

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

2017

STATE OF NEBRASKA

**STATUTES RELATING TO
STATEWIDE TRAUMA SYSTEM ACT**

**Department of Health and Human Services
Division of Public Health
Office of Emergency Health System – Trauma Program**

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71-8201. Act, how cited.

Sections 71-8201 to 71-8253 shall be known and may be cited as the Statewide Trauma System Act.

Source: Laws 1997, LB 626, § 1; Laws 2015, LB46, § 1.

71-8202. Legislative findings.

The Legislature finds and declares that:

(1) Trauma is a severe health problem in the State of Nebraska and a major cause of death and long-term disability;

(2) Trauma care is very limited in many parts of Nebraska, particularly in rural areas where there is a growing danger that some communities may be left without adequate emergency medical care;

(3) It is in the best interests of the citizens of Nebraska to establish an efficient and well-coordinated statewide trauma system to reduce costs and incidence of inappropriate and inadequate trauma care and emergency medical service; and

(4) The goals and objectives of a statewide trauma system are to: (a) Pursue trauma prevention activities to decrease the incidence of trauma; (b) provide optimal care for trauma victims; (c) prevent unnecessary death and disability from trauma and emergency illness without regard to insurance or ability to pay and utilize the protocols established in the rules and regulations adopted under the Statewide Trauma System Act; and (d) contain costs of trauma care and trauma system implementation.

Source: Laws 1997, LB 626, § 2.

71-8203. Definitions, where found.

For purposes of the Statewide Trauma System Act, the definitions found in sections 71-8204 to 71-8235 apply.

Source: Laws 1997, LB 626, § 3; Laws 2015, LB46, § 2.

71-8204. Advanced level rehabilitation center, defined.

Advanced level rehabilitation center means a rehabilitation center which, in addition to the services provided at intermediate level and general level rehabilitation centers, provides services to patients with traumatic brain or spinal injuries, complicated amputations, and other diagnoses resulting in functional impairment in more than one functional area, with moderate to severe impairment or complexity, and serves as a referral facility for intermediate level and general level rehabilitative services.

Source: Laws 1997, LB 626, § 4; Laws 2015, LB46, § 3.

71-8205. Advanced level trauma center, defined.

Advanced level trauma center means a trauma center which, in addition to providing all of the services provided by basic level and general level trauma centers, also provides definitive care for complex and severe trauma, an emergency trauma team available within fifteen minutes, twenty-four hours per day, in-house operating room personnel who initiate surgery, a

neurosurgeon available who provides neurological assessment and stabilization, a broad range of specialists available for consultation or care, comprehensive diagnostic capabilities and support equipment, and appropriate equipment for pediatric trauma patients in the emergency department, intensive care unit, and operating room.

Source: Laws 1997, LB 626, § 5; Laws 2009, LB195, § 88.

71-8206. Transferred to section 71-8220.01.

71-8207. Basic level trauma center, defined.

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

Source: Laws 1997, LB 626, § 7; Laws 2000, LB 1115, § 86; Laws 2009, LB195, § 89.

71-8208. Communications system, defined.

Communications system means any network which provides rapid public access, coordinated central dispatching of services, and coordination of personnel, equipment, and facilities in the trauma system.

Source: Laws 1997, LB 626, § 8; Laws 2009, LB195, § 90.

71-8209. Complete data set, defined.

Complete data set means a predetermined set of demographic and medical definitions that includes the minimum data set with additional data points as set forth in the rules and regulations adopted under the Statewide Trauma System Act.

Source: Laws 1997, LB 626, § 9.

71-8210. Comprehensive level trauma center, defined.

Comprehensive level trauma center means a trauma center which:

- (1) provides the highest level of definitive, comprehensive care for patients with complex traumatic injury;
- (2) provides an emergency trauma team available within fifteen minutes, twenty-four hours per day, including in-house, immediately available personnel who can initiate surgery and appropriate equipment for pediatric trauma patients in the emergency department, intensive care unit, and operating room; and
- (3) is responsible for research, education, and outreach programs for trauma.

Source: Laws 1997, LB 626, § 10; Laws 2009, LB195, § 91.

71-8211. Department, defined.

Department means the Division of Public Health of the Department of Health and Human Services.

Source: Laws 1997, LB 626, § 11; Laws 2007, LB296, § 688.

71-8212. Designated rehabilitation centers, defined.

Designated rehabilitation centers means advanced, intermediate, or general level rehabilitation centers.

Source: Laws 1997, LB 626, § 12; Laws 2015, LB46, § 4.

71-8213. Designated trauma centers, defined.

Designated trauma centers means advanced, basic, comprehensive, general, and specialty level trauma centers.

