

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NOTICE OF PUBLIC HEARING

November 7, 2022  
10:00 a.m. Central Time  
Nebraska State Office Building – Lower Level A  
301 Centennial Mall South, Lincoln, Nebraska  
Phone call information: 888-820-1398; Participant code: 3213662#

The purpose of this hearing is to receive comments on the amendment to the following regulations:

Title 172 Chapter 11 - *Licensure of Out-Of-Hospital Emergency Care Providers*

The proposed changes update chapter name; update definitions; modify initial license requirements; add application and certification requirements for community paramedicine and critical care paramedic providers; set out the process for obtaining a license based on reciprocity; specify documentation requirements for establishing residency; modify licensure renewal dates; remove cardiopulmonary resuscitation certification requirements; update continuing competency requirements; revise reinstatement of licenses; correct typographical and punctuation errors; restructure the regulatory chapter; and update formatting.

Title 172 Chapter 12 - *Licensure of Emergency Medical Services*

The proposed changes update definitions; update requirements for initial licensure; establish requirements for equipment and supplies to be carried; establish requirements for handling controlled substances; update requirements for emergency medical services; provide the ability to downgrade; develop standards for community paramedic services; set retention period for ambulance and equipment documentation; establish minimum required staffing for critical care transportation; clarify documentation requirements; outline requirements for physician medical director oversight; clarify physician medical director responsibilities; establish license renewal process for emergency medical services; establish patient care reporting requirements; clarify monthly reporting requirements; modify backup response plan requirements; correct typographical and punctuation errors; restructure the regulatory chapter; and update formatting.

Title 172 Chapter 13 – *Emergency Medical Services Training Agency*

The proposed changes increase the pass rate of training agencies; update exam and course requirements; modify agency disciplinary action; address the discipline of training agencies; remove the cardiopulmonary resuscitation requirement; correct typographical and punctuation errors; restructure the regulatory chapter; and update formatting.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

To encourage participation in this public hearing, a phone conference line will be set up for any member of the public to call in and provide oral comments. Interested persons may provide verbal comments by participating via phone conference line by calling 888-820-1398; Participant code: 3213662#.

Interested persons may attend the hearing and provide verbal or written comments, or mail, fax, or email written comments, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or [dhhs.regulations@nebraska.gov](mailto:dhhs.regulations@nebraska.gov), respectively.

A copy of the proposed changes is available online at <http://www.sos.ne.gov>, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8417. Individuals who are deaf or hard of hearing may call DHHS via the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.

## FISCAL IMPACT STATEMENT

Agency: <b>Department of Health and Human Services</b>	
Title: 172	Prepared by: Tim Wilson
Chapter: 11, 12, 13	Date prepared: 7/14/2022
Subject: Licensure of Emergency Care Providers, Emergency Medical Services, Emergency Medical Services Training Agency	Telephone: (402) 471-0124

Type of Fiscal Impact:

	State Agency	Political Sub.	Regulated Public
No Fiscal Impact	( <input type="checkbox"/> )	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )
Increased Costs	( <input checked="" type="checkbox"/> )	( <input type="checkbox"/> )	( <input checked="" type="checkbox"/> )
Decreased Costs	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Increased Revenue	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Decreased Revenue	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )
Indeterminable	( <input type="checkbox"/> )	( <input type="checkbox"/> )	( <input type="checkbox"/> )

Provide an Estimated Cost & Description of Impact:

State Agency:

The Department is recommending a licensing fee of \$50 per initial license and \$25.00 per renewal license. This fee will offset the cost incurred by the Department for licensing. This level of licensure is a specialty level and not required for EMS services to provide emergent care. It is the decision of the EMS Service and respective Emergency Care Providers to provide these specialty levels. Since this is a specialty level of care and not the required minimum, the Department licensure fee reflects this level of specialty care and associated license requirement that carry more responsibility than traditional Emergency Care Providers licenses.

Political Subdivision: N/A.

Regulated Public:

The Critical Care Paramedic and Community Paramedicine requirements for licensure include certification from the International Board of Specialty Certifications (IBSC). The additional fees for the examination to receive

certification are set by the IBSC. Current fees are \$285 if the applicant is an affiliate member of the IBSC or \$385 for non-affiliated members of the IBSC.

If indeterminable, explain why: N/A.

TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 11 LICENSURE OF ~~OUT-OF-HOSPITAL~~ EMERGENCY CARE PROVIDERS

001. SCOPE AND AUTHORITY. These regulations govern the licensure of ~~out-of-hospital~~ emergency care providers under the Emergency Medical Services Practice Act Nebraska Revised Statute (Neb. Rev. Stat.) § 38-3801 to § 38-3837 and the Uniform Credentialing Act Neb. Rev. Stat. § 38-101 to § 38-1,146. ~~Persons providing out-of-hospital emergency care services to clients located in Nebraska must be licensed as out-of-hospital emergency care providers in Nebraska unless they are exempt under the Act or as provided by Nebraska Revised Statute (Neb. Rev. Stat.) § 38-3801.~~

002. DEFINITIONS. For purposes of these regulations, definitions in the Uniform Credentialing Act, the Emergency Medical Services Practice Act, 172 Nebraska Administrative Code (NAC) 10, 12, and 13, and the following definitions are hereby adopted.

002.01 COMMUNITY CARE PROVIDER. Community paramedic who has a current license as an emergency medical technician, advanced emergency care technician, emergency medical technician – intermediate, or a paramedic and holds a license to practice as a community paramedic.

002.024 DIRECT SUPERVISION. The supervisor is present with the patient visually monitoring, providing verbal direction, and overseeing patient care that is being provided by temporary licensee.

002.032 EMERGENCY MEDICAL SERVICE INSTRUCTOR. An individual who has a current license to practice as an emergency medical service instructor.

002.043 NATIONAL CONTINUED COMPETENCY PROGRAM. A program developed by the National Registry of Emergency Medical Technicians to ensure evidenced based continuing continued education ~~and training programs~~ for ~~out-of-hospital~~ emergency care providers. ~~The national continued competency core certification level requirements as of the effective date of the chapter are adopted as part of the continuing competency requirements for renewal of licenses. As of the effective date this chapter, the National Continued Competency Program level requirements are adopted as part of the continuing competency requirements for renewal of emergency care provider licenses.~~ A copy of the National Continued Competency Program is available on the Department's website or by contacting the Department at 301 Centennial Mall South, Lincoln, Nebraska.

002.054 NON-VISUALIZED AIRWAY MANAGEMENT. The insertion of a supraglottic airway device without visualization of airway anatomical structures and the removal of airway adjuncts as the sole means to provide for a patent airway.

002.065 SUPERVISOR. An individual who is a licensed ~~out-of-hospital~~ emergency care provider, licensed healthcare practitioner or under the direction of a registered nurse, with an

unencumbered license and is the same or higher level as the temporary licensee and is responsible for holders of temporary licenses.

003. INITIAL CREDENTIAL. To obtain a license an applicant must submit a complete application provided by the Department and provide documentation demonstrating ~~that~~ the applicant meets the statutory requirements, 172 NAC 10, and this chapter.

~~003.01 EDUCATION. An applicant must be able to demonstrate successful completion within two years preceding application, of an approved education course required for the license applied for as set out below:~~

~~003.01(A) EMERGENCY MEDICAL RESPONDER. Acceptable courses for a license as emergency medical responder are: the emergency medical responder course, emergency medical responder to emergency medical technician bridge course, emergency medical technician course, advanced emergency medical technician course, advanced emergency medical technician to paramedic bridge course, pre-hospital emergency medical technician for nurses courses, paramedic course, or pre-hospital paramedic for registered nurses course.~~

~~003.01(B) EMERGENCY MEDICAL TECHNICIAN. Acceptable courses for a license as an emergency medical technician are: the emergency medical responder to emergency medical technician bridge course, emergency medical technician course, advanced emergency medical technician course, advanced emergency medical technician to paramedic bridge course, pre-hospital emergency medical technician for nurses course, or paramedic course, or pre-hospital paramedic for registered nurses course.~~

~~003.01(C) ADVANCED EMERGENCY MEDICAL TECHNICIAN. Acceptable courses for a license as an advanced emergency medical technician are: the advanced emergency medical technician course, the emergency medical technician course and the advanced emergency medical technician to paramedic bridge course, paramedic course, or pre-hospital paramedic for registered nurses course.~~

~~003.01(D) PARAMEDIC. Acceptable courses for a license as a paramedic are the paramedic course or pre-hospital paramedic for registered nurses course.~~

003.012 LICENSURE EXAMINATION. The National Registry of Emergency Medical Technicians Cognitive Exam is the approved licensure examination for all levels except critical care paramedic and community care providers. The certification examination for Critical Care Paramedic or the Flight Paramedic Certification examination provided by The International Board of Specialty Certification is the approved licensure examination for critical care paramedic. The community care provider must take a community paramedicine certification examination provided by The International Board of Specialty Certification is the approved licensure examination for a community care provider. An applicant must have passed the licensure exam for the level of licensure for which the applicant is applying. The passing of a licensure examination is determined by The Standards for Educational and Psychological Testing.

