

***I MINA' TRENTAI KUATTRO NA LIHESLATURAN GUÅHAN***  
**2017 (FIRST) Regular Session**

2017 JUN 27 PM 1:59

**Bill No. 57-34 (COR)**  
As corrected by Prime Sponsor.

Introduced by:

Dennis G. Rodriguez, Jr.  
Joe S. San Agustin



**AN ACT TO ADD NEW §§ 84101(d), 84102(mm) AND (nn), 84105(c)(10) AND (d)(10), AND 84123; AND TO AMEND §§ 84103, 84105(g), (j), (k), (u) AND (x), 84107(f), AND 84110(c), ALL OF CHAPTER 84, DIVISION 4, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO GRANTING THE GUAM EMERGENCY MEDICAL SERVICES (EMS) COMMISSION THE AUTHORITY TO EXPAND THE SCOPE OF EMERGENCY MEDICAL SERVICES, AND TO IMPLEMENT A COMMUNITY PARAMEDIC OUTREACH PROGRAM.**

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**  
2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds  
3 that a number of residents of Guam, especially older people, live in relative  
4 isolation and their only consistent connection to the community may be the  
5 Emergency 911 System. This isolation prevents residents from fully accessing the  
6 Guam health care system, causes delays in emergency response to their location,  
7 and in general cause a degradation in the quality of health care they need and  
8 receive. *I Liheslaturan Guåhan* further finds that the concept of a community  
9 paramedic outreach program (CPOP) is a new and evolving model of community-  
10 based health care in which paramedics function outside their customary emergency

1 response and transport roles in ways that facilitate more appropriate use of  
2 emergency care resources and/or enhance access to primary care for medically  
3 underserved populations. CPOP programs typically are designed to address  
4 specific local problems and to take advantage of locally developed linkages and  
5 collaborations between and among emergency medical services (EMS) and other  
6 health care and social service providers and, thus, are varied in nature.  
7 Additionally, some of the EMS delivery system problems targeted by community  
8 paramedic programs include overuse of the 911 system for social or psychological  
9 problems; the need for alternative means to manage patients who do not require  
10 transport to a general acute care hospital emergency department; repeat emergency  
11 department visiting or hospital readmissions due to gaps in care between hospital  
12 and outpatient primary care or specialty management; limited or no capacity for  
13 short-notice home visits, especially during off hours; and supplementing primary  
14 care shortages in underserved areas. Community paramedic programs might focus  
15 on specific medical needs such as diabetic monitoring or on broader health care  
16 issues such as mental health. Our local EMS personnel are at the heart of our island  
17 community and well suited to perform the outreach tasks.

18 Therefore, because *I Liheslaturan Guåhan* has an interest in developing a  
19 community paramedic outreach program as a method to improve access to and  
20 quality of care while also reducing costs, it is the intent of *I Liheslaturan Guåhan*  
21 to grant the EMS Commission the authority to implement a comprehensive master  
22 plan toward the establishment of a Community Paramedic Outreach Program  
23 (CPOP).

24 **Section 2.** A new § 84101(d) *added* to Chapter 84 of Division 4, Title 10,  
25 Guam Code Annotated, and the current § 84101(d) is *renumbered* to § 84101(e), to  
26 read:

27 “(d) it is the intent of *I Liheslatura* to improve the integration of the

1 emergency medical services into the health care continuum of the Guam  
2 health care system. Therefore, *I Liheslatura* recognizes the need to develop  
3 outreach programs to improve access to and the quality of our health care  
4 delivery system. Thus, a program such as the Community Paramedic  
5 Outreach Program concept *shall* be placed into the EMS system; and

6 (e) ~~(d)~~ it is the intent of *I Liheslatura* in enacting this Chapter to  
7 prescribe and exercise the degree of government of Guam direction and  
8 supervision over emergency medical services as will provide for the  
9 government of Guam action immunity under federal antitrust laws for  
10 activities undertaken by local governmental entities in carrying out their  
11 prescribed functions under this Chapter.”

12 **Section 3.** New § 84102(mm) and (nn) are *added* to Chapter 84 of Division  
13 4, Title 10, Guam Code Annotated, to read:

14 “(mm) *Community Paramedic* is EMS involvement in  
15 community health, providing physician-extender services to those in need of  
16 assessment, treatment, and education.

