EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor Of Guam

DEC 31 2018

Honorable Therese M. Terlaje
Acting Speaker
I Mina'trentai Kuåttro Na Liheslaturan Guåhan
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

Vice Speaker Therese M. Terlaje
34GL-18-2732
DEC 31 2018
Time: 16:35
Received by:

2018 JAN -2 AM 9:24

Dear Madame Speaker:

Transmitted herewith is Substitute Bill No. 57-34 (COR), **"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,"** which lapsed on December 29, 2018, as **Public Law 34-168.**

Senseramente,

EDDIE BAZA CALVO

2732

I MINA'TRENTAI KUÅTTRO NA LIHESLATURAN GUÅHAN
2018 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO *I MAGA'LÅHEN GUÅHAN*

This is to certify that **Substitute Bill No. 57-34 (COR), "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,"** was on the 17th day of December 2018, duly and regularly passed.

Therese M. Terlaje
Acting Speaker

Attested:

Régine Biscoe Lee
Legislative Secretary

This Act was received by *I Maga'låhen Guåhan* this 17th day of Dec., 2018, at 5:30 o'clock P.M.

Assistant Staff Officer
Maga'låhi's Office

APPROVED:

EDWARD J.B. CALVO
I Maga'låhen Guåhan

Date: DEC 2 9 2018

Public Law No. 34-168

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

Bill No. 57-34 (COR)
As corrected by the Prime Sponsor;
and substituted on the Floor.

Introduced by: Dennis G. Rodriguez, Jr.
Joe S. San Agustin
Thomas C. Ada
FRANK B. AGUON, JR.
William M. Castro
James V. Espaldon
Fernando Barcinas Esteves
Régine Biscoe Lee
Tommy Morrison
Louise B. Muña
Telena Cruz Nelson
Michael F.Q. San Nicolas
Therese M. Terlaje
Mary Camacho Torres

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 OUT-REACH PROGRAM.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. *I Liheslaturan Guåhan* finds that a number of residents of Guam, especially older people, live in relative isolation

and their only consistent connection to the community may be the Emergency 911 System. This isolation prevents residents from fully accessing the Guam health care system, causes delays in emergency response to their location, and in general cause a degradation in the quality of health care they need and receive. *I Liheslaturan Guåhan* further finds that the concept of a community paramedic outreach program (CPOP) is a new and evolving model of community-based health care in which paramedics function outside their customary emergency response and transport roles in ways that facilitate more appropriate use of emergency care resources and/or enhance access to primary care for medically underserved populations. CPOP programs typically are designed to address specific local problems and to take advantage of locally developed linkages and collaborations between and among emergency medical services (EMS) and other health care and social service providers and, thus, are varied in nature. Additionally, some of the EMS delivery system problems targeted by community paramedic programs include overuse of the 911 system for social or psychological problems; the need for alternative means to manage patients who do not require transport to a general acute care hospital emergency department; repeat emergency department visiting or hospital readmissions due to gaps in care between hospital and outpatient primary care or specialty management; limited or no capacity for short-notice home visits, especially during off hours; and supplementing primary care shortages in underserved areas. Community paramedic programs might focus on specific medical needs such as diabetic monitoring or on broader health care issues such as mental health. Our local EMS personnel are at the heart of our island community and well suited to perform the outreach tasks.

Therefore, because *I Liheslaturan Guåhan* has an interest in developing a community paramedic outreach program as a method to improve access to and quality of care while also reducing costs, it is the intent of *I Liheslaturan Guåhan* to grant

the EMS Commission the authority to implement a comprehensive master plan toward the establishment of a Community Paramedic Outreach Program (CPOP).

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

"(d) it is the intent of *I Liheslatura* to improve the integration of the emergency medical services into the health care continuum of the Guam health care system. Therefore, *I Liheslatura* recognizes the need to develop outreach programs to improve access to and the quality of our health care delivery system. Thus, a program such as the Community Paramedic Outreach Program concept *shall* be placed into the EMS system; and

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

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

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

(nn) *Emergency Medical Technician-Outreach (EMT-O)/Community Paramedic* is an advanced paramedic that works to increase access to primary and preventive care and decrease use of emergency departments, which in turn decreases health care costs. Among other things, EMT-Os may play a key role in providing follow-up services after a hospital discharge to

prevent hospital readmission. EMT-Os can provide health assessments, chronic disease monitoring and education, medication management, immunizations and vaccinations, laboratory specimen collection, hospital discharge follow-up care, and minor medical procedures. The EMT-Os *shall* work under the direction of an EMS Medical Director."