003.023 APPLICATION. An applicant must be at least 18 years of age and submit documentation of having a current certificate for the level of license applied for or higher level from the National Registry of Emergency Medical Technicians as evidence of meeting the education and examination requirements. An applicant for a license as a critical care paramedic must have a license as a paramedic and have successfully completed the approved licensure examination for critical care paramedic. An applicant for a license as a community care provider must have a license as an emergency medical technician, advanced emergency medical technician, or paramedic and have successfully completed the approved licensure examination for a community care provider.

004. TEMPORARY LICENSE. An applicant for a temporary license must meet all statutory requirements, the requirements of 172 NAC 10, the requirements of this chapter and submit a complete application and documentation to the Department that the applicant meets all requirements, except for passing the required examination. An applicant must have an official certificate of completion from the training agency showing successful course completion with the date of completion sent directly to the Department from the originating program or institution.

004.01 PRACTICE UNDER A TEMPORARY LICENSE. An individual with a temporary license must be under direct supervision by the same or higher level of out-of-hospital emergency care provider, licensed healthcare practitioner, or under the direction of a registered nurse, when performing practices or procedures at the level permitted by the temporary license.

005. RECIPROCITY. To obtain a license based on reciprocity, an applicant must meet the requirements of Neb. Rev. Stat. § 38-129.02, 172 NAC 10, and this chapter.

005.01 RESIDENCY. All applicants receiving a license pursuant to 172 NAC 11 must submit documentation of establishing residency in Nebraska as required by Neb. Rev. Stat. § 38-129.02. Such documentation must be submitted within 90 days of establishment of residency and consist of a rental or lease agreement with the signature of the owner or landlord and the applicant, a deed or title to residential real property with the name of the applicant as an owner, or documents with the name and address of the applicant such as mortgage bills, home utility bills, medical or employee documents or similar documents that show the applicant residing in Nebraska.

0065. RENEWAL. To renew a license, an applicant must meet all statutory requirements, the requirements of 172 NAC 10, and this chapter. All emergency care provider licenses except emergency medical technicians issued by the Department expire on March 31 of each odd-numbered year. Emergency medical technicians expire on March 31 of each even-numbered year.

0076. DOWNGRADE. An applicant may change licensure level at the time of renewal as set out below:

- (A) Paramedics who do not meet the continuing competency requirements as provided in this chapter for their level of licensure may be licensed as an advanced emergency

- medical technician, emergency medical technician, or as an emergency medical responder if they meet the continuing competency requirements of the respective license;
- (B) Emergency medical technician-intermediates who do not meet the continuing competency requirements as provided in this chapter for their level of licensure may be licensed as an advanced emergency medical technician, emergency medical technician, or an emergency medical responder if they meet the continuing competency requirements for the respective license;
  - (C) Advanced emergency medical technicians who do not meet the continuing competency requirements as provided in this chapter for their level may be licensed as an emergency medical technician, or an emergency medical responder if they meet the continuing competency requirements for the respective license; or
  - (D) Emergency medical technicians who do not meet the continuing competency requirements as provided in this chapter for their level of licensure may be licensed as an emergency medical responder if they meet the continuing competency requirements for that license.

0087. CONTINUING COMPETENCY REQUIREMENTS. On or before the license expiration date, each licensed ~~out-of-hospital~~ emergency care provider must ~~have a current cardiopulmonary resuscitation certification from an organization that has been approved by the Board and~~ complete continued competency requirements for their level of licensure as follows:

- (A) Emergency medical responders must:
  - (i) Complete 8 hours of continuing education that ~~must~~ meets the standards of the national component of the National Continuing Competency Program's continued competency requirements for emergency medical responders; or
  - (ii) Hold a current Emergency Medical Responder certificate from the National Registry of Emergency Medical Technicians.
- (B) Emergency medical technicians must:
  - (i) Complete 20 hours of continuing education that meets the standards of the national component of the National Continuing Competency Program's continued competency requirements for emergency medical technicians; or
  - (ii) Hold a current Emergency Medical Technician certificate from the National Registry of Emergency Medical Technicians.
- (C) Advanced emergency medical technicians must:
  - (i) Complete 25 hours of continuing education that meets the standards of the national component of the National Continuing Competency Program's continued competency requirements for advanced emergency medical technicians and have documentation from the physician medical director or qualified physician surrogate of demonstrated competency in peripheral IV access, non-visualized advanced airway management and administration of approved medications in a clinical, out-of-hospital, or educational setting; or
  - (ii) Hold a current Advanced Emergency Medical Technician certificate from the National Registry of Emergency Medical Technicians.
- (D) Emergency medical technician-intermediates must attest to completing 30 hours of continuing education, 20 hours in the subject matter of the emergency medical technician course and 10 hours in the subject matter covering the emergency medical technician-intermediate practice and procedures and have documentation from a physician or



qualified physician surrogate of demonstrated competency in peripheral IV administration and endotracheal intubation in a clinical, out-of-hospital, or educational setting.

- (E) Paramedics must:
- (i) Complete 30 hours of continuing education that meets the standards of the national component of the National Continuing Competency Program's continued competency requirements for paramedics and have documentation by a physician or qualified physician surrogate of demonstrated competency in peripheral IV administration, drug administration, cardiac skills and endotracheal intubation in a clinical, out-of-hospital, or educational setting; or
  - (ii) Hold a current Paramedic certificate from the National Registry of Emergency Medical Technicians.
- (F) Critical care paramedic must:
- (i) Maintain a current Nebraska Paramedic License; and
  - (ii) Hold a current International Board of Specialty Certification Critical Care Paramedic Certification or Flight Paramedic Certification.
- (G) Community care provider must:
- (i) Maintain a current Nebraska emergency medical technician, advanced emergency medical technician, or paramedic license; and
  - (ii) Hold a current International Board of Specialty Certification Community Paramedic Certification.

0098. ACCEPTABLE CONTINUING COMPETENCY. In order for an activity to be accepted for continuing competency to renew a license, the activity must meet the following criteria:

- (A) Be a planned, formally organized program of learning which directly contributes to the professional competency of ~~out-of-hospital~~ emergency care providers;
- (B) Have objectives that demonstrate a reasonable connection to the practice of emergency medicine;
- (C) Be made available on a specific date and time or be a ~~distributed~~ distributive learning program;
- (D) Have an instructor who has experience or training in the content area(s) of the course being taught;
- (E) Have a course title ~~and~~ consist~~ing~~ of content ~~that is~~ at least one-half hour in duration;
- (F) Delineate the number of contact hours, excluding meals and breaks to be awarded at the completion of the activity, with proof of such completion being documented; and
- (G) Have a mechanism that documents attendance and participation-; and
- (H) A licensee who is an instructor of an Emergency Medical Service Course, may receive continuing education hours for initial instruction of an Emergency Medical Service Course on an hour-for-hour basis. Credit will not be given to the licensee for subsequent instruction of the same Emergency Medical Service Course or continuing education course.

0109. NON-ACCEPTABLE CONTINUING COMPETENCY. The following activities are not acceptable for continuing education to renew a license:

- (A) Advanced National Incident Management System Training where the subject matter does not have an emergency medical service focus;

- (B) Advanced scene management courses where the subject matter does not have an emergency medical service focus;
- (C) Classes offered by Homeland Security where the subject matter does not have an emergency medical service focus;
- (D) Courses where the subject matter does not demonstrate a reasonable connection to the practice of emergency medical care; or
- (E) Fire training courses where the subject matter does not have an emergency medical service focus.

0110. WAIVER OF CONTINUING EDUCATION. In addition to the waivers allowed by 172 NAC 10, the Department may waive continuing competency requirements, in whole or in part, upon submission by a credential holder of documentation that circumstances beyond their control have prevented completion of these requirements. These circumstances may include suffering from a serious or disabling illness or physical disability, which prevented completion of the continuing competency requirements during the 24 months immediately preceding the license renewal date. Waiver of continuing education may not be used for consecutive renewal periods.

