I Mina'trentai Sais Na Liheslaturan Guåhan
BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES	NOTES
335-36 (COR) As amended by the Committee on Health, Land, Justice, and Culture; and further amended on the Floor.	Therese M. Terlaje Christopher M. Dueñas Telena Cruz Nelson Joanne Brown	AN ACT TO *AMEND* §84101, §84103, §84104, §84105, §84107, §84110, §84111, §84112, AND §84122; ADD A NEW § 84124; AND TO FURTHER *REPEAL AND REENACT* §84102, ALL OF CHAPTER 84, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO UPDATING EMERGENCY MEDICAL SERVICES PROVISIONS IN GUAM LAW, ESTABLISHING INITIAL LICENSURE FEES, AND ELIGIBILITY, TRAINING, AND SKILL REQUIREMENTS FOR EMERGENCY MEDICAL SERVICE PERSONNEL.	9/14/22 12:21 p.m.	9/23/22	Committee on Health, Land, Justice, and Culture	10/4/22 10:00 a.m.	10/13/22 2:23 p.m. As Amended by the Committee on Health, Land, Justice, and Culture	Request: 9/26/22 10/4/22	

SESSION DATE	TITLE	DATE PASSED	TRANSMITTED	DUE DATE	PUBLIC LAW NO.	DATE SIGNED	NOTES
10/21/22	AN ACT TO *AMEND* §§ 84101, 84103, 84104, 84105, 84107, 84110, 84111, 84112, AND 84122; TO *REPEAL AND REENACT* § 84102; AND TO *ADD* A NEW § 84124, ALL OF CHAPTER 84, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO UPDATING EMERGENCY MEDICAL SERVICES PROVISIONS IN GUAM LAW; AND ESTABLISHING INITIAL LICENSURE FEES AND ELIGIBILITY, TRAINING, AND SKILL REQUIREMENTS FOR EMERGENCY MEDICAL SERVICE PERSONNEL.	10/28/22	10/28/22	11/9/22	36-121	11/9/22	Received: 11/10/22 Mess and Comm. Doc. No. 36GL-22-2798

LOURDES A. LEON GUERRERO
GOVERNOR

JOSHUA F. TENORIO
LT. GOVERNOR

UFISINAN I MAGA'HÅGAN GUÅHAN
OFFICE OF THE GOVERNOR OF GUAM

Transmitted via email to: speaker@guamlegislature.org

Doc Type: 36GL-22-2798
OFFICE OF THE SPEAKER
THERESE M. TERLAJE
-11- 09 2022
Time: 4:19pm
Received:

November 9, 2022

HONORABLE THERESE M. TERLAJE, *Speaker*
I Mina'trentai Sais Na Liheslaturan Guåhan
36th Guam Legislature
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

Re: **BILL NO. 335-36 (COR) -AN ACT TO *AMEND* §§ 84101, 84103, 84104, 84105, 84107, 84110, 84111, 84112, AND 84122; TO *REPEAL* AND *REENACT* § 84102; AND TO *ADD* A NEW § 84124, ALL OF CHAPTER 84, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO UPDATING EMERGENCY MEDICAL SERVICES PROVISIONS IN GUAM LAW; AND ESTABLISHING INITIAL LICENSURE FEES AND ELIGIBILITY, TRAINING, AND SKILL REQUIREMENTS FOR EMERGENCY MEDICAL SERVICE PERSONNEL**

Hafa Adai Madame Speaker,

A modern and robust program of emergency medical services is vital to the well-being of the people of Guam. It is important that we maintain the most up-to-date and modern types of emergency services available. The provisions of Bill No. 335-36 create the regulatory structure to ensure our first responders are properly trained to provide the critical medical services our people need prior to arriving at the hospital. Today, many members of our community live upwards of 30 minutes by ambulance from the nearest emergency room. With the ability of members of the EMS professional community to provide emergency medical services to people while they are enroute to the hospital lives are able to be saved. Bill No. 335-36 establishes the necessary requirements for each type of EMS certification while defining the scope of practice allowed for each level of EMS certification. This system of certification will ensure the people of Guam have the best trained people caring for them in their greatest moment of need. For these reasons, I am pleased to sign Bill No. 335-36 into law as ***Public Law No. 36-121***.

Senseremente,

LOURDES A. LEON GUERRERO
Maga'hågan Guåhan
Governor of Guam

RECEIVED
NOV 10 2022
8:00 A.M.
COMMITTEE ON RULES

Enclosure: Bill No. 335-36 (COR) - nka *P.L. No. 36-121*

cc via email: *Honorable* Lourdes A. Leon Guerrero, *Governor of Guam*
Compiler of Laws

I MINA'TRENTAI SAIS NA LIHESLATURAN GUÅHAN
2022 (SECOND) Regular Session

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

This is to certify that **Bill No. 335-36 (COR), "AN ACT TO *AMEND* §§ 84101, 84103, 84104, 84105, 84107, 84110, 84111, 84112, AND 84122; TO *REPEAL* AND *REENACT* § 84102; AND TO *ADD* A NEW § 84124, ALL OF CHAPTER 84, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO UPDATING EMERGENCY MEDICAL SERVICES PROVISIONS IN GUAM LAW; AND ESTABLISHING INITIAL LICENSURE FEES AND ELIGIBILITY, TRAINING, AND SKILL REQUIREMENTS FOR EMERGENCY MEDICAL SERVICE PERSONNEL,"** was on the 28th day of October 2022, duly and regularly passed.

Therese M. Terlaje

Therese M. Terlajé
Speaker

Attested:

Amanda L. Shelton

Amanda L. Shelton
Legislative Secretary

This Act was received by *I Maga'hågan Guåhan* this 20TH day of Oct, 2022, at 6:19 o'clock P.M.

C. de Chong
POS CC Chong

Assistant Staff Officer
Maga'håga's Office

APPROVED:

Lou Leon Guerrero

Lourdes A. Leon Guerrero
I Maga'hågan Guåhan

Date: 11/09/2022

Public Law No. 36-121

I MINA'TRENTAI SAIS NA LIHESLATURAN GUÅHAN
2022 (SECOND) Regular Session

Bill No. 335-36 (COR)
As amended by the Committee on Health, Land, Justice, and Culture; and further amended on the Floor.

Introduced by: Therese M. Terlaje
Christopher M. Dueñas
Telena Cruz Nelson
Joanne Brown
V. Anthony Ada
Frank Blas Jr.
James C. Moylan
Tina Rose Muña Barnes
Sabina Flores Perez
Clynton E. Ridgell
Joe S. San Agustin
Amanda L. Shelton
Telo T. Taitague
Jose "Pedo" Terlaje
Mary Camacho Torres

AN ACT TO *AMEND* §§ 84101, 84103, 84104, 84105, 84107, 84110, 84111, 84112, AND 84122; TO *REPEAL* AND *REENACT* § 84102; AND TO *ADD* A NEW § 84124, ALL OF CHAPTER 84, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO UPDATING EMERGENCY MEDICAL SERVICES PROVISIONS IN GUAM LAW; AND ESTABLISHING INITIAL LICENSURE FEES AND ELIGIBILITY, TRAINING, AND SKILL REQUIREMENTS FOR EMERGENCY MEDICAL SERVICE PERSONNEL.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. § 84101 of Chapter 84, Title 10, Guam Code Annotated, is *amended* to read as follows:

"**§ 84101. Intent.**

I Liheslaturan Guahan hereby declares that:

(a) the provision of emergency medical services is a matter of vital concern affecting the public health, safety and welfare of the people of Guam;

(b) it is the purpose of this Chapter to establish, promote and maintain a comprehensive emergency medical services system throughout the island. The system will provide for the arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services under emergency conditions, whether occurring as the result of a patient's condition or of natural disasters or other causes. The system shall also provide for personnel, personnel training, communications, emergency transportation, facilities, coordination with emergency medical and critical care services, coordination and use of available public safety agencies, promotion of consumer participation, accessibility to care, mandatory standard medical recordkeeping, consumer information and education, independent review and evaluation, disaster linkage, mutual aid agreements, and other components necessary to meet the purposes of this part;

(c) it is the intent of *I Liheslatura* to assure the island community that prompt, efficient and effective emergency medical services will be provided as mandated by Public Law 17-78, § 72105 which states that the Guam Fire Department shall have the authority and responsibility of operating an emergency medical and rescue services system. Therefore, *I Liheslatura* recognizes the Guam Fire Department in its role as the designated central agency for the overall

operation of the island's enhanced 911 emergency medical services system. Furthermore, *I Liheslatura* finds that in order for the Guam Fire Department to provide prompt, efficient and effective quality emergency medical care, coordination between EMS agencies and the EMS Commission is a key element in a functioning EMS System; and

(d) 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 2. § 84102 of Chapter 84, Title 10, Guam Code Annotated, is hereby *repealed* and *reenacted* to read:

"**§ 84102. Definitions.**

Unless the context otherwise requires, the definitions contained in this Chapter shall govern the provisions of this Commission:

(a) *Administrator* means the Administrator or his/her designee of the DPHSS Office of EMS Administrative Office created under this Chapter.

(b) *Advanced Cardiac Life Support (ACLS)* is a course of instruction designed to prepare students in the practice of advanced emergency cardiac care.

(c) *Advance Emergency Medical Technician (AEMT)* provides basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and

transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

(d) *Ambulance* is any conveyance on land, sea or air used or is intended to be used for the purpose of responding to emergency life-threatening situations and providing emergency transportation services.

(e) *Basic Cardiac Life Support (BLS/CPR)* is a course of instruction designed to prepare students in cardiopulmonary resuscitation techniques.

(f) *Certificate* or *Certification* means authorization in written form issued by the Administrator to provide emergency medical assistance on the scene, enroute, and at designated emergency medical facilities.

(g) *Commission* means the Guam Emergency Medical Services Commission created under this Chapter.

(h) *Continuing Education* means education required for the renewal of a certificate or registration.

(i) *Department of Transportation (DOT)* is a federal agency mandated to establish minimum standards for provisions of care for victims.

(j) *Department* (DPHSS OEMS) is the Guam Department of Public Health and Social Services (DPHSS) Office of EMS.

(k) *E-911* means "Enhanced" 911.

(l) *Education Program Standards* means DOT and NHTSA approved National EMS Educational Standards that shall be met by state-recognized EMS education programs.

(m) *Emergency* means any actual or self-perceived event which threatens the life, limb, or well-being of an individual in such a manner that immediate medical or public safety care is needed.

(n) *Emergency Ambulance Service* means the transportation of injured/ill patients by ambulance and the administration of emergency medical services to injured/ill patients before or during such transportation.

(o) *Emergency Medical Dispatcher (EMD)* - An emergency medical dispatcher is a professional telecommunicator tasked with the gathering of information related to medical emergencies, the provision of assistance and instructions by voice prior to the arrival of emergency medical services (EMS), and the dispatching and support of EMS resources responding to an emergency call. The term "emergency medical dispatcher" is also a certification level and a professional designation, certified through the Association of Public-Safety Communications Officials-International (APSCOI) or the National Academies of Emergency Dispatch.

(p) *Emergency Medical Responder (EMR)* provides immediate lifesaving care to critical patients who access the emergency medical services system. EMRs have the knowledge and skills necessary to provide immediate lifesaving interventions while awaiting additional EMS resources to arrive. EMRs also provide assistance to higher-level personnel at the scene of emergencies and during transport. Emergency Medical Responders are a vital part of the comprehensive

EMS response. Under medical oversight, Emergency Medical Responders perform basic interventions with minimal equipment.

(q) *Emergency Medical Service Facility* is a facility that is certified and operated under the Government Code of Guam, and is equipped, prepared, and staffed to provide medical care for emergency patients appropriate to its classification that evaluates and stabilizes a medical condition of a recent onset and severity, including severe pain, psychiatric disturbances, or symptoms of substance abuse, that would lead a prudent layperson possessing an average knowledge of medicine and health to believe that the person's condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in death or dismemberment.

(r) *Emergency Medical Technician (EMT)* provides out of hospital emergency medical care and transportation for critical and emergent patients who access the emergency medical services (EMS) system. EMTs have the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life threatening emergencies. Emergency Medical Technicians function as part of a comprehensive EMS response system, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. Emergency Medical Technicians are a critical link between the scene of an emergency and the health care system.

(s) *Emergency Medical Services (EMS)* means services designated by the Commission as providing emergency medical assistance on the scene, enroute, and at designated EMS facilities.

(t) *Emergency Medical Services Commission* is the Guam Emergency Medical Services Commission as created under Article 1, Public Law 14-11.

(u) *Emergency Medical Services Coordinator* is an individual designated to serve as a liaison officer for EMS inter-agencies, i.e., Guam Memorial Hospital Authority, Department of Public Works – Office of Highway Safety, Guam Community College, Civil Defense, and EMS/Rescue Bureau of the Guam Fire Department. The person shall coordinate didactyl and clinical instructions and oversee the student clinical activities

(v) *EMS Education Center* is a state-recognized provider of initial courses, EMS continuing education topics, and/or refresher courses that qualify individuals for state and/or National Registry EMR, EMT, AEMT, and Paramedic or EMD provider certification.

(w) *EMS Education Group* is a state-recognized provider of EMS continuing education topics and/or refresher courses that qualify individuals for initial or renewal of a state and/or National Registry EMR, EMT, AEMT, and Paramedic or EMD certification.

(x) *EMS Medical Director*, for the purposes of these rules, is a Guam licensed physician in good standing who authorizes and directs, through protocols and standing orders, the performance of students-in-training enrolled in a DOT and NHTSA National EMS Education Standard recognized program and/or EMS license holders who perform medical acts, and who is specifically identified as being responsible to assure the performance competency of those EMS Providers as described in the DOT and NHTSA National EMS Educational Standards.

(y) *EMSC Program* means the Emergency Medical Services for Children Program.

(z) *EMS Provider* means an individual who holds a valid emergency medical service provider certificate issued by the state and/or NREMT, and includes Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic.

(aa) *First Responder Homeland Security Act of 2002* refers to "emergency response providers" that includes, federal, state, and local government emergency public safety, law enforcement, emergency response, emergency medical, and related personnel, agencies, and authorities.

(bb) *First Responder* means those individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in Section 2 of the Homeland Security Act of 2002 (6 U.S.C. 101), as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

(cc) *Initial Certification* means a first time application for and issuance by the state and/or NREMT of a certificate at any level as an EMS provider. This shall include applications received from persons holding any level of EMS certification issued by the NREMT who are applying for either a higher or lower-level certificate.

