

I Mina'Trentai Kuáttro Na Liheslaturan
BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES	NOTES
57-34 (COR)	Dennis G. Rodriguez, Jr. Joe S. San Agustin	AN ACT TO ADD § 84101(d) RELATIVE TO INTENT, AND TO AMEND SECTIONS § 84102 DEFINITIONS, § 84103(e)(mm)(nn) ESTABLISHING COMMUNITY PARAMEDICINE, § 84105(c), (g) AND (u) COMMUNITY PARAMEDIC OUTREACH, § 84107 EXPANDING PURPOSE, § 84110 CERTIFICATION, § 84111 CERTIFICATION PROCEDURE, § 841122 DIVISIONS OF EMS AUTHORITY, AND TO ADD A NEW § 84123 RELATIVE TO A COMMUNITY PARAMEDIC OUTREACH PROGRAM, ALL OF CHAPTER 84, DIVISION 4, TITLE 10, GUAM CODE ANNOTATED; AND COLLECTIVELY RELATIVE TO GRANTING THE EMS COMMISSION THE AUTHORITY TO EXPAND THE SCOPE OF EMERGENCY MEDICAL SERVICES AND IMPLEMENT A COMMUNITY PARAMEDICINE OUTREACH PROGRAM.	3/31/17 4:02 p.m.						

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

Bill No. 57-34 (COR)

Introduced by:

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

AN ACT TO ADD § 84101(d) RELATIVE TO INTENT, AND TO AMEND SECTIONS § 84102 DEFINITIONS, § 84103(e)(mm)(nn) ESTABLISHING COMMUNITY PARAMEDICINE, § 84105(c), (g) AND (u) COMMUNITY PARAMEDIC OUTREACH, § 84107 EXPANDING PURPOSE, § 84110 CERTIFICATION, § 84111 CERTIFICATION PROCEDURE, § 841122 DIVISIONS OF EMS AUTHORITY, AND TO ADD A NEW § 84123 RELATIVE TO A COMMUNITY PARAMEDIC OUTREACH PROGRAM, ALL OF CHAPTER 84, DIVISION 4, TITLE 10, GUAM CODE ANNOTATED; AND COLLECTIVELY RELATIVE TO GRANTING THE EMS COMMISSION THE AUTHORITY TO EXPAND THE SCOPE OF EMERGENCY MEDICAL SERVICES AND IMPLEMENT A COMMUNITY PARAMEDICINE OUTREACH PROGRAM.

2017 MAR 31 PM 4: 02


1 BE IT ENACTED BY THE PEOPLE OF GUAM:

2 Section 1. Legislative Findings and Intent.

3 *I Liheslaturan Guåhan* finds that a number of the residents of Guam,
4 especially older people, live in relative isolation and their only consistent
5 connection to the community may be the emergency 911 system. This
6 isolation prevents residents from fully accessing the Guam health care system,
7 causes delays in emergency response to their location, and in general cause a
8 degradation in the quality of health care they need and receive. *I Liheslaturan*
9 *Guåhan* further finds that the concept of community paramedicine outreach
10 program (CPOP) is a new and evolving model of community-based health

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

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

1 **Section 2.** A new Subsection (d) is *added* to § 84101 of Chapter 84,
2 Division 4, of Title 10, Guam Code Annotated, to read:

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

9 **Section 3.** Subsection (d) of §84105 of Chapter 84, Division 4, of Title
10 10, Guam Code Annotated, is *renumbered* to read:

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

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

19 “(mm) *Community Para Medicine* is EMS involvement in community
20 health, providing physician-extender services to those in need of assessment,
21 treatment, and education.

22 (nn) *Emergency Medical Technician Outreach (EMT-O)/ Community*
23 *Paramedic* is an advanced paramedic that works to increase access to primary

1 and preventive care and decrease use of emergency departments, which in turn
2 decreases health care costs. Among other things, EMT-O's may play a key
3 role in providing follow-up services after a hospital discharge to prevent
4 hospital readmission. EMT-O's can provide health assessments, chronic
5 disease monitoring and education, medication management, immunizations
6 and vaccinations, laboratory specimen collection, hospital discharge follow-
7 up care and minor medical procedures. The EMT-O's shall work under the
8 direction of an EMS Medical Director."