0142. PRACTICE WITH NON AFFILIATED SERVICES. An ~~out-of-hospital~~ emergency care provider may perform any practice or procedure which they are authorized to perform with an emergency medical service other than the service with which they are affiliated when requested by the other service when the patient for whom they are to render services is in danger of loss of life.

0132. ~~OUT-OF-HOSPITAL~~ EMERGENCY CARE PROVIDER UNPROFESSIONAL CONDUCT. Unprofessional conduct includes but is not limited to the acts set out in Neb. Rev. Stat. § 38-179 and the following:

- (A) Providing or attempting to provide a service for which such provider is not trained or authorized by the physician medical director;
- (B) Failure of a provider to be accountable, responsible and answerable for decisions and action or inaction of self or others, and for the resultant patient outcomes related to decisions and actions or inactions;
- (C) Failure for a provider to exhibit a state or quality of being competent or capable as a result of having the required knowledge, skills, and ability;
- (D) Committing any act which endangers patient safety or welfare;
- (E) Encouraging or promoting emergency medical care by untrained or unqualified persons;
- (F) Failure to comply with emergency vehicle operating requirements pursuant to Neb. Rev. Stat. § 60-6,114;
- (G) Failure to comply or follow the physician medical director's directives;
- (H) Committing any of the following acts or behavior that do not safeguard the welfare of patients and maintain professional relationships with patients:
  - (i) Failure to be aware of the intimacy and responsibilities inherent in the care of a patient and failure to avoid actions that seek to meet their personal needs at the expense of clients. Providers must avoid exploiting the trust of a patient and make every effort to avoid conditions that could impair professional judgment or increase the risk of exploitation of another person for one's own advantage;
  - (ii) Failure to decline to carry out emergency medical care services that have been

- requested when the services are known to be contraindicated or unjustified;
- (iii) Failure to decline to carry out procedures that have been requested when the services are known to be outside of the ~~out-of-hospital~~ emergency ~~medical~~ care provider's scope of practice;
  - (iv) Verbally or physically abusing patients;
  - (v) Falsification, unauthorized destruction, or failure to document patient care records;
  - (vi) Attempting to provide diagnostic or treatment information to patient(s) that are beyond the ~~out-of-hospital~~ emergency ~~medical~~ care provider's level of training and expertise; or
  - (vii) Assigning to other personnel those patient related services when the clinical skills and expertise of an ~~out-of-hospital~~ emergency ~~medical~~ care provider is required or is beyond the individual's scope of practice;
- (I) Engaging in sexual harassment of patients or coworkers. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature as a condition of:
    - (i) The provision or denial of emergency medical care to a patient;
    - (ii) The provision or denial of employment;
    - (iii) The provision or denial of promotions to a co-worker; or
    - (iv) For the purpose or effect of creating an intimidating, hostile, or offensive environment for the patient or unreasonably interfering with a patient's ability to recover or for the purpose or effect of creating an intimidating, hostile, or offensive working environment or unreasonably interfering with the co-worker's ability to perform their work;
  - (J) Failure to follow employer or emergency medical service policies or procedures implemented in the practice to safeguard patient care;
  - (K) Failure to provide professional assistance to patients without discrimination on the basis of race, color, religion, sex, disability, marital status, national origin, age, familial status, and ancestry;
  - (L) Failure to safeguard the patient's dignity and right to privacy; or
  - (M) Failure of a licensee or applicant, who is the subject of a disciplinary investigation, to furnish the Board or its investigator with requested information or requested documents.

0143. INITIAL EMERGENCY MEDICAL SERVICE INSTRUCTOR LICENSURE. Any person who wishes to represent themselves as an emergency medical service instructor must be licensed as such. To obtain a license, an applicant must submit a complete application provided by the Department and provide documentation demonstrating ~~that~~ the applicant meets the statutory requirements, 172 NAC 10, and this chapter.

0143.01 QUALIFICATIONS. An applicant who wishes to be licensed as an emergency medical service instructor must meet the requirements described below:

- (A) Be at least 18 years of age and of good character;
- (B) Hold a current license as an emergency care provider at or above the level being taught or hold a current license as a registered nurse, advanced practice registered nurse, physician assistant, doctor of medicine, or doctor of osteopathy;
- (C) Have successfully completed:
  - (i) The 1986, 1995, or 2002 U.S. Department of Transportation, National Highway

- Traffic Administration Emergency Medical Service Instructor Course;
- (ii) A college or university program where the applicant received a bachelor's degree or above in education;
  - (iii) The National Fire Protection Agency 1041 Instructor 2 Course; or
  - (iv) An equivalent course as approved by the Board; and
- (D) All applicants for an initial emergency medical services instructor must hold a current National Registry of Emergency Medical Technician certification at or above the level being instructed. An applicant ~~that is~~ currently licensed as a registered nurse, advanced practice registered nurse, physician assistant, doctor of medicine, or doctor of osteopathy is deemed to have met this requirement and must submit a copy of their current and unrestricted license ~~are exempt from having National Registry of Emergency Medical Technician certification.~~

0154. EMERGENCY MEDICAL SERVICES INSTRUCTOR CONTINUING COMPETENCY REQUIREMENTS. Each emergency medical service instructor holding an active credential must, on or before the date of expiration of the credential, ~~must~~ continue to meet the requirements for an initial license, and comply with the continuing competency requirements for the instructor as set out in this chapter. Each licensee is responsible for maintaining certificates or records of continuing competency activities and:

0154.01 CONTINUING EDUCATION. An emergency medical services instructor must complete a total of 8 hours of continuing education, within the 24 months preceding the license expiration date, in educational subject matter that at a minimum must include the following subjects:

- (A) Emergency medical service course curriculum updates;
- (B) Emergency medical service legislation and regulations;
- (C) Emergency medical service evaluation methods; and
- (D) Fundamentals of teaching adults.

0154.02 TEACHING REQUIREMENTS. An emergency medical services instructor must teach at least 12 hours of adult education over emergency medical services care topics within 24 months prior to the expiration date of the license.

0165. EMERGENCY MEDICAL SERVICE INSTRUCTOR RENEWAL. To renew an emergency medical service instructor credential, an applicant must maintain a current emergency care provider license and meet all statutory requirements, the requirements of 172 NAC 10, and this chapter. All emergency medical services instructor credentials issued by the Department will expire on ~~December~~ March 31 of each ~~even~~ odd-numbered year.

0176. GROUNDS FOR DISCIPLINARY ACTION AGAINST A CREDENTIAL. A credential to practice as an emergency medical service instructor may have disciplinary actions taken against it on any of the following grounds:

0176.01 EMERGENCY MEDICAL SERVICE INSTRUCTOR UNPROFESSIONAL CONDUCT. Unprofessional conduct includes but is not limited to the acts set out in Neb. Rev. Stat. § 38-179 and the following:

- (A) Use of inappropriate language during the course of instruction, such as obscenities, vulgarisms, or other offensive language;
- (B) Assigning duties to unqualified personnel for which the emergency medical service instructor is responsible;
- (C) Engaging in conduct involving dishonesty, fraud, deceit, or misrepresentation in the performance of duties involving instruction;
- (D) Engaging in harassment or sexual harassment. Sexual harassment includes making unwelcome sexual advances, requesting sexual favors, and engaging in other verbal or physical conduct of a sexual nature for the purpose or effect of creating an intimidating, hostile, or offensive learning environment. Harassment includes but is not limited to creating an intimidating, hostile, or offensive learning environment;
- (E) Teaching outside the scope of practice identified by the definition of emergency medical service courses as outlined in this chapter; or
- (F) Failure of a licensee or applicant, who is the subject of a disciplinary investigation, to furnish the Department, Board, or its investigator with requested information or requested documents.