17 (nn) *Emergency Medical Technician-Outreach (EMT-O)/Community*  
18 *Paramedic* is an advanced paramedic that works to increase access to  
19 primary and preventive care and decrease use of emergency departments,  
20 which in turn decreases health care costs. Among other things, EMT-Os may  
21 play a key role in providing follow-up services after a hospital discharge to  
22 prevent hospital readmission. EMT-Os can provide health assessments,  
23 chronic disease monitoring and education, medication management,  
24 immunizations and vaccinations, laboratory specimen collection, hospital  
25 discharge follow-up care, and minor medical procedures. The EMT-Os *shall*  
26 work under the direction of an EMS Medical Director.”

27 **Section 4.** § 84103 of Chapter 84, Division 4, Title 10, Guam Code

1 Annotated, is *amended* to read:

2           “§ 84103. **Guam Emergency Medical Services Administrative**  
3 **Office.**

4           There is hereby created, within the Department of Public Health and  
5 Social Services, a Guam Emergency Medical Services Administrative Office  
6 called the Office of Emergency Medical Services (Office of EMS).

7           The Office shall plan, establish, implement, administer, maintain and  
8 evaluate the Guam comprehensive emergency medical services system to  
9 serve the emergency health needs of the people of Guam in an organized  
10 pattern of readiness and response services based on public and private  
11 agreements and operational procedures. The Office, in the implementation of  
12 this part of the plan, will coordinate, and provide assistance to all entities  
13 and agencies, public and private, involved in the EMS system. All  
14 emergency medical services, ambulance services, and private non-emergent  
15 transport services conducted are under the authority of the Office of EMS,  
16 and *shall* be consistent with this Chapter.

17           The Office of EMS *shall* be responsible for the implementation of  
18 advanced life support systems, limited advanced life support systems,  
19 community outreach programs, and for the monitoring of training programs.  
20 The Office of EMS *shall* be responsible for determining that the operation of  
21 training programs at the Emergency Medical Responder (EMR), Emergency  
22 Medical Technician-Basic (EMT-B), Emergency Medical Technician In-  
23 termediate/Advance (EMT-(I)(A), Emergency Medical Technician-Outreach  
24 (EMT-O), Advance Life Support (ALS), and Emergency Medical Techni-  
25 cian-Paramedic (EMT-P) levels are in compliance with this Chapter, and  
26 *shall* approve the training programs if they are found to be in compliance  
27 with this Chapter.”

1           **Section 5.** A new Item (10) is *added* to § 84105(c) of Chapter 84, Division  
2 4, Title 10, Guam Code Annotated, to read:

3                           “(10) community outreach.”

4           **Section 6.** A new Item (10) is *added* to § 84105(d) of Chapter 84, Division  
5 4, Title 10, Guam Code Annotated, to read:

6                           “(10) community EMS outreach support.”

7           **Section 7.** § 84105(g) of Chapter 84, Division 4, Title 10, Guam Code An-  
8 notated, is *amended* to read:

9                           “(g) the Office of EMS *shall* be responsible for determining that the  
10 operation of training programs at the EMR, EMT-B, EMT-I, EMT-O, ALS  
11 and EMT-P levels are in compliance with this Chapter, and shall review and  
12 approve curricula and syllabi of training courses or programs offered to  
13 EMS personnel who provide basic, intermediate, outreach, and advanced  
14 emergency medical services; consult with the Guam Community College,  
15 the Guam Fire Department Training Center, and any training service provid-  
16 er or professional organization that provides emergency medical services  
17 training for basic, intermediate, outreach, and advanced life support and par-  
18 amedic;”

19           **Section 8.** § 84105(j) of Chapter 84, Division 4, Title 10, Guam Code An-  
20 notated, is *amended* to read:

21                           “(j) coordinate emergency medical resources, such as Disaster  
22 Teams comprised of EMR’s, EMT-B, EMT-I, EMT-O, EMT-P and Licensed  
23 Registered Nurses employed by the government of Guam agencies, and the  
24 allocation of the Guam EMS System’s services and facilities in the event of  
25 mass casualties, natural disasters, national emergencies, and other emergen-  
26 cies, ensuring linkage to local and national disaster plans, and participation  
27 in exercise to test these plans;”

1           **Section 9.** § 84105(k) of Chapter 84, Division 4, Title 10 Guam Code An-  
2 notated, is *amended* to read:

3           “(k) implement public information and education programs to inform  
4 the public of the Guam EMS System and its use, and disseminate other  
5 emergency medical information, including appropriate methods of medical  
6 self-help, the community paramedic outreach program, and first-aid training  
7 programs on the island;”

8           **Section 10.** § 84105(u) of Chapter 84, Division 4, Title 10 Guam Code An-  
9 notated, is *amended* to read:

10           “(u) promote programs for the education of the general public in first  
11 aid, ~~and~~ emergency medical services, and the community paramedic out-  
12 reach program;”

13           **Section 11.** § 84105(x) of Chapter 84, Division 4, Title 10 Guam Code An-  
14 notated, is *amended* to read:

15           “(x) the Office of EMS *shall* submit reports quarterly to the EMS  
16 Commission of its review on the operations of each of the following:

- 17           (1) ambulance services operating within Guam; ~~and~~  
18           (2) emergency medical care offered within Guam, including  
19 programs for training large numbers of people in cardiopulmonary re-  
20 suscitation and lifesaving first aid techniques; and  
21           (3) the community paramedic outreach program.”

22           **Section 12.** § 84107(f) of Chapter 84, Division 4, Title 10, Guam Code An-  
23 notated, is *amended* to read:

24           “(f) the EMS Commission will deny, suspend, or revoke any EMT-  
25 B, EMT-I, EMT-O, or EMT-P license issued under the Office of EMS, for  
26 the following actions:

1 (1) fraud in the procurement of any certificate or license un-  
2 der the Office of EMS;

3 (2) gross negligence;

4 (3) listed on Sex Offender Registry;

5 (4) repeated negligent acts;

6 (5) incompetence;

7 (6) the commission of any fraudulent, dishonest, or corrupt  
8 act that is substantially related to the qualifications, functions, and du-  
9 ties of pre-hospital personnel;

10 (7) conviction of any crime ~~which~~ that is substantially related  
11 to the qualifications, functions, and duties of pre-hospital personnel.  
12 The record of conviction or a certified copy of the record *shall* be  
13 conclusive evidence of the conviction;

14 (8) violating or attempting to violate directly or indirectly, or  
15 assisting in or abetting the violation of, or conspiring to violate, any  
16 provision of the Office of EMS or the regulations adopted by the au-  
17 thority pertaining to pre-hospital personnel;

18 (9) violating or attempting to violate any federal or state stat-  
19 ute or regulation that regulates narcotics, dangerous drugs, or con-  
20 trolled substances;

21 (10) addiction to, the excessive use of, or the misuse of, alco-  
22 holic beverages, narcotics, dangerous drugs, or controlled substances;

23 (11) functioning outside the supervision of medical control in  
24 the field care system operating at the local level, *except* as authorized  
25 by any other license or certification;

26 (12) demonstration of irrational behavior or occurrence of a  
27 physical disability to the extent that a reasonable and prudent person

1 would have reasonable cause to believe that the ability to perform the  
2 duties normally expected may be impaired;

3 (13) unprofessional conduct exhibited by any of the following:

4 (i) the mistreatment or physical abuse of any patient  
5 resulting from force in excess of what a reasonable and prudent  
6 person trained and acting in a similar capacity while engaged in  
7 the performance of his or her duties would use if confronted  
8 with a similar circumstance. Nothing in this Section shall be  
9 deemed to prohibit an EMT-B, EMT-I, EMT-O, or EMT-P  
10 from assisting a peace officer, or a peace officer who is acting  
11 in the dual capacity of peace officer and EMT-B, EMT-I, EMT-  
12 O, or EMT-P, from using that force that is reasonably necessary  
13 to effect a lawful arrest or detention;

14 (ii) the failure to maintain confidentiality of patient  
15 medical information, *except* as disclosure is otherwise permitted  
16 or required by law;

17 (iii) the commission of any sexually related offense  
18 specified under the Penal Code; and

19 (iv) any actions that shall be considered evidence of a  
20 threat to the public's health and safety."