Source: Laws 1997, LB 626, § 13.

71-8214. Designation, defined.

Designation means a formal determination by the department that a hospital or health care facility is capable of providing designated trauma care or rehabilitative services as authorized in the Statewide Trauma System Act.

Source: Laws 1997, LB 626, § 14.

71-8215. Emergency medical service, defined.

Emergency medical service means the organization responding to a perceived individual need for medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury.

Source: Laws 1997, LB 626, § 15; Laws 2012, LB646, § 3.

71-8216. Emergency medical services and trauma plan, defined.

Emergency medical services and trauma plan means the statewide plan that identifies statewide emergency medical service and trauma care objectives and priorities and identifies equipment, facilities, personnel, training, and other needs required to create and maintain the statewide trauma system established in section 71-8239. Emergency medical services and trauma plan also includes a plan of implementation that identifies the state and regional activities that will create, operate, maintain, and enhance the system. The plan shall be formulated by incorporating the regional trauma plans required under the Statewide Trauma System Act. The plan shall be updated every five years.

Source: Laws 1997, LB 626, § 16; Laws 2009, LB195, § 92.

71-8217. General level rehabilitation center, defined.

General level rehabilitation center means a rehabilitation center which provides services to individuals with musculoskeletal injuries, peripheral nerve injuries, uncomplicated lower extremity amputations, and other diagnoses resulting in functional impairment in one or more functional areas, with minimum to moderate impairment or complexity.

Source: Laws 1997, LB 626, § 17; Laws 2015, LB46, § 5.

71-8218. General level trauma center, defined.

General level trauma center means a trauma center that:

- (1) provides initial evaluation and stabilization, including surgical stabilization if appropriate, and general medical and surgical inpatient services to patients who can be maintained in a stable or improving condition without specialized care;
- (2) prepares for transfer and transfers patients meeting predetermined criteria pursuant to the rules and regulations adopted under the Statewide Trauma System Act to higher level trauma centers:
- (3) is physician directed within a formally organized trauma team;
- (4) provides trauma-trained physicians and nurses to the emergency department within thirty minutes of notification;
- (5) has personnel available who can initiate surgery;

(6) has appropriate diagnostic capabilities and equipment; and

(7) maintains appropriate equipment for pediatric trauma patients in the emergency department, intensive care unit, and operating room.

Source: Laws 1997, LB 626, § 18; Laws 2009, LB195, § 93.

71-8219. Hospital, defined.

Hospital means a health care facility licensed under the Health Care Facility Licensure Act or a comparable health care facility operated by the federal government or located and licensed in another state.

Source: Laws 1997, LB 626, § 19; Laws 2000, LB 819, § 146.

Cross References

- **Health Care Facility Licensure Act**, see section **71-401**.

71-8220. Interfacility or intrafacility transfer and bypass, defined.

Interfacility or intrafacility transfer and bypass means the transfer of every trauma patient to the highest appropriate level center that is deemed medically appropriate for his or her injury.

Source: Laws 1997, LB 626, § 20.

71-8220.01. Intermediate level rehabilitation center, defined.

Intermediate level rehabilitation center means a rehabilitation center which provides rehabilitative services to individuals with musculoskeletal trauma, peripheral nerve lesions, lower extremity amputations, and other diagnoses resulting in functional impairment in one or more functional areas, with moderate to severe impairment or complexity.

Source: Laws 1997, LB 626, § 6; R.S.1943, (2009), § 71-8206; Laws 2015, LB46, § 6.

71-8221. Minimum data set, defined.

Minimum data set means a predetermined set of demographic and medical definitions set forth in the rules and regulations adopted under the Statewide Trauma System Act.

Source: Laws 1997, LB 626, § 21.

71-8222. Online physician or qualified physician surrogate, defined.

Online physician or qualified physician surrogate means a physician or a qualified physician surrogate, preferably within the region, who is providing medical direction to the emergency medical service providing life support and stabilization and includes interfacility or intrafacility transfer and bypass to a higher level trauma center.

Source: Laws 1997, LB 626, § 22; Laws 2009, LB195, § 94.

71-8223. Repealed. Laws 2009, LB 195, § 111.

71-8224. Patient care protocols, defined.

Patient care protocols means the written procedures adopted by the medical staff of a trauma center, specialty level burn or pediatric trauma center, or rehabilitation center that direct the care of the patient, based upon the assessment of the patient's medical needs. Patient care protocols shall follow minimum statewide standards for trauma care services.

Source: Laws 1997, LB 626, § 24.

71-8225. Pediatric trauma patient, defined.

Pediatric trauma patient means a trauma patient known or estimated to be less than sixteen years of age.

Source: Laws 1997, LB 626, § 25.