Section 4. § 84103 of Chapter 84, Division 4, Title 10, Guam Code Annotated, is *amended* to read:

"**§ 84103. Guam Emergency Medical Services Administrative Office.**

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

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

The Office of EMS *shall* be responsible for the implementation of advanced life support systems, limited advanced life support systems, community outreach programs, and for the monitoring of training programs. The Office of EMS *shall* be responsible for determining that the operation of training programs at the Emergency Medical Responder (EMR), Emergency

Medical Technician-Basic (EMT-B), Emergency Medical Technician-Intermediate/Advance (EMT-(I)(A), Emergency Medical Technician-Outreach (EMT-O), Advance Life Support (ALS), and Emergency Medical Technician-Paramedic (EMT-P) levels are in compliance with this Chapter, and *shall* approve the training programs if they are found to be in compliance with this Chapter."

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

"(10) community outreach."

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

"(10) community EMS outreach support."

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

"(g) the Office of EMS *shall* be responsible for determining that the operation of training programs at the EMR, EMT-B, EMT-I, EMT-O, ALS and EMT-P levels are in compliance with this Chapter, and shall review and approve curricula and syllabi of training courses or programs offered to EMS personnel who provide basic, intermediate, outreach, and advanced emergency medical services; consult with the Guam Community College, the Guam Fire Department Training Center, and any training service provider or professional organization that provides emergency medical services training for basic, intermediate, outreach, and advanced life support and paramedic;"

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

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

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

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

Section 10. § 84105(u) of Chapter 84, Division 4, Title 10 Guam Code Annotated, is *amended* to read:

"(u) promote programs for the education of the general public in first aid, emergency medical services, and the community paramedic outreach program;"

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

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

(1) ambulance services operating within Guam;

(2) emergency medical care offered within Guam, including programs for training large numbers of people in cardiopulmonary resuscitation and lifesaving first aid techniques; and

(3) the community paramedic outreach program."

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

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

(1) fraud in the procurement of any certificate or license under the Office of EMS;

(2) gross negligence;

(3) listed on Sex Offender Registry;

(4) repeated negligent acts;

(5) incompetence;

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

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

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

(9) violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances;

(10) addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances;

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

(12) demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired;

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

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

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

(C) the commission of any sexually related offense specified under the Penal Code; and

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

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

"(c) Ambulances, emergency medical services facilities, private non-emergent transport vehicles, and private ambulance services primarily provide BLS transport services utilizing EMT-B, EMT-I, EMT-O, and/or EMT-P personnel. Private ambulance services and private non-emergent transport vehicles *shall not* normally respond to emergency incidents (E911 dispatches by Guam Fire Department) as first responder units, *except* in the following instances:

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

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

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

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

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

"**§ 84123. Community Paramedic Outreach Program.**

(a) The Guam EMS Commission and the Office of EMS, in coordination with the Guam Fire Department and other government of Guam agencies, *shall* establish a Community Paramedic Outreach Program (CPOP) as part of the EMS Comprehensive Plan established in § 84105 of this Chapter no later than October 1, 2020.

(b) The Guam EMS Commission and Office of EMS *shall* develop, no later than October 1, 2020, the scope of care, training requirements and initial certification requirements for the CPOP. It is understood that the training required to achieve full NEMT EMT-O certification will take time to develop. Therefore, the initial phase of the CPOP may be limited to a visitation program utilizing current scope of care criteria. Full certification criteria will *not* preclude the development and implementation of the initial CPOP.

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

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

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

(f) Prospective EMT participants in the CPOP *shall* attend a culturally and linguistically appropriate services (CLAS) training conducted by the Guam Office of Minority Health, DPHSS, prior to initiation of outreach services.

(g) The Chief of the Guam Fire Department or designated representative, working with the EMS Commission and Office of EMS, *shall* develop reporting criteria for the management of the CPOP. At a minimum, the reports *shall* include the number of residents who have used program services, and the types of program services used, as a measurement of any reduction in the use of the 911 systems for nonemergency, non-urgent medical assistance by residents. Reports *shall not* include any personally identifiable information concerning a resident in the program.

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

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

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

(1) linking patients with primary care providers;

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

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

(k) Use of the CPOP should be a part of the patient's care plan ordered by the primary care provider in consultation with the medical director of the EMS.

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

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

(1) must be currently certified as an EMT;

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

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

(n) Scope of care may include:

(1) Assessments:

(A) checking vital signs;

(B) blood pressure screening and monitoring;

(C) prescription drug compliance monitoring;

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

(E) home safety checks.

(2) Treatment/Intervention:

(A) breathing treatments;

(B) providing wound care, changing dressings;

(C) patient education; and

(D) intravenous monitoring.

(3) Referrals:

(A) mental health and substance use disorder referrals;

(B) social services referrals;

(C) collaboration with the DPHSS programs; and

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

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

(1) social determinants of health;

(2) illness preventions;

(3) advanced wound care;

(4) health promotion;

(5) risk assessment; and

(6) community resource availability.

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

(1) recently discharged patients;

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

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

(4) residents identified by a Mayor for whom CPOP services would likely prevent admission to or would likely prevent readmission to a hospital or nursing facility; and

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

(q) Coordination.

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

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

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

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

Section 16. Effective Date. This Act *shall* become effective upon enactment.