(dd) *Initial Course* is a course of study based on the DOT and NHSTA approved curriculum that meets the National EMS Education

Standard requirements for issuance of a certificate or registration for the first time.

(ee) *Initial Registration* means a first time application for and issuance by the DPHSS Office of EMS of a registration as an EMD, EMR, EMT, AEMT or Paramedic. This shall include applications received from persons holding any level of EMS certification issued by the state and/or NREMT who are applying for registration.

(ff) *Letter of Admonition* is a form of disciplinary sanction that is placed in an EMS provider's file, and represents an adverse action against the certificate holder.

(gg) *License or Licensure* is an authorization in written form issued by the Administrator to a person to furnish, operate, conduct, maintain, advertise, or otherwise engage in providing EMS Services.

(hh) *License* means certificate or certification.

(ii) *Mass Casualty Incident* is defined as an incident in which EMS resources, such as personnel and equipment, are overwhelmed by the number and severity of casualties.

(jj) *Medical Direction On-Line* means advice, assistance, supervision, and control provided from a state designated regional medical facility staffed by emergency physicians supplying professional support through radio, telephonic, or any written or oral communication for on-site and in-transit basic and advanced life support services given by prehospital field personnel.

(kk) *National Registry Emergency Medical Technician (NREMT)* is an individual who has a current and valid EMT license issued by the DPHSS Office of EMS who meets the requirements established under Chapter 84, Public Law 14-11, who is authorized to

provide basic emergency medical care in accordance with the rules pertaining to EMS Practice and Medical Director Oversight, and meets the specialized training requirements as established by the U.S. DOT and NHTSA in the National EMS Educational Standards EMT Level. For the purposes of these rules, EMT includes the historic EMS Provider level of EMT. This definition will apply to this term or any future changes established by the U.S. DOT.

(ll) *National Continued Competency Program (NCCP)* is constructed using methodology similar to that of the American Board of Medical Specialties.

(mm) *National Highway Traffic Safety Administration (NHTSA)* is a U.S. DOT agency leading the federal role in the creation of national standard curricula for EMRs, EMT-Bs, AEMTs and Paramedics defining the necessary components and training of an EMS System.

(nn) *National Registry Advance Emergency Medical Technician (NRAEMT)* is an individual who has a current and valid AEMT license issued by the DPHSS Office of EMS who meets the requirements established under Chapter 84, Public Law 14-11, who is authorized to provide advance emergency medical care in accordance with the rules pertaining to EMS Practice and Medical Director Oversight, and meets the specialized training requirements as established by the U.S. DOT and NHTSA in the National EMS Educational Standards for the AEMT Level. This definition will apply to this term or any future changes established by the U.S. DOT.

(oo) *National Registry Emergency Medical Responder (NREMR)* is an individual who has successfully completed the training

and examination requirements for emergency medical responders and who provides assistance to the injured or ill until more highly trained and qualified personnel arrive.

(pp) *National Registry of Emergency Medical Technicians (NREMT)* is a national non-governmental organization that certifies entry-level (EMR, EMT, AEMT and Paramedic) and ongoing competency of EMS providers.

(qq) *National Registry Paramedic (NRP)* is an individual who has a current and valid Paramedic license issued by the DPHSS Office of EMS who meets the requirements established under Chapter 84, Public Law 14-11, who is authorized to provide critical advance emergency medical care in accordance with the rules pertaining to EMS Practice and Medical Director Oversight, and meets the specialized training requirements as established by the U.S. DOT and NHTSA in the National EMS Educational Standards for the Paramedic Level. This definition will apply to this term or any future changes established by the U.S. DOT.

(rr) *Non-Emergency Medical Transport* - Non-emergency medical transportation is a form of medical transportation which is provided in non-emergency situations to people who require special medical attention, e.g., para-transits, vans w/ wheelchair access and passenger service vehicles.

(ss) *Office of Emergency Medical Services* is the Administrative Office of EMS within the Department of Public Health and Social Services.

(tt) *Paramedic* is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and

emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

(uu) *Pediatric Advance Life Support (PALS)* is a course instruction designed to prepare students in the practice of advance pediatric emergency cardiac care.

(vv) *Practical* or *Psychomotor Skills Examination* is a skills test conducted at the end of an initial course and prior to application for national certification or state licensure.

(ww) *Provisional Certification* is a certification, valid for not more than one (1) year, that may be issued by the state and/or NREMT to an EMS PROVIDER applicant seeking certification.

(xx) *Provisional Registration* is a registration, valid for not more than one (1) year, that may be issued by the state and/or NREMT to an EMT applicant seeking registration.

(yy) *Refresher Course* is a course of study based on the U.S. Department of Transportation approved curriculum that contributes in part to the education requirements for renewal of a license or registration.

(zz) *Registered Emergency Medical Responder (REMR)* is an individual who has successfully completed the training and examination requirements for EMRs based on a U.S. DOT and NHSTA National EMS Education Standard recognized program who provides

assistance to the injured or ill until more highly trained and qualified personnel arrive, and who is registered with the DPHSS Office of EMS.

(aaa) *Rules Pertaining to EMS Practice and Medical Director Oversight* means rules adopted by the EMS Administrator and/or Medical Director of DPHSS and the Office of EMS upon the advice of the EMS Commission that establishes the responsibilities of Medical Directors and all authorized acts of EMS license holders.

(bbb) *Shall* means compliance is mandatory.

(ccc) *Tele-Communicator* operates communication equipment to receive incoming calls for assistance, and dispatches personnel and equipment to the scene of an emergency; and operates a telephone console to receive incoming calls for assistance.

(ddd) *Treatment Protocol* means written guidelines (also known as *Off-line Medical Direction)* approved by the EMS Medical Director providing pre-hospital personnel with a standardized approach to commonly encountered patient problems that is related to medical or trauma, thus encountering immediate care."

Section 3. §§ 84103(b)(1) and (c) of Chapter 84, Title 10, Guam Code Annotated, are hereby *amended* to read:

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

(a) 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).

(b) 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.

(1) 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 (i.e., the Guam Community College, Guam Memorial Hospital Authority).

(2) 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.

(c) 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 based on the U.S. DOT and NHSTA EMS Educational Standards at the NREMR, NREMT, NRAMT and NRP 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 4. § 84104 of Chapter 84, Title 10, Guam Code Annotated, is *amended* to read:

"**§ 84104. Administration.**

The Administrator of the DPHSS Office of EMS shall serve as the Executive Secretary of the Guam EMS Commission. The Administrator shall, at each EMS Commission meeting, report to the Commission its observations and recommendations relative to its review of ambulance services, emergency medical care, basic and advanced life support techniques, and public participation in EMS programs. The Administrator shall designate an

individual to be an "Emergency Medical Services Coordinator" to be a liaison official for EMS inter-agencies."

