

**Health and Human Services Committee**  
**LB 924**  
**January 24, 2018**

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Good afternoon, Senator Riepe, and members of the Health and Human Services Committee. My name is Dr. Thomas Williams (T-H-O-M-A-S W-I-L-L-I-A-M-S). I am the Chief Medical Officer and Director of the Division of Public Health in the Department of Health and Human Services (DHHS). I am here to testify in support of LB 924 which provides for updates in the Emergency Medical Services Practice Act, the Occupational Therapy Practice Act, and the Uniform Credentialing Act all in the Division of Public Health in the Department of Health and Human Services.

LB 924 will change the Emergency Medical Services Practice Act to allow more flexibility for emergency care providers and services. In the interest of saving time I will only list the bill changes, there is a more detailed description of the change and benefit in my written testimony.

- **Sunset Emergency Medical Technician – Intermediate (EMT-I) licenses**

This change would align statute with current national educational programs and supports available for emergency care providers. Currently, there is no method for EMT-Is to reinstate their Nebraska licenses because there are no refresher courses or educational programs available. These technicians are currently titled and trained as Advanced Emergency Medical Technicians.

- **Add Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and Paramedic definitions to the statutes**

Currently, these license levels are not individually defined in statute but have a list of skills promulgated in regulation. This change would be consistent with other professions such as nursing, physical therapy,

and occupational therapy who have the skills they can perform defined by scope of practice and allowed by the training and education they receive in statute.

- **Eliminate reference to first responder and EMT-Paramedic throughout the Act because they are no longer a license category.**

These license types have not been issued or supported since the laws were passed effective September 1, 2010. Any language that mentions these obsolete license types need to be removed to avoid any confusion and to clarify current licenses issued and supported by the Department.

- **Eliminate funeral coaches and hearses from the definition of Ambulance.**

Updating the language will align statutes with current practice and provide for patient safety. This update is needed because funeral coaches and hearses no longer meet the national standards for ambulance safety and are not equipped to provide safe patient care.

- **Add that one of the three physicians on the Board shall specialize in pediatrics.** Patient care for an adult patient and pediatric patient is different. There are medication dosing differences, equipment use differences and procedure differences. A pediatrician will be able to offer the expert insight and guidance when the EMS Board is developing model protocols and guidance documents for use by EMS personnel that affect children.

- **Eliminate Board duty to review and comment on state agency proposals and applications that seek funding for emergency medical care.**

There are several funding proposals that have had short deadlines for application and the EMS Board only meets quarterly. Current statute makes application for funding difficult as deadlines are hard to meet. This could result in a loss of grant funds.

- **Eliminate the requirement to establish criteria for deployment and use of automated external defibrillators because there is a statute covering these devices.**

The reference to automated external defibrillators within the EMS Practice Act should be removed because a separate statute (71-51, 102) already provides for oversight of the devices.

- **Eliminate language which requires the state to provide curricula concerning automatic defibrillators.**

This change will align statute with current practice. DHHS contracts with another organization for a curriculum. This change will Eliminate 38-1219 (2) Provide for curricula which will allow out-of-hospital emergency care providers and users of automated external defibrillators as defined in section 71-51, 102 to be trained for the delivery of practices and procedures in units of limited subject matter which will encourage continued development of abilities and use of such abilities through additional authorized practices and procedures.

LB 924 also changes language in the Occupational Therapy Practice Act to allow for internationally-educated individuals to obtain licensure in the State of Nebraska. Currently, there is no pathway for internationally-educated occupational therapists to obtain licensure in Nebraska, even if licensed in another state. This change in language will eliminate barriers for individuals who received their education outside of the United States and who are seeking licensure in Nebraska.

Finally, LB 924 proposes two changes in the Uniform Credentialing Act. 1.) As an operational efficiency, the bill is proposing to eliminate the requirement for signatures of board members, the Director of the Division of Public Health, and the Governor on license documents because obtaining updated signatures for license documents has resulted in delay issuing credentials. Elimination of this requirement will streamline the issuance process. 2.) Current statutory authority for fingerprint criminal background checks for the Nurse Licensure Compact is limited to initial licensure. Due to new requirements, this authority must be expanded to include reinstatements and following completion of disciplinary probation so that Nebraska will be in compliance with the compact.

I'm happy to answer any questions you may have.