21 **Section 13.** § 84110(c) of Chapter 84, Division 4, Title 10, Guam Code An-  
22 notated, is *amended* to read:

23 "(c) Ambulances, emergency medical services facilities, private non-  
24 emergent transport vehicles, and private ambulance services primarily pro-  
25 vide BLS transport services utilizing EMT-B, EMT-I, EMT-O, and/or EMT-  
26 P personnel. Private ambulance services and private non-emergent transport  
27 vehicles *shall not* normally respond to emergency incidents (E911 dispatches



1 by Guam Fire Department) as first responder units, *except* in the following  
2 instances:

3 (1) When specifically requested by the EMS agency (Guam Fire  
4 Department E911 Dispatch) having jurisdiction.

5 (2) When the private service receives a direct request for service  
6 from a person or facility other than dispatch, in which the patient may be  
7 transported to an Emergency Department. In these instances, the service may  
8 respond but *shall* contact the appropriate emergency dispatch agency (Guam  
9 Fire Department E911 Dispatch). When a direct request is made to a private  
10 ambulance service from a location outside of a medical facility or private  
11 ambulance during non-emergency transport, the request *shall* be routed to  
12 E911 via instruction or call transfer for the purpose of dispatching of GFD  
13 resources or mutual aid (military or private ambulance service), as deter-  
14 mined by established policies and procedures.

15 (3) Transfer of care by a Guam Fire Department EMT-Paramedic of  
16 an ALS patient to a private EMT-Paramedic ambulance service for transport  
17 *shall only* occur with Guam EMS Medical Director direct on-line medical  
18 control approval.

19 (4) Transfer of care by a Guam Fire Department EMT-Basic to a  
20 private EMT-Basic ambulance service.”

21 **Section 14.** A new § 84123 is *added* to Chapter 84 of Division 4, Title 10,  
22 Guam Code Annotated, to read:

23 **“§ 84123. Community Paramedic Outreach Program.**

24 **(a) The Guam EMS Commission and the Office of EMS, in coordi-**  
25 **nation with the Guam Fire Department and other government of Guam**  
26 **agencies, shall establish a Community Paramedic Outreach Program (CPOP)**

1 as part of the EMS Comprehensive Plan established in § 84105 of this Chap-  
2 ter no later than October 1, 2017.

3 (b) The Guam EMS Commission and Office of EMS shall develop,  
4 no later than October 1, 2017, the scope of care, training requirements and  
5 initial certification requirements for the CPOP. It is understood that the train-  
6 ing required to achieve full NEMT EMT-O certification will take time to  
7 develop. Therefore, the initial phase of the CPOP may be limited to a visita-  
8 tion program utilizing current scope of care criteria. Full certification crite-  
9 ria will not preclude the development and implementation of the initial  
10 CPOP.

11 (c) The Chief of the Guam Fire Department or designated repre-  
12 sentative, working with the EMS Commission and Office of EMS, and local  
13 civilian, public, and military hospitals, shall develop a process of identifying  
14 patients discharged from the hospital that request participation in the CPOP.  
15 This process will become part of the comprehensive EMS plan and subject  
16 to the CPOP.

17 (d) The Chief of the Guam Fire Department or designated repre-  
18 sentative, working with the EMS Commission and Office of EMS, shall  
19 work with the Mayors Council of Guam to establish a process in identifying  
20 village residents that would like to participate and will benefit in the CPOP.

21 (e) The Chief of the Guam Fire Department or designated repre-  
22 sentative, working with the EMS Commission and Office of EMS, shall  
23 work with local health care providers on Guam to establish a process in  
24 identifying village residents that would like to participate and will benefit in  
25 the CPOP.

26 (f) Prospective EMT participants in the CPOP shall attend a cultur-  
27 ally and linguistically appropriate services (CLAS) training conducted by the

1 Guam Office of Minority Health, DPHSS, prior to initiation of outreach ser-  
2 vices.

3 (g) The Chief of the Guam Fire Department or designated repre-  
4 sentative, working with the EMS Commission and Office of EMS, shall  
5 develop reporting criteria for the management of the CPOP. At a minimum,  
6 the reports shall include the number of residents who have used program  
7 services, and the types of program services used, as a measurement of any  
8 reduction in the use of the 911 systems for nonemergency, non-urgent medi-  
9 cal assistance by residents. Reports shall not include any personally identifi-  
10 able information concerning a resident in the program.

11 (h) On or before March 31 of each year after the establishment of  
12 the CPOP, the Guam Fire Department, in coordination with the Office of  
13 EMS, shall compile annual reports in the previous year into a single report  
14 and post it on its website.