9 **Section 5.** Section 84103 of Chapter 84, Division 4, of Title 10, Guam
10 Code Annotated, is *amended* to read:

11 **"§ 84103. Guam Emergency Medical Services Administrative Office.**

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

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

1 The Office of EMS shall be responsible for the implementation of
2 advanced life support systems, limited advanced life support systems,
3 community outreach programs and for the monitoring of training programs.
4 The Office of EMS shall be responsible for determining that the operation of
5 training programs at the Emergency Medical Responder (EMR), Emergency
6 Medical Technician- Basic (EMT-B), Emergency Medical Technician
7 Intermediate/Advance (EMT- (I)(A), Emergency Medical Technician-
8 Outreach (EMT-O), Advance Life Support (ALS) and Emergency Medical
9 Technician-Paramedic (EMT-P) levels are in compliance with this Chapter,
10 and shall approve the training programs if they are found to be in compliance
11 with this Chapter.”

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

14 “(c) assess all current emergency medical services capability and
15 performance, and the established programs, to remedy identified deficiencies
16 through the development and periodic revision of a Comprehensive Plan for
17 emergency medical services. The Plan shall include, but not be limited to:

- 18 (1) emergency medical services personnel and training;
- 19 (2) emergency medical services facilities assessment;
- 20 (3) emergency medical services transportation and related
21 equipment;
- 22 (4) telecommunications and communications;
- 23 (5) interagency coordination and cooperation;

- 1 (6) system organization and management;
- 2 (7) data collection, and management and evaluation;
- 3 (8) public information and education; and
- 4 (9) disaster response.
- 5 (10) community outreach.”

6 **Section 7.** A new Item (10) is *added* to §84105(d) of Chapter 84,
7 Division 4, of Title 10 Guam Code Annotated, to read:

8 “(d) the Office of EMS shall develop planning and implementation
9 guidelines for emergency medical services systems, which address the
10 components stated, and to establish programs to remedy identified
11 deficiencies through the development and periodic revision of a
12 Comprehensive Plan for emergency medical services. The guidelines shall
13 include, but not be limited to, the following:

- 14 (1) emergency medical services personnel and training;
- 15 (2) emergency medical services facilities assessment;
- 16 (3) emergency medical services transportation and related
17 equipment;
- 18 (4) telecommunications and communications;
- 19 (5) interagency coordination and cooperation;
- 20 (6) system organization and management;

1 (7) data collection, and management and evaluation;

2 (8) public information and education; ~~and~~

3 (9) disaster response; and

4 (10) community EMS outreach support.”

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

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

16

17 **Section 8.** Subsection (j) of §84105 of Chapter 84, Division 4, Title
18 10, Guam Code Annotated, is *amended* to read:

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

1 participation in exercise to test these plans;

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

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

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

11 “(u) promote programs for the education of the general public in first
12 aid, ~~and~~ emergency medical services and the Community Paramedic
13 Outreach Program;

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

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

18 (1) ambulance services operating within Guam; and

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

22 (3) Community Paramedic Outreach Program”

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

3 “(f) the EMS Commission will deny, suspend, or revoke any EMTB,
4 EMT-I, EMT-O or EMT-P license issued under the Office of EMS, for the
5 following actions:

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

8 (2) gross negligence;

9 (3) listed on Sex Offender Registry;

10 (4) repeated negligent acts;

11 (5) incompetence;

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

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

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

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

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

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

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

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

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

24 (ii) the failure to maintain confidentiality of patient

1 medical information, except, as disclosure is otherwise permitted
2 or required by law;

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

5 (iv) any actions that shall be considered evidence of a
6 threat to the public’s health and safety.”