71-8226. Physician medical director, defined.

Physician medical director means a qualified physician who is responsible for the medical supervision of out-of-hospital emergency care providers and verification of skill proficiency of out-of-hospital emergency care providers.

Source: Laws 1997, LB 626, § 26.

71-8227. Qualified physician surrogate, defined.

Qualified physician surrogate means a qualified, trained medical person, designated by a qualified physician in writing to act as an agent for the physician in directing the actions of out-of-hospital emergency care providers.

Source: Laws 1997, LB 626, § 27.

71-8228. Regional medical director, defined.

Regional medical director means a physician licensed under the Uniform Credentialing Act who shall report to the Director of Public Health and carry out the regional plan for his or her region.

Source: Laws 1997, LB 626, § 28; Laws 1999, LB 594, § 62; Laws 2007, LB296, § 689; Laws 2007, LB463, § 1303.

Cross References

- **Uniform Credentialing Act**, see section **38-101**.

71-8229. Rehabilitative services, defined.

Rehabilitative services means a system or collection of comprehensive medical and therapy services that are interdisciplinary, coordinated, and resource-intensive with the goal of restoring physical, cognitive, psychological, social, and vocational functioning so that an individual can return to home, work, or society, becoming a productive participant in his or her community.

Source: Laws 1997, LB 626, § 29; Laws 2015, LB46, § 7.

71-8230. Specialty level burn or pediatric trauma center, defined.

Specialty level burn or pediatric trauma center means a trauma center that (1) provides specialized care in the areas of burns or pediatrics, (2) provides continuous accessibility regardless of day, season, or patient's ability to pay, and (3) has entry access from each of the designation levels as its online physician or qualified physician surrogate deems appropriate.

Source: Laws 1997, LB 626, § 30; Laws 2009, LB195, § 95; Laws 2015, LB46, § 8.

71-8231. State trauma medical director, defined.

State trauma medical director means a physician licensed under the Uniform Credentialing Act who reports to the Director of Public Health and carries out duties under the Statewide Trauma System Act.

Source: Laws 1997, LB 626, § 31; Laws 1999, LB 594, § 63; Laws 2007, LB296, § 690; Laws 2007, LB463, § 1304.

Cross References

- **Uniform Credentialing Act**, see section **38-101**.

71-8232. Trauma, defined.

Trauma means a single-system or multisystem injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.

Source: Laws 1997, LB 626, § 32; Laws 2009, LB195, § 96.

71-8233. Trauma care regions, defined.

Trauma care regions means geographic areas established by the department under section 71-8250.

Source: Laws 1997, LB 626, § 33.

71-8234. Trauma team, defined.

Trauma team means a team of physicians, nurses, medical technicians, and other personnel compiled to create a seamless response to an acutely injured patient in a hospital emergency department.

Source: Laws 1997, LB 626, § 34; Laws 2009, LB195, § 97.

71-8235. Trauma system, defined.

Trauma system means an organized approach to providing care to trauma patients that provides personnel, facilities, and equipment for effective and coordinated trauma care. The trauma system shall identify facilities with specific capabilities to provide care and provide that trauma patients be treated at a designated trauma center appropriate to the patient's level of injury. Trauma system includes prevention, prehospital or out-of-hospital care, hospital care, and rehabilitative services regardless of insurance carrier or ability to pay.

Source: Laws 1997, LB 626, § 35; Laws 2009, LB195, § 98.

71-8236. State Trauma Advisory Board; created; members; terms; expenses.

The State Trauma Advisory Board is created. The board shall be composed of representatives knowledgeable in emergency medical services and trauma care, including emergency medical providers such as physicians, nurses, hospital personnel, prehospital or out-of-hospital providers, local government officials, state officials, consumers, and persons affiliated professionally with health science schools. The Director of Public Health or his or her designee shall appoint the members of the board for staggered terms of three years each. The department shall provide administrative support to the board. All members of the board may be reimbursed for their actual and necessary expenses incurred in the performance of their duties as such members as provided in sections 81-1174 to 81-1177. The terms of members representing the same field shall not expire at the same time.

The board shall elect a chairperson and a vice-chairperson whose terms of office shall be for two years. The board shall meet at least twice per year by written request of the director or the chairperson.

Source: Laws 1997, LB 626, § 36; Laws 1998, LB 898, § 1; Laws 1999, LB 594, § 64; Laws 2007, LB296, § 691.

71-8237. State Trauma Advisory Board; duties.