Section 5. § 84105 of Chapter 84, Title 10, Guam Code Annotated, is *amended*, to read:

"**§ 84105. The Office of EMS Administrative Office: Composition; Duties, and Responsibilities.**

The Office of EMS Administrative Office shall be composed of a full-time salaried Administrator and sufficient supporting staff to efficiently fulfill the purpose of the emergency medical services system. The Administrator shall:

(a) implement emergency medical services regulations and standards;

(b) develop and promote, in cooperation with local public and private organizations and persons, a Program for the provision of emergency medical services and to set policies for the provision of such services. The Administrator shall explore the possibility of coordinating emergency medical services with like services in the military, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of Palau, and the United States;

(c) the Office of EMS shall develop plans, implement guidelines, and assess all current emergency medical services capability and performance, and the established programs, to remedy identified deficiencies through the development and periodic revision of a Comprehensive Plan for emergency medical services. The Plan shall include, but not be limited to:

(1) emergency medical services personnel and training;

(2) emergency medical services facilities assessment;

(3) emergency medical services transportation and related equipment;

(4) telecommunications and communications;

(5) interagency coordination and cooperation;

(6) system organization and management;

(7) data collection, and management and evaluation;

(8) public information and education; and

(9) disaster response.

(d) develop emergency medical services regulations and standards, emergency medical services facilities, personnel, equipment, supplies, and communications facilities and locations as may be required to establish and maintain an adequate system of emergency medical services;

(e) the Office of EMS shall provide technical assistance for the coordination and approval of training to existing agencies, organizations, and private entities for the purpose of developing the components of implementing emergency medical services described in this Chapter;

(f) the Office of EMS shall be responsible for determining that the operation of training programs at the NREMR, NREMT, NAEMT and NRP 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, 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 responder, basic, intermediate, advanced life support and paramedic;

(g) establish and maintain standards for emergency medical services course instructor qualifications and requirements for emergency medical services training facilities, instructors, and competency-based curriculum;

(h) collect and evaluate data for the continued evaluation of the Guam EMS System through a quality improvement program;

(i) coordinate emergency medical resources, such as Disaster Teams comprised of NREMR, NREMT, NAEMT and NRP 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;

(j) 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 and first-aid training programs on the island;

(k) collaborate with the Emergency Medical Services Commission on matters pertaining to the implementation of this Chapter;

(l) develop an effective emergency medical services communication system in cooperation with concerned public and private organizations and persons. The communication system shall include, but is not limited to:

(1) programs aimed at locating accidents and acute illnesses on and off the roadways and directly reporting such information to the responding agency;

(2) direct ambulance communication with the emergency medical services facility;

(3) minimum standards and regulations on communication for all appropriate medical components;

(4) assist in the development of an enhanced 911 emergency telephone system; and

(5) establish the standards and provide training for dispatchers in the EMS System, and maintain a program of quality improvement for dispatch equipment and operations;

(m) regulate, inspect, certify, and re-certify emergency medical services facilities, personnel, equipment, supplies, ambulances, advanced life support vehicles, ambulance, emergency ambulance services, private non-emergent medical transport vehicle providers, private communications facilities and locations engaged in providing emergency medical services under this Chapter;

(n) the Office of EMS may contract for the provision of emergency medical services or any necessary component of an emergency medical services system;

(o) establish rules and regulations for the contract of, use, license, standards, liability, equipment and supplies, personnel certifications and revocation or suspension processes for ambulance service, emergency ambulance service and non-emergent medical transport vehicle;

(p) establish criteria necessary to maintain certification as emergency medical services personnel, which shall include, but not be limited to, the following:

(1) a formal program of continuing education;

(2) a minimum period of service as emergency medical services personnel; and

(3) re-certification at regular intervals, which shall include a performance examination and may include written examinations and skills proficiency exam;

(q) apply for, receive, and accept gifts, bequests, grants-in-aid, and federal aid, and other forms of financial assistance to carry out this Chapter;

(r) prepare budgets, maintain fiscal integrity, and disburse funds for emergency medical services;

(s) establish a schedule of fees to provide courses of instruction and training for certification and/or recertification in an amount sufficient to cover the reasonable costs of administering the certification and/or recertification provisions of the Office of EMS.

(1) The EMS Commission shall annually evaluate fees to determine if the fee is sufficient to fund the actual costs of the Office of EMS Certification and/or Recertification program. If the evaluation shows that the fees are excessive or are insufficient to fund the actual costs of these programs, then the fees will be adjusted accordingly pursuant to the Administrative Adjudication Law (AAL). Any funds appropriated shall not be subject to *I Maga'låhen Guåhan's* transfer authority and all

monies not used in the fiscal year will be rolled over into the next fiscal year;

(A) Initial fee schedules subject to amendment pursuant to the AAL:

(i) for initial licensure applications the fee schedule is: Basic level application fee (NREMR or NREMT) - $75.00; Advanced level application fee (NRAEMT or NRP) - $125.00;

(ii) for applicants completing renewal within one hundred twenty (120) days prior to expiration date, the fee schedule is: Basic level application fee (NREMR or NREMT) - $50.00; Advanced level application fee (NRAEMT or NRP) - $75.00;

(iii) for applicants completing renewal within sixty (60) days prior to expiration date, the fee schedule is: Basic level application fee (NREMR or NREMT) - $75.00; Advanced level application fee (NRAEMT or NRP) - $100.00;

(iv) for applicants completing renewal within thirty (30) days prior to expiration date, the fee schedule is: Basic level application fee (NREMR or NREMT) - $75.00; Advanced level application fee (NRAEMT or NRP) - $125.00;

(v) for applicants completing renewal within ninety (90) days after expiration date, the fee schedule is: Basic level application fee (NREMR or NREMT) -

$100.00; Advanced level application fee (NRAEMT or NRP) - $150.00;

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

(u) the Office of EMS shall, consistent with such plan, coordinate and otherwise facilitate arrangements necessary to develop the emergency medical services system;

(v) the Office of EMS will submit requests for grants for federal, state, or private funds concerning emergency medical services or related activities in its EMS area;

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

(1) ambulance services operating within Guam; and

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

(x) the Office of EMS may assist in the implementation of Guam's poison information program, including the provision of the Guam Memorial Hospital Authority's Poison Center;

(y) establish and maintain standards for emergency medical services course instructor qualifications and requirements for emergency medical services training facilities; and

(z) the Office of EMS will develop and incorporate an EMSC Program in the Guam EMS Plan. The EMSC component shall include, but not be limited to, the following:

(1) EMSC system planning, implementation, and management;

(2) injury and illness prevention planning that includes, among other things, coordination, education, and data collection;

(3) care rendered to patients outside the hospital;

(4) emergency department care;

(5) interfacility consultation, transfer, and transport;

(6) pediatric critical care and pediatric trauma services;

(7) general trauma centers with pediatric considerations;

(8) pediatric rehabilitation plans that include, among other things, data collection and evaluation, education on early detection of need for referral, and proper referral of pediatric patients;

(9) children with special EMS needs outside the hospital;

(10) information management and system evaluation;

(11) employ or contract with professional, technical, research, and clerical staff as necessary to implement this program;

(12) provide advice and technical assistance to local EMS partners on the integration of an EMSC Program into their EMS system;

(13) oversee implementation of the EMSC Program by local EMS agencies;

(14) establish an EMSC technical advisory committee;

(15) facilitate cooperative interstate relationships to provide appropriate care for pediatric patients who must travel abroad to receive emergency and critical care services;

(16) work cooperatively and in a coordinated manner with the Department of Public Health & Social Services, and other public and private agencies, in the development of standards and policies for the delivery of emergency and critical care services to children; and

(17) produce a report for the Guam EMS Commission describing any progress on implementation of this Chapter. The report shall contain, but not be limited to, a description of the status of emergency medical services for children, the recommendation for training, protocols, and special medical equipment for emergency services for children, an estimate of the costs and benefits of the services and programs authorized by this Chapter, and a calculation of the number of children served by the EMSC system."

