering such sections.

Sec. 75. Section 71-4401, Reissue Revised Statutes of Nebraska, is amended to read:

71-4401. For purposes of sections 71-4401 to 71-4412, unless the context otherwise requires:

(1) Domestic animal shall mean any dog or cat, and cat shall mean a cat which is a household pet;

(2) Vaccination against rabies shall mean the inoculation of a domestic animal with a rabies vaccine as approved by the rules and regulations adopted and promulgated by the Department of Health and Human Services Regulation and Licensure. Such vaccination shall be performed by a veterinarian duly licensed to practice veterinary medicine in the State of Nebraska;

(3) Compendium shall mean the compendium of animal rabies vaccine as provided by the National Association of State Public Health Veterinarians;

(4) Department shall mean the Department of Health and Human Services Regulation and Licensure;

(5) Own, unless otherwise specified, shall mean to possess, keep, harbor, or have control of, charge of, or custody of a domestic animal. This term shall not apply to domestic animals owned by other persons which are temporarily maintained on the premises of a veterinarian or kennel operator for a period of not more than thirty days;

(6) Owner shall mean any person possessing, keeping, harboring, or having charge or control of any domestic animal or permitting any domestic animal to habitually be or remain on or be lodged or fed within such person's house, yard, or premises. This term shall not apply to veterinarians or kennel operators temporarily maintaining on their premises domestic animals owned by other persons for a period of not more than thirty days; and

(7) Rabies control authority shall mean county, township, city, or village health and law enforcement officials who shall enforce sections 71-4401 to 71-4412 relating to the vaccination and impoundment of domestic animals. Such public officials shall not be responsible for any accident or disease of a domestic animal resulting from the enforcement of such sections.

Sec. 76. Section 71-5191, Revised Statutes Supplement, 1998, is amended to read:

71-5191. The following are exempt from the licensing and certification requirements of the Emergency Medical Services Act:

(1) The occasional use of a vehicle or aircraft not designated as an ambulance and not ordinarily used in transporting patients or operating emergency care, rescue, or resuscitation services;

(2) Vehicles or aircraft rendering services as an ambulance in case of a major catastrophe or emergency when licensed ambulances based in the localities of the catastrophe or emergency are incapable of rendering the services required;

(3) Ambulances from another state which are operated from a location or headquarters outside of this state in order to transport patients across state lines, but no such ambulance shall be used to pick up patients within this state for transportation to locations within this state except in case of an emergency;

(4) Ambulances or emergency vehicles owned and operated by an agency of the United States Government and the personnel of such agency;

(5) Except for the provisions of section 71-5194, physicians, physician assistants, registered nurses, licensed practical nurses, advanced practice registered nurses, or nurse practitioners who hold current Nebraska licenses and are exclusively engaged in the practice of their respective professions; and

(6) Persons authorized to perform out-of-hospital emergency care in other states when incidentally working in Nebraska in response to an emergency situation.

Sec. 77. Section 71-5303, Reissue Revised Statutes of Nebraska, is amended to read:

71-5303. (1) ~~Commencing January 1, 1978, no~~ No person shall operate or maintain a public water supply system without first obtaining a permit to operate such system from the director. No fee shall be charged for the issuance of such permit.

(2) The director shall inspect public water supply systems and report findings to the owner, publish a list of those systems not in compliance, and promote the training of and certify the competence of operators. The director may deny, revoke, suspend, or refuse renewal of a permit or certification, issue administrative orders scheduling action to be taken, take emergency action as provided in section 71-5304.01, and seek a temporary or permanent injunction or such other legal process as is deemed necessary to obtain compliance with the Nebraska Safe Drinking Water Act.

(3) The Department of Health and Human Services Regulation and Licensure may deny, revoke, suspend, or refuse to renew a permit or certification for noncompliance with the act, the rules and regulations adopted and promulgated under the act, or the terms of a variance or exemption issued pursuant to section 71-5310.

(4) Any person shall be granted, upon request, an opportunity for a hearing before the department under the Administrative Procedure Act prior to the denial or revocation of a permit or certification. The denial or revocation by the department may be appealed, and the appeal shall be in accordance with the Administrative Procedure Act.