The State Trauma Advisory Board shall:

- (1) Advise the department regarding trauma care needs throughout the state;
- (2) Advise the Board of Emergency Medical Services regarding trauma care to be provided throughout the state by out-of-hospital and emergency medical services;
- (3) Review the regional trauma plans and recommend changes to the department before the department adopts the plans;
- (4) Review proposed departmental rules and regulations for trauma care;
- (5) Recommend modifications in rules regarding trauma care; and

(6) Draft a five-year statewide prevention plan that each trauma care region shall implement.
Source: Laws 1997, LB 626, § 37; Laws 2009, LB195, § 99.

71-8238. State Trauma System Cash Fund; created; use; investment.

The State Trauma System Cash Fund is created. The department may apply for, receive, and accept gifts and other payments, including property and services, for the fund from any governmental or other public or private entity or person and may utilize the fund for activities related to the design, maintenance, or enhancements of the statewide trauma system. Disbursements from the fund shall be made by the department. 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.

Source: Laws 1997, LB 626, § 38.

Cross References

- **Nebraska Capital Expansion Act**, see section 72-1269.
- **Nebraska State Funds Investment Act**, see section 72-1260.

71-8239. Statewide trauma system; established; rules and regulations; state trauma medical director and regional medical directors; appointment.

(1) The department, in consultation with and having solicited the advice of the State Trauma Advisory Board, shall establish and maintain the statewide trauma system.

(2) The department, with the advice of the board, shall adopt and promulgate rules and regulations to carry out the Statewide Trauma System Act.

(3) The Director of Public Health or his or her designee shall appoint the state trauma medical director and the regional medical directors.

Source: Laws 1997, LB 626, § 39; Laws 2007, LB296, § 692; Laws 2009, LB195, § 100.

71-8240. Department; statewide duties.

The department shall establish and maintain the following on a statewide basis:

- (1) Trauma system objectives and priorities;
- (2) Minimum trauma standards for facilities, equipment, and personnel for advanced, basic, comprehensive, and general level trauma centers and specialty level burn or pediatric trauma centers;
- (3) Minimum standards for facilities, equipment, and personnel for advanced, intermediate, and general level rehabilitation centers;
- (4) Minimum trauma standards for the development of facility patient care protocols;
- (5) Trauma care regions as provided for in section 71-8250;
- (6) Recommendations for an effective trauma transportation system;
- (7) The minimum number of hospitals and health care facilities in the state and within each trauma care region that may provide designated trauma care services based upon approved regional trauma plans;
- (8) The minimum number of prehospital or out-of-hospital care providers in the state and within each trauma care region that may provide trauma care services based upon approved regional trauma plans;
- (9) A format for submission of the regional trauma plans to the department;
- (10) A program for emergency medical services and trauma care research and development;
- (11) Review and approve regional trauma plans;

(12) The initial designation of hospitals and health care facilities to provide designated trauma care services in accordance with needs identified in the approved regional trauma plan; and

(13) The trauma implementation plan incorporating the regional trauma plans.

Source: Laws 1997, LB 626, § 40; Laws 2009, LB195, § 101; Laws 2015, LB46, § 9.

71-8241. Department; coordination.

The department shall coordinate the statewide trauma system to assure integration and smooth operation among the trauma care regions and facilitate coordination of the State Trauma Advisory Board and the Board of Emergency Medical Services to monitor the system.

Source: Laws 1997, LB 626, § 41.

71-8242. Department; startup activities; duties.

The department shall:

(1) Purchase and maintain the statewide trauma registry pursuant to section 71-8248 to assess the effectiveness of trauma delivery and modify standards and other requirements of the statewide trauma system, to improve the provision of emergency medical services and trauma care;

(2) Develop patient outcome measures to assess the effectiveness of trauma care in the system;

(3) Develop standards for regional trauma care quality assurance programs; and

(4) Coordinate and develop trauma prevention and education programs.

The department shall administer funding allocated to the department for the purpose of creating, maintaining, or enhancing the statewide trauma system.

Source: Laws 1997, LB 626, § 42; Laws 2009, LB195, § 102.

71-8243. Centers; categorized; requirements.

Designated trauma centers and rehabilitation centers that receive trauma patients shall be categorized according to designation under the Statewide Trauma System Act. All levels of centers shall follow federal regulation guidelines and established referral patterns, as appropriate, to facilitate a seamless patient-flow system.

Source: Laws 1997, LB 626, § 43; Laws 1999, LB 594, § 65; Laws 2009, LB195, § 103.

71-8244. Designated center; requirements; request; appeal; revocation or suspension; notice; hearing.

(1) Any hospital, facility, rehabilitation center, or specialty level burn or pediatric trauma center that desires to be a designated center shall request designation from the department whereby each agrees to maintain a level of commitment and resources sufficient to meet responsibilities and standards required by the statewide trauma system. The department shall determine by rule and regulation the manner and form of such requests.