0187. REINSTATEMENT. This section applies to individuals previously licensed in Nebraska who seek the authority to return to practice in Nebraska with a valid Nebraska license. In addition to the requirements outlined in 172 NAC 10, the applicant must submit ~~a copy of the applicant's current cardiopulmonary resuscitation card, and~~ documentation of meeting the following applicable requirements for the level applied for:

- (A) If an emergency medical responder license has been expired for less than five years and the applicant did not meet the renewal requirements by the renewal expiration date, the applicant must submit the following:
  - (i) A copy of the applicant's current National Registry of Emergency Medical Technicians Certificate for the level applied for; or
  - (ii) Documentation of successful completion, within the two years preceding a renewal application, of a refresher course that meets the National Registry of Emergency Medical Technicians National Continuing Competency requirements for the level applied for as set out in this chapter.
- (B) If an emergency medical responder license has been expired for more than five years, the applicant must submit a copy of the applicant's current National Registry of Emergency Medical Technicians Certificate for the level applied for ~~meet the requirements for an initial license as set out in this chapter.~~
- (C) If an emergency medical technician, advanced emergency medical technician, or a paramedic license has been expired for less than three years and did not meet the renewal requirements by the renewal expiration date, the applicant must submit the following:
  - (i) A copy of the applicant's current National Registry of Emergency Medical Technicians Certificate for the level applied for; or
  - (ii) Documentation of successful completion, within the two years preceding a renewal application, of a refresher course that meets the National Registry of Emergency Medical Technicians National Continuing Competency requirements for the level applied as set out in this chapter.
- (D) If a critical care paramedic license has been expired and did not meet the renewal

- requirements by the renewal expiration date, the applicant must submit the following:
- (i) A copy of the applicant's current International Board of Specialty Certification Critical Care Paramedic or Flight Paramedic; and
  - (ii) Documentation of Nebraska paramedic licensure.
- (E) If a community care provider license has been expired and did not meet the renewal requirements by the renewal expiration date, the applicant must submit the following:
- (i) A copy of the applicant's current International Board of Specialty Certification Community Paramedicine certification; and
  - (ii) Documentation of a Nebraska emergency care provider license.
- ~~(FD)~~ If an emergency medical technician, advanced emergency medical technician, or paramedic license has been expired for more than three years, the applicant must submit a copy of the applicant's current National Registry of Emergency Medical Technicians Certificate for the level applied for ~~meet the requirements for an initial license as set out in this chapter.~~
- ~~(GE)~~ If an emergency medical services instructor has been expired for less than five years and the applicant did not meet the renewal requirements by the renewal expiration date, the applicant must submit the following:
- (i) Meet the requirements of 172 NAC 11-014.01(A), 014.01(B), and 014.01(D); and
  - (ii) Documentation of the current renewal period continuing competency requirements set forth in this chapter.
- ~~(HF)~~ If an emergency medical services instructor has been expired for more than five years, the applicant must meet the requirements for an initial license as set out in this chapter.

TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 12 LICENSURE OF EMERGENCY MEDICAL SERVICES

001. SCOPE AND AUTHORITY. These regulations govern the licensure of emergency medical services under the Emergency Medical Services Practice Act ~~Nebraska Revised Statute (Neb. Rev. Stat.) §§ 38-3801 to 38-3837~~ and the Uniform Credentialing Act ~~Neb. Rev. Stat. §§ 38-101 to 38-1,146~~. ~~Persons providing out-of-hospital emergency care provider services to clients located in Nebraska must be licensed as out-of-hospital emergency care providers in Nebraska unless exempt or as provided by Nebraska Revised Statute (Neb. Rev. Stat.) §38-3801.~~

002. DEFINITIONS. For purposes of these regulations, definitions in the Uniform Credentialing Act, the Emergency Medical Services Practice Act, 172 Nebraska Administrative Code (NAC) 9, 11, and 13, and the following definitions are hereby adopted.

002.01 ADVANCED LIFE SUPPORT SERVICE. An emergency medical service that utilizes personnel ~~that have been~~ trained and licensed as advanced emergency medical technicians, emergency medical technician-intermediates, or paramedics and has equipment available commensurate with that level of training.

002.02 BASIC LIFE SUPPORT SERVICE. An emergency medical service that utilizes personnel ~~that have been~~ trained and licensed, ~~as at~~ a minimum, as emergency medical technicians and has equipment available commensurate with that level of training.

002.03 DRY RUN. Travel to a scene where there could be a medical emergency but no one was found to be injured or ill at that location.

002.04 EMERGENCY CALL. A call for an ambulance in which the reporting party utilizes a dedicated activation number or system intended for rapid notification of emergency services and the reporting party indicates endangerment to a person's life or limb.

002.05 INCIDENT. An occurrence, natural or manmade, ~~that requires~~ requiring a response to a perceived individual need for medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury. For the purpose of these regulations "run", "response", or "call" are equivalent terms.

002.06 PATIENT ASSESSMENT. The act of determining the type and degree of injury, illness, or other medical disability.

002.07 PROTOCOL. A set of written policies, procedures, and directions from a physician medical director to an ~~out-of-hospital~~ emergency care provider concerning the medical procedures to be performed in specific situations.

003. EMERGENCY MEDICAL SERVICE LICENSE. ~~All levels of emergency medical services which provide emergency medical care must have a license. To receive a license, an applicant~~

~~must meet all statutory requirements and the requirements of this chapter, 172 NAC 9, and submit a complete application and documentation that the applicant: To receive a license, an applicant must submit a complete application, meet the requirements for a license set out in statute, 172 NAC 9, this chapter, and submit documentation of the following:~~

- (A) Meets the standards ~~set in this chapter~~ for transporting patients or has a written agreement with a licensed emergency medical service that meets such standards;
- (B) Has a physician medical director;
- (C) Employs or has at least one member that is an ~~out-of-hospital~~ emergency care provider, except for an emergency medical responder;
- (D) Has an advanced emergency medical technician, emergency medical technician - intermediate, paramedic, registered nurse, advanced practice registered nurse, physician assistant, doctor of medicine, or doctor of osteopathy as a member or employee of the service, if applying for an advanced life support service license;
- (E) Has protocols approved by the physician medical director of the service; and
- (F) Has passed an inspection by the Department; ;
- ~~(G) Has a current Mid-Level Practitioner Controlled Substance Registration or has applied for such registration, if applying for an advanced life support service license; and~~
- ~~(H) Has a current Clinical Laboratory Improvement Amendments (CLIA) certificate for the level of point-of-care testing utilized by the service or has applied for such certificate.~~

003.01 APPLICATION. An applicant must submit:

- ~~(A) A list of all station locations;~~
- ~~(B) The legal name and address of the physician medical director;~~
- ~~(C) Signature of the physician medical director on the application;~~
- ~~(D) A copy of a written agreement with a licensed emergency medical service if the applicant does not own or lease an ambulance;~~
- ~~(E) Documentation of membership or employment personnel that meet the requirements set out in these regulations as applicable;~~
- ~~(F) A copy of the Mid-Level Practitioner Controlled Substance registration or a copy of the completed and submitted application for such registration, as applicable; and~~
- ~~(G) A copy of a current Clinical Laboratory Improvement Amendments certificate or a copy of the completed and submitted application for such certification;.~~

004. DOWNGRADE. An applicant may change licensure level if the applicant is unable to meet the requirements of an Advanced Life Support Service.

005. STANDARDS FOR PROVIDING COMMUNITY PARAMEDIC SERVICES. Any Nebraska licensed basic or advanced emergency medical service providing community paramedic services must:

- (A) Implement a written plan which includes:
  - (i) Area and populations being served;
  - (ii) Conclusions or recommendations of a healthcare gap assessment in the area and population;
  - (iii) Healthcare goals and objectives; and
  - (iv) Benchmarks and performance measures that will be utilized to measure the efficacy of the program to include clinical and financial data;
- (B) Minimum of one licensed community paramedic as member or employee of the service and on each community paramedic response; and



- (C) Have a physician medical director who:
- (i) Provides monitoring and supervision of community paramedic services;
  - (ii) Is involved in a community paramedicine training and competency evaluation; and
  - (iii) Establishes and maintains appropriate treatment protocols, standing orders, and equipment.

0064. STANDARDS FOR EMERGENCY MEDICAL SERVICES. All applicants ~~who own or lease an ambulance~~ and all licensees who own or lease an ambulance must meet the standards as set forth below:

0064.01 AMBULANCE STANDARDS. Ambulance standards are available on the Department's website or may be requested from the Department at 301 Centennial Mall South, Lincoln, NE 68509. Licensees must have documentation of the date an ambulance was acquired. Ambulances and aircraft must:

- (A) After the effective date of the regulations, meet the National Fire Protection Association (NFPA) 1917 Standard for Automotive Ambulances that is current on the effective date of these regulations or the Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standard for Ambulances that is current on the effective date of these regulations;
- (B) After the effective date of the regulations, remounted ambulances must meet the requirements of 172 NAC 12-0054.01(A);
- (C) Aircraft used for the transportation of patients must comply with Federal Aviation Administration Regulations 14 CFR 135 that is current on the effective date of these regulations and related bulletins and supplements; or
- (D) Ambulances, including remounted ambulances, that are owned by a licensed emergency medical service on the effective date of these regulations may continue to be used as ambulances.
  - (i) If the ownership of an ambulance meets the requirements of 172 NAC 12-0054.01(D) is transferred to another emergency medical service after the effective date of these regulations, then the ambulance cannot be used as an ambulance unless the ambulance:
    - (1) Meets the requirements of 172 NAC 12-0054.01 (A) or (B); or
    - (2) The ambulance is fifteen years of age or less; and,
    - (3) Meets or exceeds the Federal Specifications for Ambulances, KKK-A-1822C.
  - (ii) Section 0054.01(D)(i) (2) and (3) terminate ten years after effective date of these regulations.