Sec. 78. Section 71-5306, Reissue Revised Statutes of Nebraska, is amended to read:

71-5306. (1) To carry out the provisions and purposes of the Nebraska Safe Drinking Water Act, the director may:

~~(1)~~ (a) Enter into agreements, contracts, or cooperative arrangements, under such terms as are deemed appropriate, with other state, federal, or interstate agencies or with municipalities, educational institutions, local health departments, or other organizations, entities, or individuals;

~~(2)~~ (b) Require all laboratory analyses to be performed at the Department of Health and Human Services Regulation and Licensure Laboratory, or at any other certified laboratory which has entered into an agreement with the Department of Health and Human Services Regulation and Licensure therefor, and establish and collect fees for making laboratory analyses of water samples pursuant to sections 71-2619 to 71-2621, except that subsection (6) of section 71-2619 shall not apply for purposes of the Nebraska Safe Drinking Water Act. Inspection fees for making other laboratory agreements shall be established and collected pursuant to sections 71-2619 to 71-2621;

~~(3)~~ (c) Certify laboratories performing tests on water that is intended for human consumption. The director may establish, through rules and regulations, standards for certification. Such standards may include requirements for staffing, equipment, procedures, and methodology for conducting laboratory tests, quality assurance and quality control procedures, and communication of test results. Such standards shall be consistent with requirements for performing laboratory tests established by the federal Environmental Protection Agency to the extent such requirements are consistent with state law. The director may accept accreditation by a recognized independent accreditation body, public agency, or federal program which has standards that are at least as stringent as those established pursuant to this section. The director may adopt and promulgate rules and regulations which list accreditation bodies, public agencies, and federal programs that may be accepted as evidence that a laboratory meets the standards for certification. Inspection fees for certifying other laboratories shall be established and collected to defray the cost of the inspections;

(d) Receive financial and technical assistance from an agency of the federal government or from any other public or private agency;

~~(4)~~ (e) Enter the premises of a public water supply system at any time for the purpose of conducting monitoring, making inspections, or collecting water samples for analysis;

~~(5)~~ (f) Delegate those responsibilities and duties as deemed appropriate for the purpose of administering the requirements of the Nebraska Safe Drinking Water Act, including entering into agreements with designated agents which shall perform specifically delegated responsibilities and possess specifically delegated powers;

~~(6)~~ (g) Require the owner and operator of a public water supply system to establish and maintain records, make reports, and provide information as the Department of Health and Human Services Regulation and Licensure may reasonably require by regulation to enable it to determine

whether such owner or operator has acted or is acting in compliance with the Nebraska Safe Drinking Water Act and rules and regulations adopted pursuant thereto. The department or its designated agent shall have access at all times to such records and reports; and

~~(7)~~ (h) Assess by regulation a fee for any review of plans and specifications pertaining to a public water supply system governed by section 71-5305 and a fee for any issuance or reissuance of a certificate of competency issued pursuant to sections 71-5307 to 71-5309 in order to defray no more than the actual cost of the services provided.

(2) All such fees collected by the Department of Health and Human Services Regulation and Licensure shall be paid into the state treasury and shall be credited to the Safe Drinking Water Act Cash Fund, which is hereby created. Such fund shall be used by the department for the purpose of administering the Nebraska Safe Drinking Water Act. Any money in the fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

Sec. 79. Section 71-5652, Reissue Revised Statutes of Nebraska, is amended to read:

71-5652. The purposes of the Rural Health Systems and Professional Incentive Act shall be to (1) create the Nebraska Rural Health Advisory Commission and establish its powers and duties, (2) establish a student loan program that will provide financial incentives to medical, dental, ~~students~~ and physician assistant students who agree to practice their profession in a designated health profession shortage area within Nebraska, and (3) establish a loan repayment program that will require community matching funds and will provide financial incentives to eligible public health professionals who agree to practice their profession in a designated health profession shortage area within Nebraska.

Sec. 80. Section 71-5653, Revised Statutes Supplement, 1998, is amended to read:

71-5653. For purposes of the Rural Health Systems and Professional Incentive Act:

(1) Approved medical specialty means family practice, general practice, general internal medicine, general pediatrics, general surgery, obstetrics/gynecology, and psychiatry;

(2) Approved dental specialty means general practice, pediatric dentistry, and oral surgery;

(3) Commission means the Nebraska Rural Health Advisory Commission;

~~(3)~~ (4) Department means the Department of Health and Human Services;

~~(4)~~ (5) Full-time practice means a minimum of forty hours per week;

~~(5)~~ (6) Health care means both somatic and mental health care services;

~~(6)~~ (7) Office means the Office of Rural Health;

~~(7)~~ (8) Qualified educational debts means government and commercial loans obtained by students for postsecondary education tuition, other educational expenses, and reasonable living expenses, as determined by the department, but does not include loans received under the act or the Nebraska Medical Student Assistance Act; and

~~(8)~~ (9) Rural means located within any county in Nebraska having a population of less than fifteen thousand inhabitants and not included within a metropolitan statistical area as defined by the United States Department of Commerce, Bureau of the Census.