(2) Upon receiving a request, the department shall review the request to determine whether there is compliance with standards for the trauma care level for which designation is desired or whether the appropriate verification or accreditation documentation has been submitted. Any hospital, facility, rehabilitation center, or specialty level burn or pediatric trauma center which submits verification or accreditation documentation from a recognized independent verification or accreditation body or public agency with standards that are at least as stringent as those of the State of Nebraska for the trauma care level for which designation is desired as determined by the State Trauma Advisory Board shall be designated by the department and shall be

included in the trauma system or plan established under the Statewide Trauma System Act. Any medical facility that is currently verified or accredited shall be designated by the department at the corresponding level of designation for the same time period in Nebraska without the necessity of an onsite review by the department.

(3) Any medical facility applying for designation may appeal its designation. The appeal shall be in accordance with the Administrative Procedure Act.

(4) Except as otherwise provided in subsection (2) of this section, designation is valid for a period of four years and is renewable upon receipt of a request from the medical facility for renewal prior to expiration.

(5) Regional trauma advisory boards shall be notified promptly of designated medical facilities in their region so they may incorporate them into the regional plan.

(6) The department may revoke or suspend a designation if it determines that the medical facility is substantially out of compliance with the standards and has refused or been unable to comply after a reasonable period of time has elapsed. The department shall promptly notify the regional trauma advisory board of designation suspensions and revocations. Any rehabilitation or trauma center the designation of which has been revoked or suspended may request a hearing to review the action of the department.

Source: Laws 1997, LB 626, § 44; Laws 2009, LB195, § 104; Laws 2015, LB46, § 10.

Cross References

- **Administrative Procedure Act**, see section **84-920**.

71-8245. Onsite reviews; applicant; duties; confidentiality; fees.

(1) As part of the process to designate and renew the designation of hospitals and health care facilities as advanced, basic, comprehensive, or general level trauma centers, the department may contract for onsite reviews of such hospitals and health care facilities to determine compliance with required standards. As part of the process to designate a health care facility as a general, an intermediate, or an advanced level rehabilitation center or a specialty level burn or pediatric trauma center, the applicant shall submit to the department documentation of current verification or accreditation.

(2) Members of onsite review teams and staff included in onsite visits shall not divulge and cannot be subpoenaed to divulge information obtained or reports written pursuant to this section in any civil action, except pursuant to a court order which provides for the protection of sensitive information of interested parties, including the department:

(a) In actions arising out of the designation of a hospital or health care facility pursuant to section 71-8244;

(b) In actions arising out of the revocation or suspension of a designation under such section; or

(c) In actions arising out of the restriction or revocation of the clinical or staff privileges of a health care provider, subject to any further restrictions on disclosure that may apply.

(3) Information that identifies an individual patient shall not be publicly disclosed without the patient's consent.

(4) When a medical facility requests designation for more than one service, the department may coordinate the joint consideration of such requests. Composition and qualification of the designation team shall be set forth in rules and regulations adopted under the Statewide Trauma System Act. Reports prepared pursuant to this section shall not be considered public records.

(5) The department may establish fees to defray the costs of carrying out onsite reviews required by this section, but such fees shall not be assessed to health care facilities designated as basic or general level trauma centers.

(6) This section does not restrict the authority of a hospital or a health care provider to provide services which it has been authorized to provide by state law.

Source: Laws 1997, LB 626, § 45; Laws 2009, LB195, § 105; Laws 2015, LB46, § 11.

71-8246. Regional trauma system; department; duties.

The department shall develop the regional trauma system. The department shall:

(1) Assess and analyze regional trauma care needs;

(2) Identify personnel, agencies, facilities, equipment, training, and education needed to meet regional needs;

(3) Identify specific activities necessary to meet statewide standards and patient care outcomes and develop a plan of implementation for regional compliance;

(4) Promote agreements with providers outside the region to facilitate patient transfer;

(5) Establish a regional budget;

(6) Establish the minimum number and level of facilities to be designated which are consistent with state standards and based upon availability of resources and the distribution of trauma within the region; and

(7) Include other specific elements defined by the department.

Source: Laws 1997, LB 626, § 46; Laws 2009, LB195, § 106.

71-8247. Regional trauma system quality assurance program; established.

In each trauma region, a regional trauma system quality assurance program shall be established by the health care facilities designated as advanced, basic, comprehensive, and general level trauma centers. The quality assurance program shall evaluate trauma data quality, trauma care delivery, patient care outcomes, and compliance with the Statewide Trauma System Act. The regional medical director and all health care providers and facilities which provide trauma care services within the region shall be invited to participate in the quality assurance program.