0064.02 STANDARDS FOR EMERGENCY MEDICAL SERVICES EQUIPMENT. Ambulances and non-transporting emergency medical services must carry supplies and equipment, approved by the physician medical director, for providing care to pediatric and adult patients. The equipment and supplies must include:

- (A) Equipment that can be used to provide the following procedures as authorized by the service's license:
  - (i) Patient assessment and diagnostic measurements;
  - (ii) Airway management;
  - (iii) Bleeding control and wound management;
  - (iv) Extremity fracture immobilization;
  - (v) Cervical and spinal motion restriction;

- (vi) Burn care;
- (vii) Cardiac care;
- (viii) Obstetrics and gynecology care;
- (ix) Intravenous administration sets and fluids; and
- (x) Administration of medications and controlled substances;
- (B) Patient transport and comfort supplies; ~~and~~
- (C) Supplies and equipment for the protection of personnel and patients from infectious diseases and for personal safety; ~~and~~
- (D) Equipment and supplies appropriate for a critical care transport.

006.03 DRUG ENFORCEMENT AGENCY CONTROLLED SUBSTANCE REGISTRATION. An advanced life support emergency medical service must have a Drug Enforcement Agency Controlled Substance Registration to deliver, store, or otherwise handle controlled substances.

006.04 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS. An emergency medical service must have a current Clinical Laboratory Improvement Amendments (CLIA) certificate for all levels of point-of-care testing utilized by the service.

0064.053 COMMUNICATION SYSTEMS. Each licensee must have a communications system that is capable of two-way communications with receiving hospitals, dispatchers, and medical control authorities.

0064.064 AMBULANCE MAINTENANCE STANDARDS. Each licensee must meet the maintenance standards set out below:

- (A) Ambulances must be maintained as specified in the chassis manufacturer owner's manual and the recommendations of the ambulance manufacturer;
- (B) Aircraft must be maintained in accordance with Federal Aviation Regulation 14 CFR Part 135 and 14 CFR Part 91 and related bulletins, and supplements as required by this chapter;
- (C) Equipment used for patient care or support must be maintained in accordance with the manufacturer's recommended procedures; and
- (D) The licensee must keep and maintain all ambulance and operational equipment owner manuals and maintenance procedure manuals for the life of the ambulance or operational equipment or as long as the equipment is owned or used by the emergency medical service.

0064.075 INFECTION CONTROL STANDARDS. The licensee must follow written policies, approved by its physician medical director, concerning sanitation and infection control and the following:

- (A) Pre-exposure precautions;
- (B) Post-exposure procedures for personnel. Such procedures must be in accordance with Neb. Rev. Stat. §§ 71-506 to 71-514.05;
- (C) Procedures for decontamination and cleaning of the ambulance;
- (D) Procedures for the decontamination and cleaning of equipment; and
- (E) Procedures for the disposal of contaminated or single use equipment and supplies.

0064.086 AMBULANCE INSPECTION STANDARDS. A licensee which transports patients must establish and perform, at a minimum, monthly vehicle inspections to assure ~~that~~ the vehicle's emergency warning devices, electrical systems, engine, and fuel systems are in proper working order. Operational equipment, used for patient care or support, must be inspected, at a minimum, monthly and tested by the service for proper operation or function. All drugs must be inventoried, at a minimum, monthly. Checklists must be developed and used by the service to conduct these inspections monthly. Completed checklists must be maintained for five years.

0064.097 PERSONNEL STANDARDS. A licensee must meet the statutory requirements and the following personnel standards:

- (A) ~~A licensee must m~~Maintain a current roster of the names of its employees and members of the service-;
- (B) Only use licensed ~~out-of-hospital~~ emergency care providers and individuals as identified in Neb. Rev. Stat. § 38-1226 ~~must be used~~ to provide patient care-;
- (C) When acting as an ~~out-of-hospital~~ emergency care provider for a basic life support service, the provider may only provide the level of care as defined in Neb. Rev. Stat. § 38-1206.01 and 38-1207.01. When acting as an ~~out-of-hospital~~ emergency care provider for an advanced life support service, the provider may provide the level of care for a basic life support service and the level of care as defined in Neb. Rev. Stat. § 38-1204.01, 38-1207.01, and 38-1208.01-; and
- (D) Staffing of at least one critical care paramedic or a licensed physician, registered nurse, physician assistant, or advanced practice nurse practitioner when providing critical care transportation.

0064.108 PERSONNEL TRAINING STANDARDS. A licensee must provide training every two years for its members that includes, but is not limited to, the following areas:

- (A) Emergency vehicle driving for operators of ambulances or aircraft safety for operators of aircraft;
- (B) Infection control standards;
- (C) Procedures for dealing with hazardous materials;
- (D) Health Insurance Portability and Accountability Act (HIPAA) Training; ~~and~~
- (E) Personal safety issues-; and
- (F) Equipment used in the care of patients.

0064.1109 PERSONNEL TRAINING DOCUMENTATION. Training must be documented for each individual that participated in training provided by the licensee. The documentation must be maintained by the service for five years.

0064.120 PHYSICIAN MEDICAL DIRECTION STANDARDS. Every licensee must have a physician medical director who meets the requirements and responsibilities in the Emergency Medical Services Practice Act and this chapter.

0064.120(A) PHYSICIAN MEDICAL DIRECTOR QUALIFICATIONS. A physician medical director must have the following:

- (i) Experience in, and knowledge of, emergency care of acutely ill or traumatized patients-;

- (ii) Be familiar with the design and operation of local, regional, and state emergency medical service systems-;
- (iii) Obtain at least three hours of category one continuing medical education within the subject area of emergency medical services every twenty-four months-; and
- (iv) An advanced life support service providing critical care services shall maintain a physician medical director with specialty board certification in emergency medicine or a critical care subspecialty.

0064.129(B) PHYSICIAN MEDICAL DIRECTOR RESPONSIBILITIES. A physician medical director is responsible for:

- (i) Notifying the Department of the name(s) of licensed emergency medical services for which the individual is the physician medical director;
- (ii) Notifying the Department immediately when responsibility as the physician medical director for an emergency medical service is terminated and the date of the termination;
- (iii) Development and approval of protocols and standing orders for the emergency medical service;
- (iv) Ensuring and documenting the competency of each licensed out-of-hospital emergency care provider to perform skills used by the emergency medical service and documentation of any limitations on the practice of any emergency care provider;
- (v) Implementation of a medical quality assurance program. The medical quality assurance program must include:
  - (1) An annual review of protocols and standing orders;
  - (2) Documentation of Mm medical care audits as required by physician medical director needed; and
  - (3) Continuing medical education for the emergency medical services personnel;
- (vi) Ultimate authority and responsibility for monitoring and for the overall supervision of the medical aspects of the emergency medical service;
- (vii) Ensuring that each written standing order and protocol is appropriate for the licensure and skill level of each of the individuals to whom the performance of medical acts is delegated and authorized; and
- (viii) The oversight of the distribution, storage, ownership and security of medications and controlled substances utilized by the emergency medical service.

0064.134 RECORDS MAINTENANCE STANDARDS. Each licensee must maintain records as set out below:

0064.134(A) PERSONNEL RECORDS. Current personnel rosters and personnel files on each out-of-hospital emergency care provider must be maintained. All records must be maintained until superseded. Each file must include the following:

- (i) Name, address, and telephone number;
- (ii) Current level of licensure; and
- (iii) Current cardiopulmonary resuscitation certification.

0064.134(B) AMBULANCE AND EQUIPMENT RECORDS. A licensee must maintain records of vehicle and equipment maintenance and repair for no less than five years.

007. RENEWAL OF AN EMERGENCY MEDICAL SERVICES. All emergency medical service's licenses issued by the Department expire on March 31 of each odd-numbered year. On or before the license expiration date, each emergency medical service must submit a complete application, meet all statutory requirements, meet the requirements of 172 NAC 9, this chapter, and:

- (A) Submit documentation of meeting 172 NAC 12-003(A) through (G); or
- (B) Submit proof of current accreditation from the Commission on Accreditation of Medical Transportation Systems or Commission on Accreditation of Ambulance Services.

