

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) As corrected by the Prime Sponsor; and substituted on the Floor.	Dennis G. Rodriguez, Jr. Joe S. San Agustin	AN ACT TO ADD NEW §§ 84101(d), 84102(mm) AND (nn), 84105(c)(10) AND (d)(10), AND 84123; AND TO AMEND §§ 84103, 84105(g), (j), (k), (u) AND (x), 84107(f), AND 84110(c), ALL OF CHAPTER 84, DIVISION 4, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO GRANTING THE GUAM EMERGENCY MEDICAL SERVICES (EMS) COMMISSION THE AUTHORITY TO EXPAND THE SCOPE OF EMERGENCY MEDICAL SERVICES, AND TO IMPLEMENT A COMMUNITY PARAMEDIC OUTREACH PROGRAM.	3/31/17 4:02 p.m. AS CORRECTED 6/27/17 1:59 p.m.	6/27/17 Referred: 6/28/17	Committee on Appropriations and Adjudication Re-referred Committee: Committee on Health, Tourism, Military Affairs and Senior Citizens	8/14/18 5:00 p.m.	9/17/18 11:07 a.m.	Fiscal Note Request 6/27/17 Fiscal Note 7/12/17	
	SESSION DATE	TITLE	DATE PASSED	TRANSMITTED	DUE DATE	PUBLIC LAW	LAPSED	NOTES	
	12/10/18	AN ACT TO ADD NEW §§ 84101(d), 84102(mm) AND (nn), 84105(c)(10) AND (d)(10), AND 84123; AND TO AMEND §§ 84103, 84105(g), (j), (k), (u) AND (x), 84107(f), AND 84110(c), ALL OF CHAPTER 84, DIVISION 4, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO GRANTING THE GUAM EMERGENCY MEDICAL SERVICES (EMS) COMMISSION THE AUTHORITY TO EXPAND THE SCOPE OF EMERGENCY MEDICAL SERVICES, AND TO IMPLEMENT A COMMUNITY PARAMEDIC OUTREACH PROGRAM.	12/17/18	12/17/18 5:30 p.m.	12/28/18	34-168	12/29/2018	Received: 12/31/18 Mess and Comm. Doc. No. 34GL-18-2732.	



EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor Of Guam.

DEC 31 2018

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

Vice Speaker Therese M. Terlaje
349L-18-2732

DEC 31 2018

Time: 16:35
Received by: [Signature]

Dear Madame Speaker:

Transmitted herewith is Substitute Bill No. 57-34 (COR), "AN ACT TO ADD NEW §§ 84101(d), 84102(mm) AND (nn), 84105(c)(10) AND (d)(10), AND 84123; AND TO AMEND §§ 84103, 84105(g), (j), (k), (u) AND (x), 84107(f), AND 84110(c), ALL OF CHAPTER 84, DIVISION 4, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO GRANTING THE GUAM EMERGENCY MEDICAL SERVICES (EMS) COMMISSION THE AUTHORITY TO EXPAND THE SCOPE OF EMERGENCY MEDICAL SERVICES, AND TO IMPLEMENT A COMMUNITY PARAMEDIC OUTREACH PROGRAM," which lapsed on December 29, 2018, as Public Law 34-168.

Senseramente,

EDDIE BAZA CALVO

2018 JAN -2 AM 9:24

I MINA'TRENTAI KUÁTTRO NA LIHESLATURAN GUÁHAN
2018 (SECOND) Regular Session

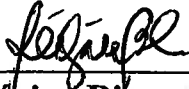
CERTIFICATION OF PASSAGE OF AN ACT TO *I MAGA'LÁHEN GUÁHAN*

This is to certify that **Substitute Bill No. 57-34 (COR)**, “AN ACT TO *ADD NEW* §§ 84101(d), 84102(mm) AND (nn), 84105(c)(10) AND (d)(10), AND 84123; AND TO *AMEND* §§ 84103, 84105(g), (j), (k), (u) AND (x), 84107(f), AND 84110(c), ALL OF CHAPTER 84, DIVISION 4, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO GRANTING THE GUAM EMERGENCY MEDICAL SERVICES (EMS) COMMISSION THE AUTHORITY TO EXPAND THE SCOPE OF EMERGENCY MEDICAL SERVICES, AND TO IMPLEMENT A COMMUNITY PARAMEDIC OUTREACH PROGRAM,” was on the 17th day of December 2018, duly and regularly passed.