Source: Laws 1997, LB 626, § 47; Laws 2009, LB195, § 107.

71-8248. Statewide trauma registry.

The department shall establish and maintain a statewide trauma registry to collect and analyze data on the incidence, severity, and causes of trauma, including traumatic brain injury. The registry shall be used to improve the availability and delivery of prehospital or out-of-hospital care and hospital trauma care services. Specific data elements of the registry shall be defined by rule and regulation of the department. Every health care facility designated as an advanced, a basic, a comprehensive, or a general level trauma center, a specialty level burn or pediatric trauma center, an advanced, an intermediate, or a general level rehabilitation center, or a prehospital or out-of-hospital provider shall furnish data to the registry. All other hospitals may furnish trauma data as required by the department by rule and regulation. All hospitals involved in the care of a trauma patient shall have unrestricted access to all prehospital reports for the trauma registry for that specific trauma occurrence.

Source: Laws 1997, LB 626, § 48; Laws 2009, LB195, § 108; Laws 2015, LB46, § 12.

71-8249. Statewide trauma registry; data; confidentiality.

(1) All data collected under section 71-8248 shall be held confidential pursuant to sections 81-663 to 81-675. Confidential patient medical record data shall only be released as:

(a) Class I, II, or IV medical records under sections 81-663 to 81-675;

(b) Aggregate or case-specific data to the regional trauma system quality assurance program and the regional trauma advisory boards;

(c) Protected health information to a public health authority, as such terms are defined under the federal Health Insurance Portability and Accountability Act of 1996, as such act existed on January 1, 2008; and

(d) Protected health information, as defined under the federal Health Insurance Portability and Accountability Act of 1996, as such act existed on January 1, 2008, to an emergency medical service, to an out-of-hospital emergency care provider, to a licensed health care facility, or to a center that will treat or has treated a specific patient.

A record may be shared with the emergency medical service, the out-of-hospital emergency provider, the licensed health care facility, or center that reported that specific record.

(2) Patient care quality assurance proceedings, records, and reports developed pursuant to this section and section 71-8248 are confidential and are not subject to discovery by subpoena or admissible as evidence in any civil action, except pursuant to a court order which provides for the protection of sensitive information of interested parties, including the department, pursuant to section 25-12,123.

Source: Laws 1997, LB 626, § 49; Laws 2007, LB185, § 46; Laws 2008, LB797, § 27.

71-8250. Trauma care regions; designated.

The department shall designate trauma care regions so that all parts of the state are within such a region.

Source: Laws 1997, LB 626, § 50; Laws 2003, LB 467, § 2.

71-8251. Regional trauma advisory boards; established; members; expenses.

The department shall establish a regional trauma advisory board within each trauma care region. The department shall appoint members, to be comprised of a balance of hospital representatives and out-of-hospital emergency services providers, local elected officials, consumers, local law enforcement representatives, and local government agencies involved in the delivery of emergency medical services and trauma care recommended by the local emergency medical services providers and medical facilities located within the region. All members of the board may be reimbursed for their actual and necessary expenses incurred in the performance of their duties as such members pursuant to sections 81-1174 to 81-1177.

Source: Laws 1997, LB 626, § 51.

71-8252. Regional trauma advisory boards; powers and duties.

The regional trauma advisory boards:

(1) Shall advise the department on matters relating to the delivery of trauma care services within the trauma care region;

(2) Shall evaluate data and provide analysis required by the department to assess the effectiveness of the statewide trauma system; and

(3) May apply for, receive, and accept gifts and other payments, including property and services, from any governmental or other public or private entity or person and may make arrangements as to the use of these receipts, including any activities related to the design, maintenance, or enhancements of the statewide trauma system in the trauma care region.

Regional trauma advisory boards shall report in the regional budget the amount, source, and purpose of all gifts and payments.

Source: Laws 1997, LB 626, § 52; Laws 2007, LB185, § 47.

71-8253. Act; how construed.

(1) If there are conflicts between the Statewide Trauma System Act and the Emergency Medical Services Practice Act pertaining to out-of-hospital emergency medical services, the Emergency Medical Services Practice Act shall control.

(2) Nothing in the Statewide Trauma System Act shall limit a patient's right to choose the physician, hospital, facility, rehabilitation center, specialty level burn or pediatric trauma center, or other provider of health care services.

Source: Laws 1997, LB 626, § 53; Laws 2007, LB463, § 1305.

Cross References

- **Emergency Medical Services Practice Act**, see section **38-1201**.

Cross Referenced Statutes

71-401. Act, how cited.

Sections 71-401 to 71-475 shall be known and may be cited as the Health Care Facility Licensure Act.

