

LOURDES A. LEON GUERRERO
GOVERNOR



JOSHUA F. TENORIO
LT. GOVERNOR

UFISINAN I MAGA'HĀGAN GUĀHAN
OFFICE OF THE GOVERNOR OF GUAM

Transmitted via email to: speaker@guamlegislature.org

November 9, 2022

HONORABLE THERESE M. TERLAJE, Speaker

I Mina'trentai Sais Na Liheslaturan Guāhan

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,

A handwritten signature in blue ink, appearing to read "Lourdes A. Leon Guerrero".

LOURDES A. LEON GUERRERO

Maga'hāgan Guāhan
Governor of Guam

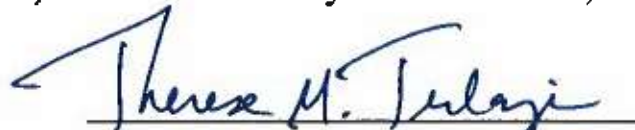
Enclosure: Bill No. 335-36 (COR) - nka *P.L. No. 36-121*

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

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

CERTIFICATION OF PASSAGE OF AN ACT TO *IMAGA'HÁGAN GUÁHAN*

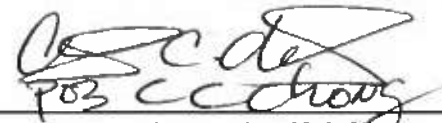
This is to certify that **Bill No. 335-36 (COR), "AN ACT TO AMEND §§ 84101, 84103, 84104, 84105, 84107, 84110, 84111, 84112, AND 84122; TO REPEAL AND REENACT § 84102; AND TO ADD A NEW § 84124, ALL OF CHAPTER 84, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO UPDATING EMERGENCY MEDICAL SERVICES PROVISIONS 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
Speaker


Attested:


Amanda L. Shelton
Legislative Secretary

This Act was received by *I Maga'hågan Guåhan* this 28th day of Oct,
2022, at 6:19 o'clock P.M.


Assistant Staff Officer
Maga'håga's Office

APPROVED:


Lourdes A. Leon Guerrero
I Maga'hågan Guåhan

Date: 11/09/2022

Public Law No. 36-121

I MINA'TRENTAI SAIS NA LIHESLATURAN GUÁHAN
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.

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

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

1 **“§ 84101. Intent.**

2 *I Liheslaturan Guahan* hereby declares that:

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

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

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

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

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

12 **Section 2.** § 84102 of Chapter 84, Title 10, Guam Code Annotated, is
13 hereby *repealed* and *reenacted* to read:

14 **"§ 84102. Definitions.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14 (hh) *License* means certificate or certification.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 (bbb) *Shall* means compliance is mandatory.

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

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

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

20 “§ 84103. **Guam Emergency Medical Services Administrative**
21 **Office.**

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

25 (b) The Office shall plan, establish, implement, administer,
26 maintain, and evaluate the Guam comprehensive emergency medical services
27 system to serve the emergency health needs of the people of Guam in an

1 organized pattern of readiness and response services based on public and
2 private agreements and operational procedures.

3 (1) The Office, in the implementation of this part of the plan,
4 will coordinate, and provide assistance to all entities and agencies,
5 public and private, involved in the EMS system (i.e., the Guam
6 Community College, Guam Memorial Hospital Authority).

7 (2) All emergency medical services, ambulance services, and
8 private non-emergent transport services conducted are under the
9 authority of the Office of EMS and shall be consistent with this Chapter.

10 (c) The Office of EMS shall be responsible for the implementation
11 of advanced life support systems, limited advanced life support systems,
12 community outreach programs, and for the monitoring of training programs.
13 The Office of EMS shall be responsible for determining that the operation of
14 training programs based on the U.S. DOT and NHSTA EMS Educational
15 Standards at the NREMR, NREMT, NRAMT and NRP levels are in
16 compliance with this Chapter, and shall approve the training programs if they
17 are found to be in compliance with this Chapter.”

18 **Section 4.** § 84104 of Chapter 84, Title 10, Guam Code Annotated, is
19 *amended* to read:

20 **“§ 84104. Administration.**

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

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

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

5 **"§ 84105. The Office of EMS Administrative Office:**
6 **Composition; Duties, and Responsibilities.**

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

11 (a) implement emergency medical services regulations and
12 standards;

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

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

27 (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

1 emergency medical services training for responder, basic, intermediate,
2 advanced life support and paramedic;

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

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

9 (i) coordinate emergency medical resources, such as Disaster
10 Teams comprised of NREMR, NREMT, NAEMT and NRP and
11 Licensed Registered Nurses employed by the government of Guam
12 agencies, and the allocation of the Guam EMS System's services and
13 facilities in the event of mass casualties, natural disasters, national
14 emergencies, and other emergencies, ensuring linkage to local and
15 national disaster plans, and participation in exercise to test these plans;

16 (j) implement public information and education programs to
17 inform the public of the Guam EMS System and its use, and
18 disseminate other emergency medical information, including
19 appropriate methods of medical self-help and first-aid training
20 programs on the island;

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

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

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

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

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

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

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

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

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

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

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

4 (1) a formal program of continuing education;

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

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

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

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

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

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

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

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

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

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

14 (iii) for applicants completing renewal within
15 sixty (60) days prior to expiration date, the fee schedule is:
16 Basic level application fee (NREMR or NREMT) -
17 \$75.00; Advanced level application fee (NRAEMT or
18 NRP) - \$100.00;

19 (iv) for applicants completing renewal within
20 thirty (30) days prior to expiration date, the fee schedule
21 is: Basic level application fee (NREMR or NREMT) -
22 \$75.00; Advanced level application fee (NRAEMT or
23 NRP) - \$125.00;