008. PATIENT CARE AND TREATMENT. Each licensee must provide the necessary care and treatment within its ability to meet the needs of patients. Care and treatment provided must meet prevailing professional standards and scope of practice requirements. Each licensee is to implement written policies and procedures that encompass care and treatment provided to patients.

0095. PATIENT CARE RECORDS. A licensee must ensure a patient care record for each incident, dry run, refused transportation, critical care run, community paramedic response, and stand-by service is completed by responding personnel. Patient care records must contain all data points as defined in the Nebraska Emergency Medical Services Data Dictionary.

0095.01 MAINTENANCE OF PATIENT CARE RECORDS. All patient care records for each incident, dry run, refused transportation, stand-by, critical care run, community paramedic response, and reporting of no incidents for a month must be:

- (A) Maintained and preserved, in electronic form, for a period of at least five years or in the case of minors, the records must be kept until three years after the age of majority has been attained;
- (B) Compliant with the highest standard as certified by the National Emergency Medical Services Information System, or successor organizations;
- (C) Sent to the Department as a complete record within 72 hours upon completion of an incident and when a unit is back in service to be used for inspection, data collection and research;
- (D) Submitted electronically to the Department. This requirement does not supersede any medical or legal requirements for maintenance of patient records; and
- (E) Compliant with the current version of the Nebraska Emergency Medical Services Data Dictionary; and
- ~~(F) If no incidents are performed by a service during any month, that information must be reported to the Department at the end of the calendar month.~~

0095.02 THIRD PARTY PATIENT CARE REPORTING SYSTEMS. If a licensee chooses not to use the electronic Nebraska Ambulance Rescue Service Information System, the patient care and incident information must meet all requirements in this chapter:

0095.03 PATIENT CARE RECORD CONFIDENTIALITY. Patient data must be kept confidential as required by Neb. Rev. Stat. § 38-1225. Records must be available for examination by authorized representatives of the Department.

0095.04 DESTRUCTION OF PATIENT CARE RECORDS. In order to ensure the patient's right of confidentiality, medical records must be destroyed or disposed of by shredding,

incineration, electronic deletion, or another equally effective protective measure or as otherwise provided by law.

0106. BACKUP RESPONSE PLAN. A licensee must have a written back-up response plan in the event of their inability to respond to requests for their services, except for interfacility transport and flight transport. The back-up response plan must:

- (A) List how many times the service is dispatched and the time period between each dispatch if there is no response;
- (B) List the back-up service that must be called no more than ten minutes after the original call activation; and
- ~~(C) Be approved by the physician medical director of the initial service and the back-up service; and~~
- ~~(C)~~ Be sent to the dispatching agency with acknowledgement of receipt from the dispatching agency.

01107. DEEMED COMPLIANCE. A licensee may be deemed in compliance with this set of regulations based on its accreditation. The service may still be selected for inspection in accordance with this set of regulations.

01107.01 ACCREDITATION. A licensee may be deemed in compliance with this chapter on its accreditation by:

- (A) Commission on Accreditation of Medical Transport Systems; or
- (B) Commission on Accreditation of Ambulance Services.

01107.02 REQUIREMENTS FOR EMERGENCY MEDICAL SERVICE TO BECOME DEEMED. A licensee may request the Department deem the emergency medical service in compliance with this chapter. The request must be:

- (A) Made in writing to the department;
- (B) Submitted within 30 days of receipt of a report granting accreditation; and
- (C) Accompanied by a copy of the accreditation report and certificate.

01107.03 MAINTAINANCE OF DEEMED COMPLIANCE. The licensee must maintain the accreditation or certification on which the license was issued. If the accreditation or certification has been sanctioned, modified, terminated, or withdrawn, the licensee must notify the Department within 15 days of receipt of notification of the action. After notifying the Department, the licensee may continue to operate unless the Department determines ~~that~~ the licensee no longer meets the requirements for licensure under the Uniform Credentialing Act, Emergency Medical Services Practice Act, or this chapter ~~of regulations~~. If the Department determines the licensee no longer qualifies for deemed compliance, the licensee is subject to inspections in accordance with this chapter.

01208. COMPLIANCE INSPECTIONS. Each licensee has the responsibility to be in compliance, and to remain in compliance, with the statutes and this chapter. To determine compliance with the statutes and regulations, the Department may conduct announced or unannounced inspections of emergency medical services.

01309. REQUIREMENTS FOR CHANGING PHYSICIAN MEDICAL DIRECTOR. Prior to a change in a physician medical director, the licensee must submit a change in medical director

form provided by the ~~e~~Department. A licensee may not operate without a physician medical director.

01410. REQUIREMENTS FOR CLOSING A LICENSED EMERGENCY MEDICAL SERVICE.

The following procedures must be followed by a licensee that wishes to close:

- (A) Notify the Department in advance of closing, when possible. All requirements for operation must be maintained until the emergency medical service is officially closed;
- (B) All patient care records that have not met the record retention timeline, must be stored or relinquished to the patient or the patient's authorized representative. The Department must be notified as to where the records are stored, if the records were relinquished to patients, or destroyed. If records are stored, the Department must be notified of the storage address, name, and telephone number of the person who has access to the records; and
- (C) The owner of the emergency medical service is responsible for the retention and preservation of the appropriate records upon termination of license.

01511. UNPROFESSIONAL CONDUCT. Unprofessional conduct includes but is not limited to the acts set out in Neb. Rev. Stat. §§ 38-179, § 38-182 and the following:

- (A) Competence: A licensee must not provide services for which the service has not been licensed or individuals licensed or authorized by the physician medical director. Unprofessional conduct while providing services as an Emergency Medical Service will include but is not limited to:
  - (i) Encouraging or promoting emergency medical care by untrained or unqualified persons;
  - (ii) Failure to comply with emergency vehicle operating requirements in accordance with Neb. Rev. Stat. § 60-6,114; and
  - (iii) Failure to comply with the lawful directions of the physician medical director;
- (B) Confidentiality: A licensee must hold in confidence information obtained from a patient, except in those unusual circumstances in which to do so would result in clear danger to the person or to others, or where otherwise required by law. Failure to do so will constitute unprofessional conduct;
- (C) Failure to decline to carry out emergency medical care services that have been requested when the services are known to be contraindicated or unjustified;
- (D) Failure to accurately provide interfacility arrival response time;
- (E) Failure to ensure and document ~~out-of-hospital~~ emergency care provider competency;
- (F) Failure to decline to carry out procedures that have been requested when the services are known to be outside of the emergency medical services licensure level;
- (G) Falsification or unauthorized destruction of patient records;
- (H) Delegating to unqualified personnel those patient related services when the clinical skills and expertise of an ~~out-of-hospital~~ emergency care provider is required;
- (I) Failure of a licensee to appropriately account for shortages or overages of controlled substances;
- (J) Failure to discipline ~~out-of-hospital~~ emergency care providers who have engaged in sexual harassment or any form of harassment of patients or co-workers;
- (K) Violating an assurance of compliance entered into under Neb. Rev. Stat. § 38-1,108;
- (L) Failure to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensed professional;

- (M) Practicing as an emergency medical service in this state without a current Nebraska license;
- (N) Obtaining any fee for professional services by fraud, deceit, or misrepresentation, including, but not limited to, falsification of third-party claim documents;
- (O) Failure to permit access by an agent or employee of the Department for the purposes of inspection, investigation, or other information collection activities necessary to carry out the duties of the Department; and
- (P) Failure of a licensee or applicant, who is subject of a disciplinary investigation, to furnish the Department, Board, or its investigator with requested information or requested documents.



TITLE 172 PROFESSIONAL AND OCCUPATIONAL LICENSURE

CHAPTER 13 EMERGENCY MEDICAL SERVICES TRAINING AGENCY

001. SCOPE AND AUTHORITY. These regulations govern the credentialing of emergency medical services training agencies under the Emergency Medical Services Practice Act Nebraska Revised Statute (Neb. Rev. Stat.) §§ 38-3801 to 38-3837 and the Uniform Credentialing Act Neb. Rev. Stat. §§ 38-101 to 38-1,146. ~~Persons providing out-of-hospital emergency care services training must be approved as an out-of-hospital emergency care training agency in Nebraska unless exempt.~~

002. DEFINITIONS. Definitions in the Uniform Credentialing Act, the Emergency Medical Services Practice Act, 172 Nebraska Administrative Code (NAC) 9, 11, and 12, and the following definitions apply to this chapter.