Source: Laws 2000, LB 819, § 1; Laws 2001, LB 398, § 65; Laws 2004, LB 1005, § 41; Laws 2007, B203, § 1; Laws 2009, LB288, § 31; Laws 2010, LB849, § 19; Laws 2010, LB999, § 1; Laws 2011, LB34, § 1; Laws 2011, LB542, § 1; Laws 2012, LB1077, § 1; Laws 2013, LB459, § 1; Laws 2015, LB37, § 68; Laws 2016, B698, § 17; Laws 2016, LB722, § 12; Laws 2017, LB166, § 19; Laws 2018, LB731, § 92; Laws 2018, LB1034, § 50.

38-101. Act, how cited.

Sections 38-101 to 38-1,145 and the following practice acts shall be known and may be cited as the Uniform Credentialing Act:

- (1) The Advanced Practice Registered Nurse Practice Act;
- (2) The Alcohol and Drug Counseling Practice Act;
- (3) The Athletic Training Practice Act;
- (4) The Audiology and Speech-Language Pathology Practice Act;
- (5) The Certified Nurse Midwifery Practice Act;
- (6) The Certified Registered Nurse Anesthetist Practice Act;
- (7) The Chiropractic Practice Act;
- (8) The Clinical Nurse Specialist Practice Act;
- (9) The Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act;
- (10) The Dentistry Practice Act;
- (11) The Dialysis Patient Care Technician Registration Act;
- (12) The Emergency Medical Services Practice Act;
- (13) The Environmental Health Specialists Practice Act;
- (14) The Funeral Directing and Embalming Practice Act;
- (15) The Genetic Counseling Practice Act;
- (16) The Hearing Instrument Specialists Practice Act;

- (17) The Licensed Practical Nurse-Certified Practice Act until November 1, 2017;
- (18) The Massage Therapy Practice Act;
- (19) The Medical Nutrition Therapy Practice Act;
- (20) The Medical Radiography Practice Act;
- (21) The Medicine and Surgery Practice Act;
- (22) The Mental Health Practice Act;
- (23) The Nurse Practice Act;
- (24) The Nurse Practitioner Practice Act;
- (25) The Nursing Home Administrator Practice Act;
- (26) The Occupational Therapy Practice Act;
- (27) The Optometry Practice Act;
- (28) The Perfusion Practice Act;
- (29) The Pharmacy Practice Act;
- (30) The Physical Therapy Practice Act;
- (31) The Podiatry Practice Act;
- (32) The Psychology Practice Act;
- (33) The Respiratory Care Practice Act;
- (34) The Surgical First Assistant Practice Act;
- (35) The Veterinary Medicine and Surgery Practice Act; and
- (36) The Water Well Standards and Contractors' Practice Act.

If there is any conflict between any provision of sections 38-101 to 38-1,145 and any provision of a practice act, the provision of the practice act shall prevail.

The Revisor of Statutes shall assign the Uniform Credentialing Act, including the practice acts enumerated in subdivisions (1) through (35) of this section, to articles within Chapter 38.

Source: Laws 1927, c. 167, § 1, p. 454; C.S.1929, § 71-101; R.S.1943, § 71-01; Laws 1972, LB 1067, § 1; Laws 1984, LB 481, § 5; Laws 1986, LB 77, § 2; Laws 1986, LB 286, § 23; Laws 1986, LB 355, § 8; Laws 1986, LB 579, § 15; Laws 1986, LB 926, § 1; Laws 1987, LB 473, § ; Laws 1988, LB 557, § 12; Laws 1988, LB 1100, § 4; Laws 1989, LB 23, § 2; Laws 1989, LB 344, § 4; Laws 1991, LB 456, § 4; Laws 1993, LB 48, § 1; Laws 1993, LB 187, § 3; Laws 1993, LB 429, § 1; Laws 1993, LB 536, § 43; Laws 1993, LB 669, § 2; Laws 1994, LB 00, § 1; Laws 1994, LB 1210, § 9; Laws 1994, LB 1223, § 2; Laws 1995, LB 406, § 10; Laws 1996, LB 1044, § 371; Laws 1997, LB 622, 7; Laws 1999, LB 178, § 1; Laws 1999, LB 366, § 7; Laws 1999, LB 28, § 7; Laws 2001, LB 25, § 1; Laws 2001, LB 209, § 1; Laws 001, B 270, § 1; Laws 2001, LB 398, § 19; Laws 2002, LB 1021, § 4; Laws 2002, LB 1062, § 11; Laws 2003, LB 242, § 13; Laws 2004, B 005, § 8; Laws 2004, LB 1083, § 103; Laws 2005, LB 306, § 1; Laws 2006, LB 994, § 79; R.S.Supp.,2006, § 71-101; Laws 2007, B236, § 1; Laws 2007, LB247, § 23; Laws 2007, LB247, § 58; Laws 007, LB296, § 296; Laws 2007, LB463, § 1; Laws 2007, LB481, § 1; Laws 2008, LB928, § 2; Laws 2009, LB195, § 5; Laws 2012, B831, 6; Laws 2015, LB264, § 1; Laws 2016, LB721, § 18; Laws 2016, B750, § 1; Laws 2017, LB88, § 28; Laws 2017, LB255, § 8; Laws 017, LB417, § 3; Laws 2018, LB701, § 1; Laws 2019, LB29, § 1; Laws 2019, LB112, § 1; Laws 2019, LB556, § 1.