Sec. 81. Section 71-5662, Revised Statutes Supplement, 1998, is amended to read:

71-5662. (1) To be eligible for a student loan under the Rural Health Systems and Professional Incentive Act, an applicant or a recipient shall be enrolled or accepted for enrollment in an accredited medical or dental education program or physician assistant education program in Nebraska.

(2) To be eligible for loan repayment under the act, an applicant or a recipient shall be a pharmacist, a dentist, a physical therapist, an occupational therapist, a mental health practitioner, ~~a nurse practitioner,~~ an advanced practice registered nurse, a physician assistant, or a physician in an approved specialty and shall be licensed or certified to practice in Nebraska, not be enrolled in a residency program, and enter practice in a designated health profession shortage area in Nebraska.

Sec. 82. Section 71-5663, Revised Statutes Supplement, 1998, is amended to read:

71-5663. (1) The amount of financial assistance provided through student loans pursuant to the Rural Health Systems and Professional Incentive Act shall be limited to ~~ten~~ twenty thousand dollars for each recipient for

each academic year and shall not exceed ~~forty~~ eighty thousand dollars per medical or dental student or twenty thousand dollars per physician assistant student.

(2) The amount of financial assistance provided by the state through loan repayments pursuant to the act (a) for physicians, ~~dentists~~, and clinical psychologists shall be limited to ten thousand dollars per recipient per year of full-time practice in a designated health profession shortage area and shall not exceed thirty thousand dollars per recipient and (b) for physician assistants, ~~nurse practitioners~~, advanced practice registered nurses, pharmacists, ~~dentists~~, physical therapists, occupational therapists, and master's level mental health professionals shall be limited to five thousand dollars per recipient per year of full-time practice in a designated health profession shortage area and shall not exceed fifteen thousand dollars per recipient.

Sec. 83. Section 71-5665, Revised Statutes Supplement, 1998, is amended to read:

71-5665. The commission shall periodically designate health profession shortage areas within the state for the following professions: Medicine and surgery, physician assistants' practice, ~~nurse practitioners' practice~~, advanced practice registered nurses' practice, clinical psychology, and master's level mental health practice. The commission shall also periodically designate separate health profession shortage areas for each of the following professions: Pharmacy, dentistry, physical therapy, and occupational therapy. In making such designations the commission shall consider, after consultation with other appropriate agencies concerned with health services and with appropriate professional organizations, among other factors:

- (1) The latest reliable statistical data available regarding the number of health professionals practicing in an area and the population to be served by such practitioners;
- (2) Inaccessibility of health care services to residents of an area;
- (3) Particular local health problems;
- (4) Age or incapacity of local practitioners rendering services; and
- (5) Demographic trends in an area both past and future.

Sec. 84. Section 71-5668, Revised Statutes Supplement, 1998, is amended to read:

71-5668. Each loan repayment recipient shall execute an agreement with the department and a local entity. Such agreement shall include, at a minimum, the following terms:

(1) The loan repayment recipient agrees to practice his or her profession, and a physician or dentist also agrees to practice an approved specialty, in a designated health profession shortage area for at least three years and to accept medicaid patients in his or her practice;

(2) In consideration of the agreement by the recipient, the State of Nebraska and a local entity within the designated health profession shortage area will provide equal funding for the repayment of the recipient's qualified educational debts, in amounts up to ten thousand dollars per year per recipient for physicians, ~~dentists~~, and clinical psychologists and up to five thousand dollars per year per recipient for physician assistants, ~~nurse practitioners~~, advanced practice registered nurses, pharmacists, ~~dentists~~, physical therapists, occupational therapists, and master's level mental health professionals toward qualified educational debts for up to three years. The department shall make payments directly to the recipient; and

(3) If the loan repayment recipient discontinues practice in the shortage area prior to completion of the three-year requirement, the recipient shall repay to the state one hundred twenty-five percent of the total amount of funds provided to the recipient for loan repayment. Upon repayment by the recipient to the department, the department shall reimburse the local entity its share of the funds.