Section 6. § 84107(f) of Chapter 84, Title 10, Guam Code Annotated, is *amended* to read:

"§ 84107(f) the EMS Commission will deny, suspend, or revoke any NREMR, NREMT, NAEMT and NRP 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 the 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 which 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 NREMR, NREMT, NAEMT and NRP from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and NREMR, NREMT, NAEMT and NRP, 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 7. § 84110(a)(5), of Chapter 84 of Title 10, Guam Code Annotated, is *amended*, to read:

"(5) Course requirements for pre-hospital emergency services training for National Registry Emergency Medical Responder (NREMR), National Registry Emergency Medical Technician (NREMT), National

Registry Advance Emergency Medical Technician (NRAEMT), and National Registry Paramedic (NRP) shall be listed in the Guam EMS rules and regulations, as prescribed by the United States Department of Transportation, National Highway Traffic Safety Administration, and/or the National Emergency Medical Services Advisory Council."

Section 8. § 84110(c), of Chapter 84 of Title 10, Guam Code Annotated, is *amended*, to read as follows:

"(c) Ambulances, emergency medical services facilities, private non-emergent transport vehicles, and private ambulance services primarily provide BLS transport services utilizing NREMR, NREMT, NAEMT, and NRP 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 9. A new § 84110(f) is hereby *added* to Chapter 84 of Title 10, Guam Code Annotated, to read:

"(f) Eligibility, Training and Skill Requirements for Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics:

(1) Student Eligibility:

(A) Emergency Medical Responder (EMR):

(i) eighteen (18) years of age.

(B) Emergency Medical Technician (EMT/Basic Life Support):

(i) eighteen (18) years of age.

(C) Advanced Emergency Medical Technician (AEMT):

(i) eighteen (18) years of age;

(ii) high school diploma or equivalent;

(iii) EMT Certificate;

(iv) BLS, ACLS and PALS Certification.

(D) Paramedic (Advanced Life Support):

(i) eighteen (18) years of age;

(ii) high school diploma or equivalent;

(iii) EMT Certificate;

(iv) BLS, ACLS and PALS Certification.

(2) Minimum Training Requirements:

(A) Emergency Medical Responder (EMR):

(i) 96 hours (total minimum);

(ii) 80 hours Didactic;

(iii) 16 hours Hospital Clinicals.

(B) Emergency Medical Technician (EMT/Basic Life Support):

(i) 120 hours (total minimum);

(ii) 110 hours Didactic & Skills Lab;

(iii) 10 hours Hospital Clinicals;

(iv) Field Internship: 10 Patient Contacts.

(C) Advanced Emergency Medical Technician (AEMT):

(i) 306 hours (total minimum);

(ii) 208 hours Didactic & Skills Lab;

(iii) 16 hours Clinical;

(iv) 24 hours Field Internship and 10 ALS Team Lead Contacts.

(D) Paramedic (Advanced Life Support):

(i) 1120 hours (total minimum);

(ii) 450 hours Didactic & Skills lab;

(iii) 150 hours Hospital Clinicals;

(iv) 480 hours Field Internship and 40 ALS Team Lead Contacts.

(3) Minimum Scope of Practice:

(A) Emergency Medical Responder (EMR):

(i) Patient Assessment;

(ii) Advance First Aid;

(iii) Use of adjunctive breathing aid and administration of oxygen;

(iv) Automated External Defibrillator;

(v) Cardiopulmonary Resuscitation.

(B) Emergency Medical Technician (EMT/Basic Life Support):

(i) Patient Assessment;

(ii) Advance First Aid;

(iii) Use of adjunctive breathing aid and administration of oxygen;

(iv) Automated External Defibrillator;

(v) Cardiopulmonary Resuscitation;

(vi) Transport of Ill and Injured Persons.

(C) Advanced Emergency Medical Technician (AEMT):

(i) All EMT Skills;

(ii) Perilaryngeal Airways;

(iii) Laryngoscope;

(iv) Endotracheal (ET) Intubations (Adults, Orally);

(v) Valsalva's Maneuvers;

(vi) Intravenous Infusion;

(vii) Obtain Venous Blood;

(viii) Glucose Measuring and Administration;

(ix) Medications: (Approved by Medical Director).

(D) Paramedic (Advanced Life Support):

(i) All EMT and AEMT Skills and Medications;

(ii) Laryngoscope;

(iii) Endotracheal (ET) Intubations (Orally);

(iv) Valsalva's Maneuvers;

(v) Intravenous Infusion;

(vi) Obtain Venous Blood;

(vii) Glucose Measuring and Administration;

(viii) Needle Thoracostomy and Cricothyroidotomy;

(ix) Trans-Cutaneous Pacing and Synchronized Cardioversion;

(x) Medications: (Approved by Medical Director).

(4) Notable Optional Skills:

(A) Emergency Medical Responder (EMR):

(i) Epi-Pens;

(ii) Naloxone.

(B) Emergency Medical Technician (EMT/Basic Life Support):

(i) Perilaryngeal Airways;

(ii) Epi-Pens;

(iii) Duodote Kits;

(iv) Intravenous Access;

(v) Naloxone.

(C) Advanced Emergency Medical Technician (AEMT):

(i) Additional Medications and Skills approved by the Medical Director.

(D) Paramedic (Advanced Life Support):

(i) Local EMS Agencies may add additional Medications and Skills if approved by Medical Director.

(5) Written Skills and Exams:

(A) Emergency Medical Responder (EMR):

(i) Administered by the National Registry of EMTs; or

(ii) Administered by the State EMS Office.

(B) Emergency Medical Technician (EMT/Basic Life Support):

(i) Administered by the National Registry of EMTs; or

(ii) Administered by the State EMS Office.

(C) Advanced Emergency Medical Technician (AEMT):

(i) Administered by the National Registry of EMTs; or

(ii) Administered by the State EMS Office.

(D) Paramedic (Advanced Life Support):

(i) Administered by the National Registry of EMTs; or

(ii) Administered by the State EMS Office.

(6) Length of Certification or Licensure:

(A) Emergency Medical Responder (EMR):

(i) Two (2)-Year Certification and Licensure.

(B) Emergency Medical Technician (EMT/Basic Life Support):

(i) Two (2)-Year Certification and Licensure.

(C) Advanced Emergency Medical Technician (AEMT);

(i) Two (2)-Year Certification and Licensure.

(D) Paramedic (Advanced Life Support):

(i) Two (2)-Year Certification and Licensure.

(7) Refresher Course/Continuing Education:

(A) Emergency Medical Responder (EMR):

(i) Eight (8)-hour Refresher Course;

(ii) Eight (8)-hours of Continuing Education every two (2) years.

(B) Emergency Medical Technician (EMT/Basic Life Support):

(i) Twenty (20)-hour Refresher Course;

(ii) Twenty (20)-hours of Continuing Education every two (2) years.

(C) Advanced Emergency Medical Technician (AEMT):

(i) Twenty-five (25)-hour Refresher Course;

(ii) Twenty-five (25)-hours of Continuing Education every two (2) years.

(D) Paramedic (Advanced Life Support):

(i) Thirty (30)-hour Refresher Course;

(ii) Thirty (30)-hours of Continuing Education every two (2) years.

(8) Certification and Licensed Provisions:

(A) Emergency Medical Responder (EMR):

(i) Certified and Licensed Locally; or

(ii) Reciprocity application.