- **Note:** The Revisor of Statutes has pursuant to section 49-769 correlated LB29, section 1, with LB112, section 1, and LB556, section 1, to reflect all amendments.

- **Note:** Changes made by LB556 became effective May 2, 2019. Changes made by LB29 became effective September 1, 2019. Changes made by LB112 became operative January 1, 2020.

Cross References

- **Advanced Practice Registered Nurse Practice Act**, see section 38-201.
- **Alcohol and Drug Counseling Practice Act**, see section 38-301.
- **Athletic Training Practice Act**, see section 38-401.
- **Audiology and Speech-Language Pathology Practice Act**, see section 38-501.
- **Certified Nurse Midwifery Practice Act**, see section 38-601.
- **Certified Registered Nurse Anesthetist Practice Act**, see section 38-701.
- **Chiropractic Practice Act**, see section 38-801.
- **Clinical Nurse Specialist Practice Act**, see section 38-901.
- **Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act**, see section 38-1001.
- **Dentistry Practice Act**, see section 38-1101.
- **Dialysis Patient Care Technician Registration Act**, see section 38-3701.
- **Emergency Medical Services Practice Act**, see section 38-1201.
- **Environmental Health Specialists Practice Act**, see section 38-1301.
- **Funeral Directing and Embalming Practice Act**, see section 38-1401.
- **Genetic Counseling Practice Act**, see section 38-3401.
- **Hearing Instrument Specialists Practice Act**, see section 38-1501.
- **Licensed Practical Nurse-Certified Practice Act**, see section 38-1601.
- **Massage Therapy Practice Act**, see section 38-1701.
- **Medical Nutrition Therapy Practice Act**, see section 38-1801.
- **Medical Radiography Practice Act**, see section 38-1901.
- **Medicine and Surgery Practice Act**, see section 38-2001.
- **Mental Health Practice Act**, see section 38-2101.
- **Nurse Practice Act**, see section 38-2201.
- **Nurse Practitioner Practice Act**, see section 38-2301.
- **Nursing Home Administrator Practice Act**, see section 38-2401.
- **Occupational Therapy Practice Act**, see section 38-2501.
- **Optometry Practice Act**, see section 38-2601.
- **Perfusion Practice Act**, see section 38-2701.
- **Pharmacy Practice Act**, see section 38-2801.
- **Physical Therapy Practice Act**, see section 38-2901.
- **Podiatry Practice Act**, see section 38-3001.
- **Psychology Practice Act**, see section 38-3101.
- **Respiratory Care Practice Act**, see section 38-3201.
- **Surgical First Assistant Practice Act**, see section 38-3501.
- **Veterinary Medicine and Surgery Practice Act**, see section 38-3301.
- **Water Well Standards and Contractors' Practice Act**, see section 46-1201.

72-1260. Act, how cited.

Sections 72-1237 to 72-1260 shall be known and may be cited as the Nebraska State Funds Investment Act.

Source: Laws 1969, c. 584, § 132, p. 2432; Laws 1994, LB 1066, § 74; Laws 1996, LB 847, § 25.

84-920. Act, how cited.

Sections 84-901 to 84-920 and the Occupational Board Reform Act shall be known and may be cited as the Administrative Procedure Act.

Source: Laws 1987, LB 253, § 22; Laws 1994, LB 446, § 38; Laws 1995, LB 490, § 191; Laws 2005, LB 373, § 8; Laws 2011, LB617, § 5; Laws 2016, LB867, § 16; Laws 2018, LB299, § 20.

- **Operative Date:** July 1, 2019

Cross References

- **Occupational Board Reform Act**, see section 84-933.

38-1201. Act, how cited.

Sections 38-1201 to 38-1237 shall be known and may be cited as the Emergency Medical Services Practice Act.

Source: Laws 1997, LB 138, § 1; Laws 2003, LB 242, § 128; R.S.1943, (2003), § 71-5172; Laws 2007, LB463, § 485; Laws 2018, LB1034, § 8.