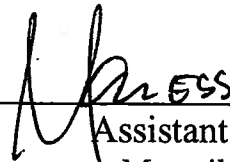
Therese M. Terlaje
Acting Speaker

Attested:



Régine Biscoe Lee
Legislative Secretary

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



Assistant Staff Officer
Maga'låhi's Office

APPROVED:

EDWARD J.B. CALVO
I Maga'låhen Guåhan

Date: DEC 29 2018

Public Law No. 34-168

I MINA'TRENTAI KUÁTTRO NA LIHESLATURAN GUÁHAN
2017 (FIRST) Regular Session

Bill No. 57-34 (COR)

As corrected by the Prime Sponsor;
and substituted on the Floor.

Introduced by:

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

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

1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

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

1 and their only consistent connection to the community may be the Emergency 911
2 System. This isolation prevents residents from fully accessing the Guam health care
3 system, causes delays in emergency response to their location, and in general cause
4 a degradation in the quality of health care they need and receive. *I Liheslaturan*
5 *Guåhan* further finds that the concept of a community paramedic outreach program
6 (CPOP) is a new and evolving model of community-based health care in which par-
7 amedics function outside their customary emergency response and transport roles in
8 ways that facilitate more appropriate use of emergency care resources and/or en-
9 hance access to primary care for medically underserved populations. CPOP pro-
10 grams typically are designed to address specific local problems and to take ad-
11 vantage of locally developed linkages and collaborations between and among emer-
12 gency medical services (EMS) and other health care and social service providers
13 and, thus, are varied in nature. Additionally, some of the EMS delivery system prob-
14 lems targeted by community paramedic programs include overuse of the 911 system
15 for social or psychological problems; the need for alternative means to manage pa-
16 tients who do not require transport to a general acute care hospital emergency de-
17 partment; repeat emergency department visiting or hospital readmissions due to gaps
18 in care between hospital and outpatient primary care or specialty management; lim-
19 ited or no capacity for short-notice home visits, especially during off hours; and sup-
20 plementing primary care shortages in underserved areas. Community paramedic pro-
21 grams might focus on specific medical needs such as diabetic monitoring or on
22 broader health care issues such as mental health. Our local EMS personnel are at the
23 heart of our island community and well suited to perform the outreach tasks.

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

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

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

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

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

18 **Section 3.** New §§ 84102(mm) and (nn) are *added* to Chapter 84 of Division
19 4, Title 10, Guam Code Annotated, to read:

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

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

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

6 **Section 4.** § 84103 of Chapter 84, Division 4, Title 10, Guam Code Anno-
7 tated, is *amended* to read:

8 **“§ 84103. Guam Emergency Medical Services Administrative Office.**

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

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

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

1 Medical Technician-Basic (EMT-B), Emergency Medical Technician-In-
2 termediate/Advance (EMT-I)(A), Emergency Medical Technician-Outreach
3 (EMT-O), Advance Life Support (ALS), and Emergency Medical Technician-
4 Paramedic (EMT-P) levels are in compliance with this Chapter, and *shall* ap-
5 prove the training programs if they are found to be in compliance with this
6 Chapter.”

7 **Section 5.** A new Item (10) is *added* to § 84105(c) of Chapter 84, Division
8 4, Title 10, Guam Code Annotated, to read:

9 “(10) community outreach.”

10 **Section 6.** A new Item (10) is *added* to § 84105(d) of Chapter 84, Division
11 4, Title 10, Guam Code Annotated, to read:

12 “(10) community EMS outreach support.”

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

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

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

1 “(j) coordinate emergency medical resources, such as Disaster Teams
2 comprised of EMR’s, EMT-B, EMT-I, EMT-O, EMT-P and Licensed Regis-
3 tered Nurses employed by the government of Guam agencies, and the alloca-
4 tion of the Guam EMS System’s services and facilities in the event of mass
5 casualties, natural disasters, national emergencies, and other emergencies, en-
6 suring linkage to local and national disaster plans, and participation in exer-
7 cise to test these plans;”

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

10 “(k) implement public information and education programs to inform
11 the public of the Guam EMS System and its use, and disseminate other emer-
12 gency medical information, including appropriate methods of medical self-
13 help, the community paramedic outreach program, and first-aid training pro-
14 grams on the island;”

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

17 “(u) promote programs for the education of the general public in first
18 aid, emergency medical services, and the community paramedic outreach pro-
19 gram;”

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

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

- 24 (1) ambulance services operating within Guam;
25 (2) emergency medical care offered within Guam, including
26 programs for training large numbers of people in cardiopulmonary re-
27 suscitation and lifesaving first aid techniques; and

1 (3) the community paramedic outreach program.”