(B) Emergency Medical Technician (EMT/Basic Life Support):

(i) Certified and Licensed Locally; or

(ii) Reciprocity application.

(C) Advanced Emergency Medical Technician (AEMT):

(i) Certified and Licensed Locally; or

(ii) Reciprocity application.

(D) Paramedic (Advanced Life Support):

(i) Certified and Licensed Locally; or

(ii) Reciprocity application."

Section 10. § 84111(a) of Chapter 84 of Title 10, Guam Code Annotated, is *amended* to read:

"**§ 84111. Certification Procedure.**

For the purpose of implementing § 84110, the following certification procedures shall apply:

(a) Certification Application. There shall be four (4) levels of emergency medical service personnel: Emergency Medical Responder (EMR); Emergency Medical Technician (EMT); Advance Emergency Medical Technician (AEMT); and Paramedic.

Section 11. §§ 84111(c), (d), (e), (f), and (g) of Chapter 84 of Title 10, Guam Code Annotated are hereby *repealed* and *reenacted* to read as follows:

"(c) Emergency Medical Responder:

(1) Training: Training for EMRs is offered at the local level by approved training programs. A list of approved training programs may be obtained through the Department of Public Health and Social Services (DPHSS) via telephone, mail, or from its web page. Training hours consist of Ninety-six (96) hours, broken down into Eighty (80) classroom and laboratory hours and Sixteen (16) hours of supervised clinical experience.

(2) Testing: In order to practice as an EMR, an individual is certified after passing the National Registry of Emergency Medical Technician (NREMT) written and skills exams.

(3) Certification: After passing the written and skills certification exams, applicants must obtain a criminal background check, provide documentation of current BLS/CPR certification, provide a current photo ID (Guam driver's license or U.S. Passport), and pay the fee established in the fee schedule. The applicant may then be certified through the Office of EMS which issues an EMR certification card (they are also known as the certifying entity). Certification is valid for two (2) years from the date of issue.

(4) Recertification: Every two (2) years, an EMR must provide the certifying entity with proof of sixteen (16) hours of refresher course work or sixteen (16) hours of EMS approved continuing education units (CEUs), and have documented competency in ten (10) skills. EMR shall also maintain current NREMT certification and BLS certification. Applicants must pay the fee established in the fee schedule and provide proof of completion of these requirements in order for the certifying entity to recertify an EMR.

(5) Reciprocity: Individuals from out-of-state who meet the following criteria and complete the application requirements of a certifying entity are eligible for certification:

(A) possess a current and valid National Registry EMR certificate;

(B) possess a current and valid out-of-state or National Registry EMR certificate; or

(C) paramedic license, or have documentation of successful completion of an out-of-state EMR training course within the last two (2) years that meets Guam's EMR training requirements.

(6) Scope of Practice: An EMR is trained and certified in basic life support practices. Basic life support (BLS) means emergency first aid and CPR procedures which, at a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of CPR to maintain life without invasive techniques until the patient can be transported or until advanced life support (ALS) is available.

(d) Emergency Medical Technician:

(1) Training: Training for EMTs is offered at the local level by approved training programs. A list of approved training programs may be obtained through the DPHSS via telephone, mail, or from its web page. Training hours consist of 120 hours, broken down into 110 classroom and laboratory hours and ten (10) hours of supervised clinical experience.

(2) Testing: In order to practice as an EMT, an individual is certified after passing the NREMT written and skills exams.

(3) Certification: After passing the written and skills certification exams applicants must obtain a criminal background check, provide documentation of current BLS/CPR certification, provide a current photo ID (Guam driver's license or U.S. Passport), and pay the fee established in the fee schedule. The applicant may then be certified through the Office of EMS which issues an EMT certification card (they are also known as the certifying entity). Certification is valid for two (2) years from the date of issue.

(4) Recertification: Every two (2) years, an EMT must provide the certifying entity with proof of forty (40) hours of refresher course work or forty (40) hours of EMS approved continuing education

units (CEUs), and have documented competency in ten (10) skills. EMTs shall also maintain current NREMT certification and BLS certification. Applicant must pay the fee established in the fee schedule and provide proof of completion of these requirements in order for the certifying entity to recertify an EMT.

(5) Reciprocity: Individuals from out-of-state who meet the following criteria and complete the application requirements of a certifying entity are eligible for certification:

(A) possess a current and valid National Registry EMT certificate;

(B) possess a current and valid out-of-state or National Registry EMT certificate; or

(C) paramedic license, or have documentation of successful completion of an out-of-state EMT training course within the last two (2) years that meets Guam's EMT training requirements.

(6) Scope of Practice: An EMT is trained and certified in basic life support practices. Basic life support (BLS) means emergency first aid and CPR procedures which, at a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of CPR to maintain life without invasive techniques until the patient can be transported or until advanced life support (ALS) is available. Automated external defibrillator (AED) training is now part of the basic scope of practice.

(7) Optional Skills: EMTs may obtain additional training to supplement their standard scope of practice. EMTs may become locally-approved to use certain medications and skills. The local EMS

Medical Director for each agency determines the use of these optional scope items.

(e) Advance Emergency Medical Technician:

(1) Training: Training for AEMTs is offered at the local level by approved training programs. A list of approved training programs may be obtained through the DPHSS via telephone, mail, or from its web page. The required training hours for AEMTs is 228. The minimum number of hours for each portion of the training program is listed below, although most programs may exceed this amount:

(A) Didactic and lab/skills: 168 hours

(B) Field Internship: 60 hours

(C) TOTAL 228 hours

(2) Testing: In order to practice as an AEMT, an individual is certified after passing the NREMT written and skills exams.

(3) Certification: After passing the written and skills certification exams applicants must obtain a criminal background check, provide documentation of current BLS/CPR certification, provide a current photo ID (Guam driver's license or U.S. Passport), and pay the fee established in the fee schedule. The applicant may then be certified through the Office of EMS which issues an AEMT certification card (they are also known as the certifying entity). Certification is valid for two (2) years from the date of issue.

(4) Recertification: Every two (2) years, an AEMT must provide the local EMS agency with proof of completion of fifty (50) hours of EMS approved continuing education units (CEUs), and provide documented competency in six (6) skills. AEMTs shall also maintain current NREMT certification and BLS certification.

Applicants must pay the fee established in the fee schedule and provide proof of completion of these requirements in order for the certifying entity to recertify an AEMT.

(5) Reciprocity: An individual who possesses or has possessed a valid AEMT or Paramedic license from another state or holds a current NREMT AEMT or Paramedic certification may be eligible for certification.

(6) Scope of Practice: AEMTs are certified in the use of advanced life support (ALS) skills. ALS includes all EMT skills, intravenous infusion, perilaryngeal airway, and eight (8) medications (jurisdictional scope of practice may vary).

(7) Optional Skills: In addition to the EMT scope of practice, AEMTs may practice additional skills and administer certain medications. These additional optional skills and medications may be utilized and are approved by the local EMS agency and the EMS Medical Director. The AEMT is typically employed by public safety agencies, such as fire departments, and by private ambulance companies.