002.01 ACCREDITED. An accrediting body recognized by the United States Department of Education.

002.02 APPROVED TRAINING AGENCY. A person which is approved to conduct Emergency Medical Service course training by the Department upon recommendation of the Board.

002.03 CLINICAL TRAINING. The instruction or training in a supervised practice of emergency medical skills in hospital settings such as critical care units, emergency departments, obstetrical units, or operating rooms or in other medical settings such as a clinic or office of an individual licensed to practice medicine and surgery.

002.04 DIRECT SUPERVISION. The visual monitoring, providing of verbal direction, and overseeing patient care that is being provided by a student.

002.05 FIELD EXPERIENCE. Time in an emergency medical service course when a student is directly supervised while operating with an emergency medical service, hospital, health clinic, or physician's office that provides care to a perceived individual need for medical care and proceeds from observation to providing care commensurate with the student's training.

002.06 PRIMARY INSTRUCTOR. A licensed emergency medical service instructor who must attend a majority of the class sessions to assure course continuity and who is responsible for identifying ~~that~~ students have the cognitive, affective, and psychomotor skills necessary to function at the level being taught.

003. REQUIREMENTS FOR APPROVAL AS AN EMERGENCY MEDICAL SERVICE TRAINING AGENCY. To receive approval, an applicant must meet all statutory requirements, 172 NAC 9, and this chapter and submit a complete application and documentation ~~that~~ the applicant meets the following qualifications:

- (A) Be an accredited community college, college, university, or a school of nursing in this state that awards an academic degree to its graduates;

- (B) Paramedic training programs must be accredited by the Commission on Accreditation of Allied Health Education Program (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (COAEMSP). Programs holding a current Letter of Review from the Commission on Accreditation of Allied Health Education Program will be deemed to meet this requirement;
- (C) Have a qualified physician to serve as the training agency medical director;
- (D) Have written agreements with hospital(s), health care clinics, or physician offices for clinical training of students for the level of training being conducted;
- (E) Have written agreements with licensed emergency medical services for field experience for the level of training being conducted;
- (F) Direct supervision of students must be performed by an individual who is a licensed ~~out-of-hospital~~ emergency care provider, with an unencumbered license, and is the same or higher level of ~~out-of-hospital~~ emergency care provider as the student's course of study, or a licensed health care practitioner, or under the direction of a registered nurse;
- (G) Meet the standards for operating set in this chapter;
- (H) Emergency Medical Service Instructors must meet the requirements set forth in 172 NAC 11;
- (I) Provide adequate facilities, equipment, apparatus, supplies, and staffing;
- (J) Publish a catalog which includes at least the following information:
  - (i) The full name and address of the school;
  - (ii) Names of owners and officers, including any governing boards;
  - (iii) A description of each authorized educational service offered, including courses or programs offered, tuition, fees, and length of courses;
  - (iv) Enrollment procedures and entrance requirements, including late enrollment, if permitted;
  - (v) A description of the training agencies placement assistance. If no assistance is offered, the school must state this fact;
  - (vi) Attendance policy including minimum attendance requirements;
  - (vii) A description of how the agency determines a student's progress. The description must include:
    - (1) How student progress is measured and evaluated, including an explanation of any system of grading used;
    - (2) The conditions under which the student may be readmitted if terminated for unsatisfactory progress;
    - (3) An explanation of any probation policy; and
    - (4) Information about the system used to make progress reports to students;
  - (viii) An explanation of the refund policy which also includes the training agencies method of determining the official date of termination; and
  - (~~ix~~) A description of its policy that addresses student harassment and training agency action if such harassment takes place;
- (K) Provide resources to support students who may need disability accommodations, student support, and other counseling services; and
- (L) Pass an on-site inspection.

**004. TRAINING AGENCY STANDARDS AND COURSES.** Training agencies must:

- (A) Provide official verification to individuals who have successfully completed any of the emergency medical service courses. The official verification must include the following:

- (i) Training agency name and location of central or headquarters office;
  - (ii) Signature and title or position of a training agency individual attesting to the official verification;
  - (iii) Date student successfully completed the emergency medical service course;
  - (iv) Student full name including first and last name;
  - (v) Name of course that was successfully completed; **and**
  - (vi) Total number of hours ~~that~~ the emergency medical service course provided. Advanced emergency medical technician and paramedic courses must include the number of didactic hours, clinical hours, and field internship hours;
- (B) Maintain, for a minimum of five years, the following records for each emergency medical service course taught including:
- (i) All student records must include:
    - (1) Name and address for each student enrolled in emergency medical service courses;
    - (2) Grades for each cognitive examination;
    - (3) Documentation of successful completion of each student's psychomotor skill, patient contacts, and scenario evaluations;
    - (4) Documentation of the Advanced Emergency Medical Technician intravenous starts and non-visualized airway placement; and
    - (5) A copy of each student's documentation of meeting entrance requirements to each course;
  - (ii) All instructor and course records must include:
    - (1) Names and qualifications of the primary instructors;
    - (2) Names and qualifications of other emergency medical service course instructors;
    - (3) Instructor evaluation records completed by students and training agency personnel;
    - (4) Names and qualifications of the psychomotor skills evaluators for the emergency medical service courses;
    - (5) Names and qualifications of the person providing direct supervision for field experience; and
    - (6) Agreements with other entities for use of equipment needed to conduct an emergency medical service course if the equipment is not provided by the training agency;
- (C) Conduct at least one emergency medical service course each calendar year;
- (D) Submit the following information to the Department for each course taught within 30 days of the completion of each course:
- (i) Course location;
  - (ii) Name of training agency;
  - (iii) Name of instructor(s) of each course;
  - (iv) Name of course;
  - (v) Number of students enrolled;
  - (vi) Number of students that left prior to course completion; and
  - (vii) Number of students who:
    - (1) Completed the course;
    - (2) Total number of didactic hours; and
    - (3) For advanced emergency medical technician, and paramedic courses, the total number of clinical and field internship hours;

- (E) Obtain at least a ~~70~~75% aggregate pass rate for each emergency medical service course for a period of two consecutive years on all attempts of the licensure examination as set forth in 172 NAC 11;
- (F) Implement a written quality assurance program for instruction. The quality assurance program must:
  - (i) Include the implementation of written policies and procedures for periodic observation of all instructors including the feedback for strengths and opportunities for improvement;
  - (ii) Include the completion of student evaluations during and after each emergency medical service course taught;
  - (iii) Include the implementation of remediation plan(s) for instructor deficiencies. Documentation of such remediation must be maintained for five years; and
  - (iv) Conducting semi-annual meetings with each emergency medical service course instructor for the purpose of discussing training issues and identifying any instruction needs. Documentation of such meetings must be maintained for five years.

004.01 EMERGENCY MEDICAL SERVICE COURSE. Each emergency medical service course listed below must meet the requirements of the Uniform Credentialing Act, Emergency Medical Services Practice Act, United States Department of Transportation guidelines for Emergency Medical Service Instructors, and the current United States Department of Transportation and National Highway Traffic Safety Administration National Emergency Medical Services Educational Standards, on the date of the adoption of this chapter. The standards are available on the Department's website or may be requested from the Department at 301 Centennial Mall South, Lincoln, NE 68509. Each training agency must:

- (A) Use primary instructors for the administration, coordination, and teaching of each emergency medical service course;
  - (i) Primary instructors may utilize subject matter experts to assist in the teaching of emergency medical service course.
- (B) Conduct, at the end of the course, the psychomotor skill component in accordance with the Department approved National Registry of Emergency Medical Technicians licensure examination for the emergency medical responder, emergency medical technician, emergency medical responder to emergency medical technician bridge, and pre-hospital emergency medical technician for nurses courses.
- (C) Adhere to all components of the Department approved Emergency Medical Services Basic Life Support psychomotor examination handbook. The components are available on the Department's website or may be requested from the Department at 301 Centennial Mall South, Lincoln, NE 68509. for the psychomotor skills testing of the course that must meet the requirements established by the National Registry of Emergency Medical Technicians Psychomotor Users Guide.
- (D) Ensure ~~that~~ each student in an Advance Emergency Medical Technician Course completes at least 25 patient contacts, at least 24 intravenous starts, and placement of at least 12 non-visualized airways during a minimum of 150 hours of field experience. These requirements may also be completed in a hospital emergency department, clinic, or physician's office. If the student cannot meet the required patient contacts during the field experience because of a low number of emergency or medical requests, these patient contacts may be obtained in a simulated patient encounter laboratory setting. Documentation of each of these must be maintained.