Sec. 85. Section 71-5707, Revised Statutes Supplement, 1999, is amended to read:

71-5707. (1) No person shall smoke in a public place or at a public meeting except in designated smoking areas. This prohibition does not apply in cases in which an entire room or hall is used for a private social function and seating arrangements are under the control of the sponsor of the function and not of the proprietor or person in charge of such room or hall.

(2) With respect to factories, warehouses, and similar places of work not usually frequented by the general public, the Department of Health and Human Services Regulation and Licensure shall, in consultation with the Department of Labor, establish rules to restrict or prohibit smoking in those places of work where the close proximity of workers or the inadequacy of ventilation causes smoke pollution detrimental to the health and comfort of

nonsmoking employees.

(3) No person shall smoke at a site where child care programs required to be licensed under section 71-1911 are provided. This prohibition does not apply if the child care program is located in the home of the provider.

~~(3)~~ (4) Smoking is prohibited in all vehicles owned or leased by the state and in all buildings, and the area within ten feet of any entrance of such buildings, which are owned, leased, or occupied by the state except as provided in subsections ~~(4)~~, ~~(5)~~, and ~~(6)~~ (5), (6), and (7) of this section.

~~(4)~~ (5) The following buildings or areas within buildings in which persons reside or lodge may be exempt from this section: (a) Nebraska veterans homes established pursuant to section 80-315; (b) private residences; (c) facilities and institutions under the control of the Department of Health and Human Services; and (d) overnight lodging facilities and buildings managed by the Game and Parks Commission, but no more than twenty-five percent of the overnight lodging facilities at each park location shall permit smoking.

~~(5)~~ (6) Designated smoking areas not to exceed fifty percent of the space used by the public may be established in state-owned buildings at the Nebraska State Fairgrounds that possess a Class C, I, or M license for the sale of alcoholic liquor for consumption on the premises under the Nebraska Liquor Control Act.

~~(6)~~ (7) Smoking may be permitted in no more than forty percent of the residential housing rooms or units owned or leased on each campus under the control of the Board of Regents of the University of Nebraska or the Board of Trustees of the Nebraska State Colleges.

Sec. 86. Section 71-8207, Revised Statutes Supplement, 1998, is amended to read:

71-8207. Basic level trauma center means a trauma center which has a trauma-trained physician, ~~nurse practitioner~~, advanced practice registered nurse, or physician assistant available within fifteen minutes to provide stabilization and transfer to a higher level trauma center when appropriate, which has basic equipment for resuscitation and stabilization, and which may provide limited surgical intervention based upon the expertise of available onsite staff.

Sec. 87. Section 79-214, Revised Statutes Supplement, 1998, is amended to read:

79-214. (1) Except as provided in subsection (2) of this section, the school board or board of education of any school district shall not admit any child into the kindergarten or beginner grade of any school of such school district unless such child has reached the age of five years or will reach such age on or before October 15 of the current year.

(2) The board may admit a child who will reach the age of five between October 16 and February 1 of the current school year if the parent or guardian requests such entrance and provides an affidavit stating that (a) the child attended kindergarten in another jurisdiction in the current school year, (b) the family anticipates relocation to another jurisdiction that would allow admission within the current year, or (c) the child has demonstrated through recognized assessment procedures approved by the board that he or she is capable of carrying the work of kindergarten or the beginner grade.

(3) The board may require a birth certificate prior to entrance of a child into the beginner grade and shall require evidence of a physical examination by a physician, a physician assistant, or an advanced practice registered nurse practitioner within six months prior to the entrance of a child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade of the local school, except that no such physical examination shall be required of any child whose parent or guardian objects in writing. The cost of such physical examination shall be borne by the parent or guardian of each child who is examined.

Sec. 88. Section 79-221, Reissue Revised Statutes of Nebraska, is amended to read:

79-221. Immunization shall not be required for a student's enrollment in any school in this state if he or she submits to the admitting official either of the following:

(1) A statement signed by a physician, a physician assistant, or an advanced practice registered nurse practitioner stating that, in the health care provider's opinion, the immunizations required would be injurious to the health and well-being of the student or any member of the student's family or household; or

(2) An affidavit signed by the student or, if he or she is a minor, by a legally authorized representative of the student, stating that the immunization conflicts with the tenets and practice of a recognized religious denomination of which the student is an adherent or member or that

immunization conflicts with the personal and sincerely followed religious beliefs of the student.