(f) Paramedic:

(1) Training: Training for Paramedics is offered at the local level by approved training programs. A list of approved training programs may be obtained through the DPHSS via telephone, mail, or from its web page. The minimum number of hours for each portion of the training program is listed below, although most programs exceed these amounts:

(A) Didactic and lab/skills: 672 hours

(B) Hospital and clinical training: 120 hours

(C) Field Experience: 288 hours

(D) Field internship with 20 patient contacts and at least 120 hours

(E) TOTAL 1,200 hours

(2) Testing: In order to practice as a paramedic, an individual must pass the NREMT written and skills exams. Tests are scheduled as needed on a program requirement; and an individual can contact the EMS Authority for further information.

(3) Licensure: Guam law requires an individual to be licensed by the EMS Authority in order to practice as a paramedic. Individuals seeking licensure should apply directly to the EMS Authority. After passing the written and skills certification exams, applicants must obtain a criminal background check, provide documentation of current BLS/CPR certification, provide a current photo ID (Guam driver's license or U.S. Passport), and pay the fee established in the fee schedule. The applicant may then be licensed through the Office of EMS which issues a Paramedic License card (they are also known as the certifying entity). Certification is valid for two (2) years from the date of issue.

(4) Credentialing: In addition to licensure, a paramedic must be locally credentialed by an approved EMS agency in order to practice on Guam. Credentialing is orientation to local protocols and training in any local optional scope of practice for the particular local EMS agency jurisdiction, as well as skill and knowledge verification by an affiliated EMS agency and EMS Medical Director. Paramedics must apply for credentialing directly to the local EMS agency. All provider credentialing shall be approved by the EMS agency Medical Director.

(5) License Renewal: Paramedics must complete a minimum of sixty (60) hours of approved continuing education units (CEUs) every two (2) years to maintain licensure. Paramedics shall also maintain current NREMT certification and BLS certification. Applicant must pay the fee established in the fee schedule and provide proof of completion of these requirements in order for the certifying entity to recertify a Paramedic.

(6) Reciprocity: Individuals who possess a current paramedic certificate from the National Registry of EMTs or valid state Paramedic License are eligible for paramedic licensure on Guam when they submit proof of successful completion of a field internship and complete all license requirements.

(7) Scope of Practice: Paramedics are trained and licensed in the use of advanced life support (ALS) skills. ALS includes all EMT and AEMT skills, use of laryngoscope, endotracheal and nasogastric intubation, Valsalva's Maneuver, needle thoracostomy, administration of twenty-one (21) drugs, and other skills.

(8) Optional Skills: The EMS Authority can approve the use of additional skills and administration of additional medications by paramedics upon the request of a local EMS medical director.

(g) Temporary Certification: The Office of EMS shall approve temporary certification of an applicant if the applicant has completed an approved training program within twelve (12) months of the date of application and has never taken the written and practical examination of the National Registry of Emergency Medical Technicians for that level of practice but otherwise meets the requirements, has filed a complete application with the Office of EMS, and has paid all required fees. If the applicant fails to apply

for, or to take, the next succeeding examination or fails to pass the examination or fails to receive a certificate, all privileges under this Section shall automatically cease upon written notification sent to the applicant by the Office of EMS. A temporary certificate for each level of practice may be issued only once to each person. Prior to practicing under temporary certification, applicants shall notify the Office of EMS in writing of any and all employers under whom they will be performing services."

Section 12. § 84112(a) of Chapter 84, Title 10, Guam Code Annotated, is *amended* to read:

"**§ 84112. Exemptions from this Chapter.**

(a) A certificate shall not be required for a person who provides emergency medical services when:

(1) assisting persons certified to provide emergency medical services under this Chapter or in the case of a major catastrophe, disaster, or in which persons certified to provide emergency medical services are insufficient or unable to cope; or

(2) operating from a location or headquarters outside of Guam in order to provide emergency medical services to patients who are picked up outside Guam for transportation to locations within Guam."

Section 13. §§ 84122(a) and (b) of Chapter 84, Title 10, Guam Code Annotated are *amended* to read:

"**§ 84122. Division of EMS.**

(a) The Guam Memorial Hospital Authority (GMHA) shall establish a Division of EMS. The Division shall be headed by the GMHA Emergency Medical Services (EMS) Medical Director, who shall be a licensed physician. The Division's responsibilities shall include, but not be limited to:

(1) providing off-line medical control for government of Guam pre-hospital providers, E-911 dispatchers, and on-line emergency department personnel;

(2) participating with other Emergency Medical Systems (EMS) agencies in the planning, development and advancement of EMS;

(3) creating and maintaining up to date medical treatment protocols to be used by government of Guam pre-hospital providers;

(4) coordinating with the Department of Public Health and Social Services – Office of EMS, the Guam Fire Department Training Bureau, the Guam Community College, and all other training centers, for the training of pre-hospital personnel;

(5) aiding government of Guam agencies in achieving compliance with the Department of Public Health and Social Services EMS rules and regulations relative to personnel, equipment training, vehicles, communications and supplies;

(6) conducting EMS research as needed;

(7) establishing a quality improvement program within government of Guam agencies and share data with the DPHSS Office of EMS;

(8) ensuring there is a seamless process for on-line medical control available to all government of Guam agencies; and

(9) establishing a multidisciplinary committee made up of GMHA physicians, nurses, and pharmacists to address changes or recommendations for new pre-hospital policies, procedures and protocols.

(b) The Division shall designate the following:

(1) EMS Medical Director. A GMHA Emergency Department staff physician with either formal training or extensive experience in EMS shall be the head of this Division under the title of Off-line EMS Medical Director, and this physician shall operate as an agent of GMHA; and

(2) Assistant EMS Medical Director. Following recommendations of the federal program EMS for children, the involvement of a GMHA Emergency Department Staff Physician, or GMHA Staff Pediatrician as a Second EMS Medical Control Physician, with additional duties to include ensuring all off-line medical control (medical protocols) for pre-hospital medical care provided specifically to children by government of Guam EMS personnel is consistent with best practices; and

(3) EMS Medical Coordinator. The Division of EMS at GMHA shall have one (1) full-time EMS Medical Coordinator, who shall be a certified Paramedic or Registered Nurse with EMS experience, and who shall work under the guidance of the EMS Medical Director and Assistant EMS Medical Director."

Section 14. A new § 84124 *is added* to Chapter 84 of Title 10, Guam Code Annotated, to read:

"**§ 84124. EMS Scope of Practice.**

(a) Principles:

(1) In order to function as an EMS Provider, an individual must be certified/licensed from the Department of Public Health and Social Services Office of Emergency Medical Services as an NREMR, NREMT, NRAEMT or NRP.

(2) EMS Providers are responsible to adhere to the scope of practice while functioning as an EMS Provider on Guam.

(3) During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a certified EMS Provider or supervised EMS provider student is authorized to do any of the following:

(b) Policies:

(1) Scope of Practice of a National Registry Emergency Medical Responder:

(A) conduct primary and secondary patient examinations;

(B) take and record vital signs;

(C) utilize non-invasive diagnostic devices in accordance with manufacturer's recommendation;

(D) open and maintain an airway by positioning the patient's head;

(E) provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;

(F) provide immobilization care for musculoskeletal injuries;

(G) assist with prehospital childbirth;

(H) complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior emergency medical services provider with the transporting ambulance;

(I) administer medical oxygen;

(J) maintain an open airway through the use of:

(i) a nasopharyngeal airway device;

(ii) a noncuffed oropharyngeal airway device;

(iii) a pharyngeal suctioning device;

(K) operate a bag mask ventilation device with reservoir;

(L) provide care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia;

(M) prepare and administer aspirin by mouth for suspected myocardial infarction (MI) in patients with no known history of allergy to aspirin or recent gastrointestinal bleed;

(N) prepare and administer epinephrine by automatic injection device for anaphylaxis; and

(O) perform cardiac defibrillation with an automatic or semi-automatic defibrillator.