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

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

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

9 (2) gross negligence;

10 (3) listed on Sex Offender Registry;

11 (4) repeated negligent acts;

12 (5) incompetence;

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

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

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

24 (9) violating or attempting to violate any federal or state stat-
25 ute or regulation that regulates narcotics, dangerous drugs, or controlled
26 substances;

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

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

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

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

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

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

24 (C) the commission of any sexually related offense spec-
25 ified under the Penal Code; and

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

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

3 “(c) Ambulances, emergency medical services facilities, private non-
4 emergent transport vehicles, and private ambulance services primarily provide
5 BLS transport services utilizing EMT-B, EMT-I, EMT-O, and/or EMT-P per-
6 sonnel. Private ambulance services and private non-emergent transport vehi-
7 cles *shall not* normally respond to emergency incidents (E911 dispatches by
8 Guam Fire Department) as first responder units, *except* in the following in-
9 stances:

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

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

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

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

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

5 “**§ 84123. Community Paramedic Outreach Program.**

6 (a) The Guam EMS Commission and the Office of EMS, in coordi-
7 nation with the Guam Fire Department and other government of Guam agen-
8 cies, *shall* establish a Community Paramedic Outreach Program (CPOP) as
9 part of the EMS Comprehensive Plan established in § 84105 of this Chapter
10 no later than October 1, 2020.

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

18 (c) The Chief of the Guam Fire Department or designated representa-
19 tive, working with the EMS Commission and Office of EMS, and local civil-
20 ian, public, and military hospitals, *shall* develop a process of identifying pa-
21 tients discharged from the hospital that request participation in the CPOP.
22 This process will become part of the comprehensive EMS plan and subject to
23 the CPOP.

24 (d) The Chief of the Guam Fire Department or designated representa-
25 tive, working with the EMS Commission and Office of EMS, *shall* work with
26 the Mayors Council of Guam to establish a process in identifying village res-
27 idents that would like to participate and will benefit in the CPOP.

1 (e) The Chief of the Guam Fire Department or designated representa-
2 tive, working with the EMS Commission and Office of EMS, *shall* work with
3 local health care providers on Guam to establish a process in identifying vil-
4 lage residents that would like to participate and will benefit in the CPOP.

5 (f) Prospective EMT participants in the CPOP *shall* attend a cultur-
6 ally and linguistically appropriate services (CLAS) training conducted by the
7 Guam Office of Minority Health, DPHSS, prior to initiation of outreach ser-
8 vices.

9 (g) The Chief of the Guam Fire Department or designated repre-
10 sentative, working with the EMS Commission and Office of EMS, *shall*
11 develop reporting criteria for the management of the CPOP. At a minimum,
12 the reports *shall* include the number of residents who have used program ser-
13 vices, and the types of program services used, as a measurement of any re-
14 duction in the use of the 911 systems for nonemergency, non-urgent medical
15 assistance by residents. Reports *shall not* include any personally identifiable
16 information concerning a resident in the program.

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

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

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

4 (1) linking patients with primary care providers;

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

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

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

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

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

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

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

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

25 (n) Scope of care may include:

26 (1) Assessments:

27 (A) checking vital signs;

- (B) blood pressure screening and monitoring;
- (C) prescription drug compliance monitoring;
- (D) assessing patient safety risks (e.g., risk for falling);

and

- (E) home safety checks.

(2) Treatment/Intervention:

- (A) breathing treatments;
- (B) providing wound care, changing dressings;
- (C) patient education; and
- (D) intravenous monitoring.

(3) Referrals:

- (A) mental health and substance use disorder referrals;
- (B) social services referrals;
- (C) collaboration with the DPHSS programs; and
- (D) referral recommendation to higher levels of nursing

care.

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

- (1) social determinants of health;
- (2) illness preventions;
- (3) advanced wound care;
- (4) health promotion;
- (5) risk assessment; and
- (6) community resource availability.

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

- (1) recently discharged patients;

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

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

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

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

13 (q) Coordination.

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

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

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

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

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