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

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

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

18 (2) When the private service receives a direct request for service
19 from a person or facility other than dispatch, in which the patient may
20 be transported to an Emergency Department. In these instances the
21 service may respond but shall contact the appropriate emergency
22 dispatch agency (Guam Fire Department E911 Dispatch). When a
23 direct request is made to a private ambulance service from a location
24 outside of a medical facility or private ambulance during non-

1 emergency transport, the request shall be routed to E911 via instruction
2 or call transfer for the purpose of dispatching of GFD resources or
3 mutual aid (military or private ambulance service), as determined by
4 established policies and procedures.

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

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

11 **Section 14.** A new § 84123 is *added* to Chapter 84, Division 4, of Title
12 10, Guam Code Annotated, to read:

13 **“§ 84123. Community Paramedic Outreach Program.**

14 (a) The Guam EMS Commission and the Office of EMS, in
15 coordination with the Guam Fire Department and other Government of Guam
16 agencies, shall establish a Community Paramedic Outreach Program (CPOP)
17 as part of the EMS Comprehensive Plan established in §84105 of this Chapter
18 no later than 1 October 2017.

19 (b) The Guam EMS Commission and Office of EMS shall develop no
20 later than 1 October 2017, the scope of care, training requirements and initial
21 certification requirements for the CPOP. It is understood that the training
22 required to achieve full NEMT EMT-O certification will take time to develop.
23 Therefore, the initial phase of the CPOP may be limited to a visitation program

1 utilizing current scope of care criteria. Full certification criteria will not
2 preclude the development and implementation of the initial CPOP.

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

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

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

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

21 (g) The Chief, Guam Fire Department or designated representative,
22 working with the EMS Commission and Office of EMS shall develop
23 reporting criteria for the management of the CPOP. At a minimum the reports
24 should include the number of residents who have used program services and

1 the types of program services used, a measurement of any reduction in the use
2 of the 911 systems for nonemergency, non-urgent medical assistance by
3 residents. Reports must not include any personally identifiable information
4 concerning a resident in the program.

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

9 (i) The Guam Community College School of Allied Health, the Guam
10 Fire Department, the University of Guam, and other EMS training service
11 providers approved by the DPHSS Office of EMS shall provide training
12 courses in Community paramedicine and is subject to the provisions of section
13 84110 of this chapter.

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

17 (1) Linking patients with primary care providers.

18 (2) Future innovations may include linking EMT-O's in the
19 patients overall care plan developed by the PCP.

20 (3) It is not the intent of the CPOP to be patients medical home.

21 (k) Use of the CPOP should be a part of the patients care plan ordered
22 by the primary care provider in consultation with the medical director of the
23 EMS.

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

5 (m) EMT-O's, working under the physician direction and approved
6 patient care protocols to ensure patient safety shall work with recently
7 discharged patients. During downtime, the EMT-O will follow upon
8 healthcare provider referrals in the patient's home.

9 (1) Must be currently certified as an EMT;

10 (2) Must successfully complete training prescribed by the EMS
11 Commission; and

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

14 (n) Scope of care may include:

15 (1) Assessment.

16 (A) Checking vital signs;

17 (B) Blood pressure screening and monitoring;

18 (C) Prescription drug compliance monitoring;

19 (D) Assessing patient safety risks (e.g., risk for
20 falling); and

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(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;

1 (5) Risk Assessment; and

2 (6) Community resource availability.

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

5 (1) Recently discharged patients

6 (2) High utilizer of 911 services, defined as an individual who
7 has received ED services three or more times in a period of four
8 consecutive months in the past 12 months.

9 (3) Patients identified by the individual PCP for whom CPOP
10 services would likely prevent admission to or would likely prevent
11 readmission to a hospital or nursing facility.

12 (4) Residents identified by Mayor for whom CPOP services
13 would likely prevent admission to or would likely prevent readmission
14 to a hospital or nursing facility.

15 (5) Residents identified by Social Service agencies for which
16 CPOP services would likely prevent admission to or would likely
17 prevent readmission to a hospital or nursing facility.”

18 (q) Coordination.

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

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

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

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

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