Sec. 89. Section 79-11,145, Revised Statutes Supplement, 1999, is amended to read:

79-11,145. The Community-Based Neurobehavioral Rehabilitation Advisory Board is created to provide, in an advisory capacity, advice and recommendations to the State Department of Education in applying for federal grants, the completion of a statewide needs and resource assessment, and the development of a statewide action plan and reports as required by the Community-Based Neurobehavioral Action Plan Act. In developing recommendations, the board shall consult with federal, state, and local governmental agencies, with citizen groups, and with other private entities. The board shall be composed of at least nine and not more than fifteen members including:

- (1) The administrator of the Office of Special Populations of the State Department of Education or his or her designee;
- (2) The director of the Division of Rehabilitation Services of the State Department of Education or his or her designee;
- (3) The administrator of the Department of Health and Human Services, maternal and child health, children with special health care needs program;
- (4) Representatives of public and nonprofit private health-related organizations;
- (5) Representatives of other disability advisory or planning groups in the state;
- (6) Members of an organization or foundation representing traumatic brain injury survivors in the state;
- (7) Representatives of injury control programs at the state or local level if such programs exist; and
- (8) A substantial number of individuals who are survivors of traumatic brain injury or the family members of such individuals.

The members of the board shall be appointed by the Commissioner of Education within sixty days after ~~May 26, 1999~~ February 1, 2000. Any vacancy occurring on the board shall be filled from the same category and in the same manner as the original appointment was made.

Members of the board shall be reimbursed for their actual and necessary expenses pursuant to sections 81-1174 to 81-1177 from the funds appropriated under section 79-11,148. The board shall select a chairperson and such other officers as it deems necessary to perform its functions and shall establish rules and regulations to govern its procedures.

Sec. 90. Section 79-11,146, Revised Statutes Supplement, 1999, is amended to read:

79-11,146. The statewide needs and resource assessment shall include, but not be limited to, an assessment of the full spectrum of care and services from initial acute treatment through community reintegration for individuals of all ages having traumatic brain injury. The statewide action plan shall include, but not be limited to, the development of a comprehensive, community-based system of care that encompasses physical, psychological, educational, vocational, and social aspects of traumatic brain injury services and addresses the needs of the individual having traumatic brain injury as well as family members. A report of the statewide needs and resources assessment and the statewide action plan shall be made to the Legislature, the State Department of Education, and the Department of Health and Human Services by ~~December 31, 1999~~ June 30, 2001.

Sec. 91. Section 79-11,149, Revised Statutes Supplement, 1999, is amended to read:

79-11,149. The Community-Based Neurobehavioral Action Plan Act terminates on ~~July 31, 2000~~ July 31, 2001.

Sec. 92. Original sections 18-1738, 37-1254.06, 48-1903, 60-4,164.01, 60-6,201, 60-6,202, 60-6,204, 68-1050, 71-1,132.07, 71-1,132.08, 71-1,143, 71-1,147.01, 71-1,160, 71-1704 to 71-1708, 71-1709.01 to 71-1710, 71-1712, 71-1714, 71-1716 to 71-1716.03, 71-1716.05, 71-1717, 71-1718.01, 71-1718.02, 71-1721, 71-1721.07, 71-1723 to 71-1727, 71-1775, 71-1776, 71-1777, 71-1780, 71-1781, 71-1784, 71-3515.02, 71-4401, 71-5303, 71-5306, 71-5652, and 79-221, Reissue Revised Statutes of Nebraska, sections 68-1021, 71-168.02, 71-1,147.57, 71-1,147.58, 71-1,198, 71-1,339, 71-541, 71-1722, 71-1778, 71-2610.01, 71-3505, 71-5191, 71-5653, 71-5662, 71-5663, 71-5665, 71-5668, 71-8207, and 79-214, Revised Statutes Supplement, 1998, and sections 28-405, 44-2847, 71-168, 71-1,103, 71-1,132.11, 71-1735, 71-1774, 71-1913.01, 71-3507, 71-5707, 79-11,145, 79-11,146, and 79-11,149, Revised Statutes Supplement, 1999, are repealed.

Sec. 93. The following sections are outright repealed: Sections

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71-6802 to 71-6815.01, 71-6817 to 71-6831, and 83-120, Reissue Revised Statutes of Nebraska, and sections 71-6801 and 71-6816, Revised Statutes Supplement, 1998.

Sec. 94. Since an emergency exists, this act takes effect when passed and approved according to law.