- (E) An Emergency Medical Technician to Advanced Emergency Medical Technician bridge course must meet the requirements in this chapter for an advanced emergency medical technician course specific to the educational material and psychomotor skills not taught in the emergency medical technician course.
- (F) Ensure ~~that~~ each student in an Emergency Medical Technician Course completes a minimum of five patient contacts during field experience. If the student cannot meet the five patient contacts during the field experience because of a low number of emergency or medical requests, these contacts may be obtained in a hospital emergency department, clinic, ~~or~~ physicians' office, or in a simulated patient encounter laboratory setting. Each student must successfully complete simulated adult and, when applicable, pediatric patient encounters in a laboratory setting that must include a minimum of cardiac, trauma, pediatrics, geriatric, stroke, obstetric, difficulty breathing, altered mental status, and toxicology. Documentation of each of these must be maintained.
- (G) An Emergency Medical Responder Course must meet the requirements in this chapter.
- ~~(HG)~~ An Emergency Medical Responder to Emergency Medical Technician Bridge Course must meet the requirements in this chapter for an emergency medical technician course specific to the educational material and psychomotor skills not taught in the Emergency Medical Responder Course.
- ~~(IH)~~ Pre-Hospital Emergency Medical Technician for Nurses Course is a course of instruction for licensed registered nurses and licensed practical nurses to become emergency medical technicians that must meet the requirements in this chapter for an emergency medical technician course specific to the educational material and psychomotor skills not taught in a nursing course.
- (J) A Paramedic Course must meet the requirements in this chapter.
- ~~(K)~~ An Advanced Emergency Medical Technician to Paramedic Bridge Course must meet the requirements in this chapter for a paramedic course specific to the educational material and psychomotor skills not taught in the Advanced Emergency Medical Technician Course.
- ~~(L)~~ Pre-Hospital Paramedic for Nurses Course is a course of instruction for licensed registered nurses to become a paramedic that must meet the requirements in this chapter for a paramedic specific to the educational material and psychomotor skills not taught in a nursing course.
- ~~(MK)~~ A Nebraska Emergency Medical Service Instructor Course must meet the requirements set out in this chapter.
- ~~(NL)~~ Emergency medical service refresher courses must meet the National Continued Competency Program requirements set out as defined in 172 NAC 11.

005. RESPONSIBILITIES AND QUALIFICATIONS OF APPROVED TRAINING AGENCY MEDICAL DIRECTORS. The emergency medical service training agency medical director must be responsible for the medical oversight of the program and the following:

- (A) Responsible for the medical supervision of the curriculum of an approved training agency and verification of entry level competency of the students;
- (B) Review and approve education course content, procedures, and protocols related to medical care for appropriateness, accuracy and evidence-based care;
- (C) Review and approve minimum number of required patient contacts and procedures not addressed in this chapter of regulation;

- (D) Review and approve any evaluation tools and processes used to evaluate student's didactic, laboratory, and field experience;
- (E) Review the progress of each student to assist in determining appropriate corrective action;
- (F) Ensure the cognitive, psychomotor, and affective domains for students; and
- (G) Ensure the effectiveness and quality of any training agency medical director responsibility that is delegated to another qualified physician.

005.01 MEDICAL DIRECTOR QUALIFICATIONS. A medical director must:

- (A) Have a current license in Nebraska to practice medicine and surgery;
- (B) Have experience providing emergency care to acutely ill and injured patients;
- (C) Have training or experience in the delivery of ~~out-of-hospital~~ the practice of emergency medical care, including the proper care and transport of patients, medical direction, and quality improvement in ~~out-of-hospital~~ the practice of emergency medical care;
- (D) Be active in the medical community and participate in activities related to the practice of emergency medical ~~out-of-hospital~~ care; and
- (E) Be knowledgeable about emergency medical service education including professional, legislative, and regulatory issues regarding emergency medical services education.

006. CHANGE IN MEDICAL DIRECTOR. Prior to a change in the training agency medical director, the licensee must submit a change in medical director form provided by the Department. A licensee may operate no more than 30 days without a physician medical director and must notify the Department immediately if a medical director resigns with no notice or due to unforeseen circumstances.

007. CLOSURE OF A TRAINING AGENCY. A training agency must notify the Department, in writing, a minimum of six months prior to a planned closure of the training agency. The notification must include a plan for completion of the training or transfer of students currently enrolled in the approved training agency and the disposition and storage of the records of the approved training agency. All requirements for operation must be maintained until the approved training agency is officially closed.

008. DEEMED COMPLIANCE. An approved training agency may be deemed in compliance with this chapter based on accreditation or certification by the Commission on Accreditation of Allied Health Education Programs. The approved training agency may still be selected for inspection.

008.01 REQUIREMENTS FOR APPROVED TRAINING AGENCY TO BECOME DEEMED.

An approved training agency may request the Department to recognize the accreditation. The request must be:

- (A) Made in writing to the Department;
- (B) Submitted within 30 days of receipt of a report granting accreditation or certification; and
- (C) Accompanied by a copy of the accreditation report and certificate.

008.02 MAINTENANCE OF DEEMED COMPLIANCE. An approved training agency must maintain the accreditation or certification on which the approval was issued. If the accreditation

is sanctioned, modified, terminated, or withdrawn, the training agency must notify the Department within 15 days of receipt of notification of the action. After notifying the Department, the training agency may continue to operate unless the Department determines ~~that~~ the training agency no longer meets the requirements for deemed compliance. If the Department determines the approved training agency no longer qualifies for deemed compliance status, the approved training agency is subject to compliance inspection.

009. COMPLIANCE INSPECTIONS. Each approved training agency has the responsibility to be in compliance, and to remain in compliance with all requirements. To determine compliance with the statutes and regulations, the Department may conduct announced or unannounced inspections of the approved training agency.

010. GROUNDS ON WHICH THE DEPARTMENT MAY DENY APPROVAL OR DISCIPLINE AN EMERGENCY MEDICAL SERVICE TRAINING AGENCY. The Department may deny an application for approval when the applicant fails to meet the requirements. The Department may deny, suspend, or revoke approval or otherwise discipline an applicant, or approved training agency for any of the grounds listed in Neb. Rev. Stat. ~~§ 38-182 §38-178 or §38-179~~ or for any of the following grounds:

- (A) Violation of the regulations promulgated thereto governing the approval of approved training agencies;
- (B) Misrepresentation of material facts, in procuring or attempting to procure approval as an approved training agency; or
- (C) Providing an emergency medical service course while the approved training agency's approval is suspended or in contravention of a limitation placed upon the approval.

010.01 TYPE OF DISCIPLINE. ~~Types of disciplinary action that may be taken are those set in Neb. Rev. Stat. § 38-196.~~

011. PLAN OF CORRECTION PROCEDURE. In lieu of denial or other sanctions when an approved training agency is found to be in violation, the Department may require such agency to submit and complete a plan of correction. When requested, the approved training agency must submit to the Department a plan of correction containing the steps it will take to correct violations and the estimated time for correction. Such plan must be submitted within 30 days from date of mailing of the request from the Department. The estimated time for correction may not exceed one year. The plan of correction must be acceptable to the Department. Failure to submit an acceptable plan is grounds for denial, suspension, or revocation or otherwise discipline the agency's approval. The approved training agency must submit to the Department documentation of completion of the plan of correction. The Department may conduct an inspection to determine if correction has been obtained. If the approved training agency fails to successfully complete an approved plan of correction or to correct a violation, the Department may suspend or revoke or otherwise discipline the agency's approval.

012. REAPPLICATION REQUIREMENTS AND PROCEDURES FOR AN EMERGENCY MEDICAL SERVICE TRAINING AGENCY. An emergency medical service training agency whose approval has been terminated may apply for a new approval as provided in 172 NAC 13-003.

~~013. APPROVED CARDIOPULMANRY RESUSCITATION ORGANIZATIONS. The following are the approved Cardiopulmonary Resuscitation organizations:~~

- ~~(A) American Heart Association;~~
- ~~(B) American Red Cross;~~
- ~~(C) American Safety and Health Institute;~~
- ~~(D) American Trauma Event Management;~~
- ~~(E) AGLS Certification Institute;~~
- ~~(F) Emergency Care and Safety Institute;~~
- ~~(G) National Safety Council; and~~
- ~~(H) Pro CPR Organization.~~

~~013.01 — CARDIOPULMONARY RESUSCITATION ORGANIZATION PROCESS FOR APPROVAL. To become an approved Cardiopulmonary Resuscitation organization an organization's cardiopulmonary resuscitation training program must be substantially equivalent to the approved cardiopulmonary resuscitation organizations listed in this chapter and be approved by the Nebraska Board of Emergency Medical Services.~~