(2) Scope of Practice of a National Registry Emergency Medical Technician:

(A) evaluate the ill and injured;

(B) render basic life support, rescue, and emergency medical care to patients;

(C) obtain diagnostic signs to include, but not be limited to, temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness, and pupil status;

(D) perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic cardiopulmonary resuscitation;

(E) administer oxygen;

(F) use the following adjunctive airway and breathing aids:

(i) oropharyngeal airway;

(ii) nasopharyngeal airway;

(iii) suction devices;

(iv) basic oxygen delivery devices for supplemental oxygen therapy including, but not limited to, humidifiers, partial rebreathers, and venturi masks; and

(iv) manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure;

(G) use various types of stretchers and spinal motion restriction or immobilization devices;

(H) provide initial prehospital emergency care to patients, including, but not limited to:

(i) bleeding control through the application of tourniquets;

(ii) use of hemostatic dressings from a list approved by the Authority;

(iv) spinal motion restriction or immobilization;

(iv) seated spinal motion restriction or immobilization;

(v) extremity splinting; and

(vi) traction splinting;

(I) administer oral glucose or sugar solutions;

(J) extricate entrapped persons;

(K) perform field triage;

(L) transport patients;

(M) apply mechanical patient restraint;

(N) set up for ALS procedures, under the direction of an Advanced EMT or Paramedic;

(O) perform automated external defibrillation;.

(P) assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices;

(Q) administer naloxone or other opioid antagonist by intranasal and/or intramuscular routes for suspected narcotic overdose;

(R) administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma;

(S) perform finger stick blood glucose testing; and

(T) administer over the counter medications, when approved by the Medical Director, including, but not limited to:

(i) aspirin.

(U) The scope of practice of an EMT shall not exceed those activities authorized in this Section.

(V) Special Procedures: Institute intraosseous (IO) needles or catheters for cardiac arrest patients if specifically trained and authorized by a local agency EMS Medical Director.

(3) Scope of Practice of a National Registry Advanced Emergency Medical Technician:

(A) perform all procedures that an EMT may perform;

(B) initiate peripheral intravenous (IV) lines in unconscious patients;

(C) maintain peripheral intravenous (IV) lines;

(D) initiate saline or similar locks in unconscious patients;

(E) draw peripheral blood specimens;

(F) insert an uncuffed pharyngeal airway device in the practice of airway maintenance. A cuffed pharyngeal airway device is:

(i) a single lumen airway device designed for blind insertion into the esophagus providing airway protection where the cuffed tube prevents gastric contents from entering the pharyngeal space; or

(ii) a multi-lumen airway device designed to function either as the single lumen device when placed in the esophagus, or by insertion into the trachea where the distal cuff creates an endotracheal seal around the ventilatory tube preventing aspiration of gastric contents;

(G) perform tracheobronchial suctioning of an already intubated patient; and

(H) prepare and administer the following medications under specific written protocols authorized by the Medical Director or direct orders from a licensed consultant physician:

(i) Physiologic isotonic crystalloid solution IV or IO;

(ii) Anaphylaxis: epinephrine IM;

(iii) Antidotes: Naloxone hydrochloride SL, IM, or IV;

(iv) Anti-hypoglycemics: Hypertonic glucose IV;

(v) Catecholamine: Epinephrine 1:1000; Epinephrine 1:10,000 IM or IV;

(vi) Parasympathetic Blocker: Atropine IV;

(vii) Nebulized bronchodilators as determined by the Medical Director;

(viii) Non-Opioid Analgesics for acute pain as determined by the Medical Director;

(I) prepare and administer immunizations in the event of an outbreak or epidemic as declared by the Chief Public Health Officer or designated public health officer, as part of an emergency immunization program, under the Medical Director's standing order;

(J) prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the Chief Public Health Officer's recommended immunization guidelines as directed by the agency's Medical Director's standing order;

(K) distribute medications at the direction of the Medical Director as a component of a mass distribution effort;

(L) maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written instructions for such maintenance have been provided by the physician at the sending medical facility;

(M) perform electrocardiographic rhythm interpretation of ventricular fibrillation, ventricular tachycardia, pulseless electrical activity, and asystole; and

(N) perform cardiac defibrillation with a manual defibrillator.

(4) Scope of Practice of a National Registry Paramedic:

(A) a paramedic may perform any activity identified in the scope of practice of an NREMT, or any activity identified in the scope of practice of an NRAEMT;

(B) a paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this Chapter;

(C) a paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education (CE) under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, or while working in a hospital, may perform the following procedures or administer the following medications when such are approved by the Medical Director of the Guam EMSC, and are included in the written policies and procedures of the Guam EMSC.

(D) Scope of Practice includes, but is not limited to:

(i) utilize electrocardiographic devices and monitor electrocardiograms, including 12- lead electrocardiograms (ECG);

(ii) perform defibrillation, synchronized cardioversion, and external cardiac pacing;

(iii) visualize the airway by use of the laryngoscope and remove foreign bodies with Magill forceps;

(iv) perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation;

(v) utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient;

(vi) institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines), in peripheral veins and monitor and administer medications through pre-existing vascular access;

(vii) institute intraosseous (IO) needles or catheters;

(viii) administer IV or IO glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution;

(ix) obtain venous blood samples;

(x) use laboratory devices, including point of care testing, for pre-hospital screening use to measure lab values including, but not limited to,

glucose, capnometry, capnography, and carbon monoxide when appropriate authorization is obtained from the Guam EMSC Medical Director;

(xi) utilize Valsalva maneuver;

(xii) perform percutaneous needle cricothyroidotomy;

(xiii) perform needle thoracostomy;

(xiv) perform nasogastric and orogastric tube insertion and suction;

(xv) monitor thoracostomy tubes;

(xvi) monitor and adjust IV solutions containing potassium, equal to or less than 40 mEq/L;

(xvii) administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral or topical;

(xviii) administer, using pre-packaged products when available, the following medications:

(1) 10%, 25% and 50% dextrose;

(2) activated charcoal;

(3) acetaminophen;

(4) adenosine;

(5) aerosolized or nebulized beta-2 specific bronchodilators;

(6) amiodarone;

(7) aspirin;

(8) ATNAA/MARK 1;

(9) atropine sulfate;

(10) pralidoxime chloride;

(11) calcium chloride;

(12) diazepam;

(13) diphenhydramine hydrochloride;

(14) dopamine hydrochloride;

(15) epinephrine;

(16) fentanyl;

(17) glucagon;

(18) glucose (oral);

(19) haloperidol;

(20) ipratropium bromide;

(21) ketamine;

(22) lorazepam;

(23) midazolam;

(24) lidocaine hydrochloride;

(25) magnesium sulfate;

(26) morphine sulfate;

(27) naloxone hydrochloride;

(28) nitroglycerine preparations (I.V., Oral);

(29) norepinephrine;

(30) ondansetron;

(31) sodium bicarbonate;

(32) Tranexamic Acid (TXA)."

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 be effective upon enactment.