

# Nebraska Legislative Update: Health Care Crisis Protocol

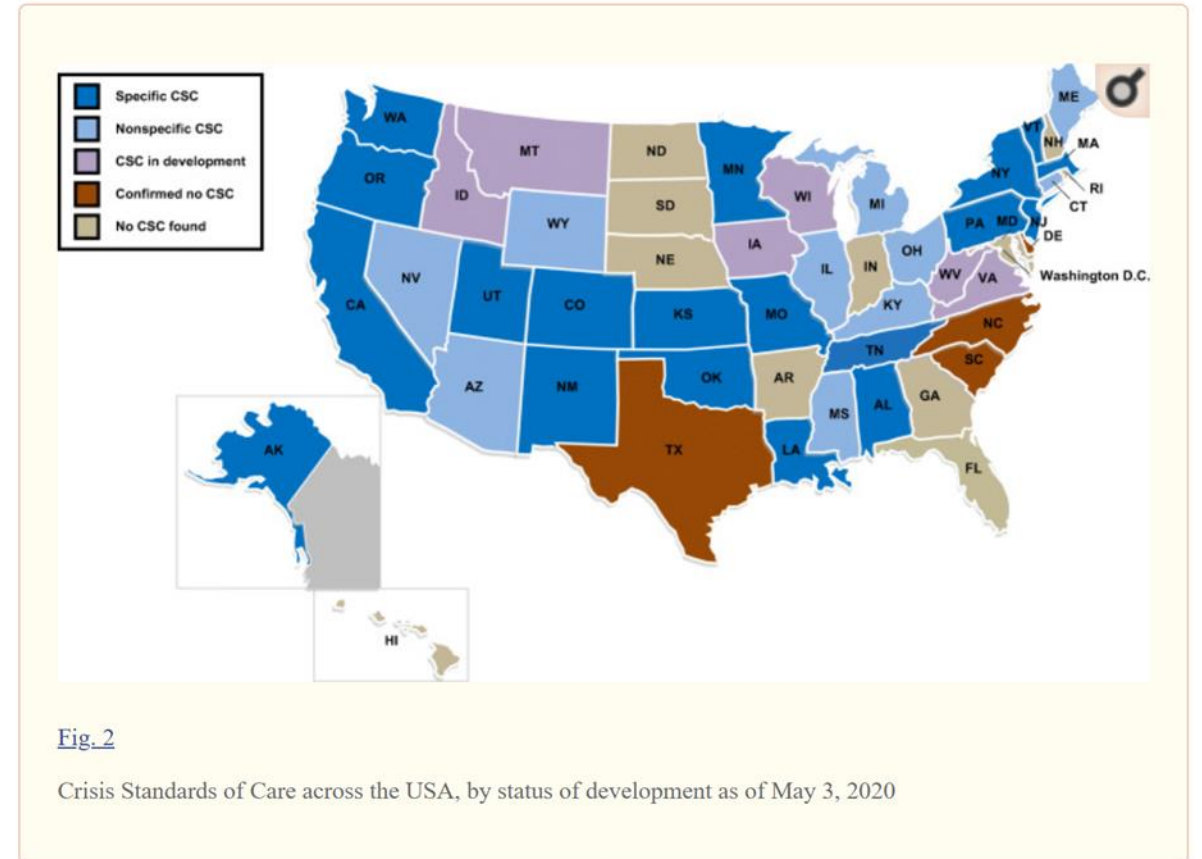
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A decorative graphic on the right side of the slide. It features a large, faint, dashed orange circle that spans across the right half of the page. Overlapping this are three solid circles: a large dark blue circle at the bottom, a medium orange circle in the upper right, and another large dark blue circle on the far right edge.

## ► Crisis Standards of Care

- Crisis standards of care (CSC) provide guidance on how hospitals and other healthcare facilities can fairly allocate resources in the event of an overwhelming medical surge
- Currently ~38 states have official CSC plans



## ► **Lead up to the adopted law**

- CSC Plan drafted and reviewed by numerous clinicians and stakeholders across the state
- CSC plan is based on the Massachusetts CSC plan
- 11/24/2020 – Nebraska Hospital Association and Nebraska Medical Association both endorsed the final plan
- Launched education on CSC across the state
- Coalition planning initiated on CSC triage and how to operationalize the plan regionally across the state

## ▶ **LB 53**

- Introduced by Senator Steve Lathrop on January 7, 2021, hearing held in the Judiciary Committee on February 8, 2021
- Bill was written to provide immunity for healthcare providers acting under Crisis Standards of Care (CSC), and related strictly to the declared COVID-19 emergency
- Used the MEOC CSC planning guidance to define the state crisis standards

## ▶ **LB 139**

- Introduced by Senator Briese on January 8, 2021
- Created as a general COVID-19 Liability act, providing liability protection to businesses and individuals from claims relating to COVID-19 exposure
- Merged with LB 53, but language changed to Health Care Crisis Protocol Act
- Passed legislature on May 20, and signed by the Governor on May 26

## ▶ **LB 139 Continued**

- Health Care Crisis Protocol Act
  - Uses the MEOC Planning document as the state health care crisis protocol
  - Requires hospitals to have a copy of the health care crisis protocol and to make that copy available to the public
    - No other type of health care facility is included in this requirement
  - DHHS will also maintain a copy of the health care crisis protocol on their website

# ▶ What are the guiding principles underlying Crisis Standards of Care?

- The medical community aims to provide the best care for the most patients possible in Nebraska.
- Healthcare planning must do everything possible never to need CSC.
- The goal is to provide equitable and consistent treatment throughout the state, no matter where patients live or what health care facility they visit.
- CSC have the joint goals of extending the availability of key resources and minimizing the impact of shortages on clinical care.
- CSC strive to save the most lives possible, recognizing that some individual patients will die, who would survive under usual care.
- Implementation of CSC will require facility-specific decisions regarding the allocation of limited resources, including how patients will be triaged to receive life-saving care.

# ▶ **What decisions are involved in Crisis Standards of Care?**

- Decisions on how to allocate scarce resources
  - Staff
  - Space
  - Supplies
- These decisions need to be supported in order to alleviate stress on healthcare providers and to remove bias



## ► Health Care Crisis Protocol: Triage Teams

Health Care Crisis Protocol outline that each facility should have access to a crisis triage team that will be activated in a crisis if that facility approaches its minimal operating capacity for resources like ventilators. A triage team will make decisions based on medical condition. A triage team should consist of:

- An expert on ethics or palliative care
- An attending physician or provider familiar with critical care
- A representative of nursing staff
- A representative of the facility's leadership
- The primary medical team caring for a patient **SHOULD NOT** be involved in crisis triage decision-making for their own patient. Each institution should create a crisis triage team that is objective and removed from the patient.

# ▶ Questions