15 (i) The Guam Community College School of Allied Health, the  
16 Guam Fire Department, the University of Guam, and other EMS training  
17 service providers approved by the DPHSS Office of EMS, shall provide  
18 training courses in community paramedic and are subject to the provisions of  
19 § 84110 of this Chapter.

20 (j) The CPOP shall strive to incorporate concepts of the Primary  
21 Care Medical Home model of extending the care provided by a patient's  
22 primary care provider. This can be achieved in many different manners:

23 (1) linking patients with primary care providers;

24 (2) future innovations may include linking EMT-Os in the  
25 patient's overall care plan developed by the PCP; and

26 (3) it is not the intent of the CPOP to be a patient's medical  
27 home.

1           (k) Use of the CPOP should be a part of the patient's care plan  
2 ordered by the primary care provider in consultation with the medical direc-  
3 tor of the EMS.

4           (l) The CPOP shall augment and integrate with other services such  
5 as home health care and community nursing programs. The CPOP is not a  
6 home health nursing service and as such is not subject to home health  
7 licensure or other home health regulatory requirements.

8           (m) EMT-Os, working under the physician's direction and approved  
9 patient care protocols to ensure patient safety, shall work with recently  
10 discharged patients. During downtime, the EMT-O will follow up on  
11 healthcare provider referrals in the patient's home; and

12                   (1) must be currently certified as an EMT;

13                   (2) must successfully complete training prescribed by the  
14 EMS Commission; and

15                   (3) must comply with the defined scope of care set by the  
16 EMS Commission or as described in the PCP care plan.

17           (n) Scope of care may include:

18                   (1) Assessments:

19                           (A) checking vital signs;

20                           (B) blood pressure screening and monitoring;

21                           (C) prescription drug compliance monitoring;

22                           (D) assessing patient safety risks (e.g., risk for falling);

23                   and

24                           (E) home safety checks.

25                   (2) Treatment/Intervention:

26                           (A) breathing treatments;

27                           (B) providing wound care, changing dressings;

1                   (C) patient education; and

2                   (D) intravenous monitoring.

3           (3) Referrals:

4                   (A) mental health and substance use disorder referrals;

5                   (B) social services referrals;

6                   (C) collaboration with the DPHSS programs; and

7                   (D) referral recommendation to higher levels of nursing  
8                   care.

9           (o) Training coursework of the EMT-O may include:

10                   (1) social determinants of health;

11                   (2) illness preventions;

12                   (3) advanced wound care;

13                   (4) health promotion;

14                   (5) risk assessment; and

15                   (6) community resource availability.

16           (p) Patient eligibility for the CPOP should be liberal but at a  
17           minimum should include:

18                   (1) recently discharged patients;

19                   (2) high utilizers of 911 services, defined as individuals who  
20                   have received ED services three (3) or more times in a period of four  
21                   (4) consecutive months in the past twelve (12) months;

22                   (3) patients identified by the individual PCP for whom CPOP  
23                   services would likely prevent admission to or would likely prevent  
24                   readmission to a hospital or nursing facility;

25                   (4) residents identified by a Mayor for whom CPOP services  
26                   would likely prevent admission to or would likely prevent readmis-  
27                   sion to a hospital or nursing facility; and

1                   (5) residents identified by social service agencies for which  
2 CPOP services would likely prevent admission to or would likely  
3 prevent readmission to a hospital or nursing facility.

4 (q) Coordination.

5                   (1) Services provided by the CPOP to an eligible resident  
6 who is also receiving care coordination services must be in consulta-  
7 tion with providers or the resident's care coordination service.

8                   (2) The care plan or services rendered by the CPOP should  
9 not duplicate services already provided to the patient, including home  
10 health services.

11                   (3) The CPOP should also coordinate with other visitation to  
12 the patient, to include mayoral, clergy, or other non-profit organiza-  
13 tions to the satisfaction of the patient."

14       **Section 15. Severability.** If any provision of this Act or its application to  
15 any person or circumstance is found to be invalid or contrary to law, such inva-  
16 lidity *shall not* affect other provisions or applications of this Act that can be  
17 given effect without the invalid provisions or application, and to this end the  
18 provisions of this Act are severable.

19       **Section 16. Effective Date.** This Act *shall* become effective upon enact-  
20 ment.