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

1 \$100.00; Advanced level application fee (NRAEMT or
2 NRP) - \$150.00;

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

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

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

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

15 (1) ambulance services operating within Guam; and

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

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

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

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

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

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

8 (3) care rendered to patients outside the hospital;

9 (4) emergency department care;

10 (5) interfacility consultation, transfer, and transport;

11 (6) pediatric critical care and pediatric trauma services;

12 (7) general trauma centers with pediatric
13 considerations;

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

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

20 (10) information management and system evaluation;

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

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

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

3 (14) establish an EMSC technical advisory committee;

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

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

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

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

23 “§ 84107(f) the EMS Commission will deny, suspend, or revoke
24 any NREMR, NREMT, NAEMT and NRP license issued under the
25 Office of EMS, for the following actions:

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

- 1 (2) gross negligence;
- 2 (3) listed on the Sex Offender Registry;
- 3 (4) repeated negligent acts;
- 4 (5) incompetence;
- 5 (6) the commission of any fraudulent, dishonest, or
- 6 corrupt act that is substantially related to the qualifications,
- 7 functions, and duties of pre-hospital personnel;
- 8 (7) conviction of any crime which is substantially
- 9 related to the qualifications, functions, and duties of pre-hospital
- 10 personnel. The record of conviction or a certified copy of the
- 11 record shall be conclusive evidence of the conviction;
- 12 (8) violating or attempting to violate directly or
- 13 indirectly, or assisting in or abetting the violation of, or
- 14 conspiring to violate, any provision of the Office of EMS or the
- 15 regulations adopted by the authority pertaining to pre-hospital
- 16 personnel;
- 17 (9) violating or attempting to violate any federal or state
- 18 statute or regulation that regulates narcotics, dangerous drugs, or
- 19 controlled substances;
- 20 (10) addiction to, the excessive use of, or the misuse of,
- 21 alcoholic beverages, narcotics, dangerous drugs, or controlled
- 22 substances;
- 23 (11) functioning outside the supervision of medical
- 24 control in the field care system operating at the local level, except
- 25 as authorized by any other license or certification;
- 26 (12) demonstration of irrational behavior or occurrence
- 27 of a physical disability to the extent that a reasonable and prudent

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

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

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

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

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

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

23 **Section 7.** § 84110(a)(5), of Chapter 84 of Title 10, Guam Code Annotated,
24 *is amended*, to read:

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

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

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

8 “(c) Ambulances, emergency medical services facilities, private non-
9 emergent transport vehicles, and private ambulance services primarily provide
10 BLS transport services utilizing NREMR, NREMT, NAEMT, and NRP
11 personnel. Private ambulance services and private non-emergent transport
12 vehicles shall not normally respond to emergency incidents (E911 dispatches
13 by Guam Fire Department) as first responder units, except in the following
14 instances:

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

17 (2) When the private service receives a direct request
18 for service from a person or facility other than dispatch, in which
19 the patient may be transported to an emergency department. In
20 these instances, the service may respond but shall contact the
21 appropriate emergency dispatch agency (Guam Fire Department
22 E911 Dispatch). When a direct request is made to a private
23 ambulance service from a location outside of a medical facility
24 or private ambulance during non-emergency transport, the
25 request shall be routed to E911 via instruction or call transfer for
26 the purpose of dispatching of GFD resources or mutual aid

1 (military or private ambulance service), as determined by
2 established policies and procedures.

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

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

9 **Section 9.** A new § 84110(f) is hereby *added* to Chapter 84 of Title 10,
10 Guam Code Annotated, to read:

11 “(f) Eligibility, Training and Skill Requirements for
12 Emergency Medical Responders, Emergency Medical Technicians,
13 Advanced Emergency Medical Technicians, and Paramedics:

14 (1) Student Eligibility:

15 (A) Emergency Medical Responder (EMR):

16 (i) eighteen (18) years of age.

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

19 (i) eighteen (18) years of age.

20 (C) Advanced Emergency Medical Technician
21 (AEMT):

22 (i) eighteen (18) years of age;

23 (ii) high school diploma or equivalent;

24 (iii) EMT Certificate;

25 (iv) BLS, ACLS and PALS Certification.

26 (D) Paramedic (Advanced Life Support):

27 (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.

1 **(3) Minimum Scope of Practice:**

2 **(A) Emergency Medical Responder (EMR):**

3 **(i) Patient Assessment;**

4 **(ii) Advance First Aid;**

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

7 **(iv) Automated External Defibrillator;**

8 **(v) Cardiopulmonary Resuscitation.**

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

11 **(i) Patient Assessment;**

12 **(ii) Advance First Aid;**

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

15 **(iv) Automated External Defibrillator;**

16 **(v) Cardiopulmonary Resuscitation;**

17 **(vi) Transport of Ill and Injured Persons.**

18 **(C) Advanced Emergency Medical Technician**
19 **(AEMT):**

20 **(i) All EMT Skills;**

21 **(ii) Perilaryngeal Airways;**

22 **(iii) Laryngoscope;**

23 **(iv) Endotracheal (ET) Intubations**
24 **(Adults, Orally);**

25 **(v) Valsalva's Maneuvers;**

26 **(vi) Intravenous Infusion;**

27 **(vii) Obtain Venous Blood;**

1 (viii) Glucose Measuring and
2 Administration;

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

5 (D) Paramedic (Advanced Life Support):

6 (i) All EMT and AEMT Skills and
7 Medications;

8 (ii) Laryngoscope;

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

11 (iv) Valsalva's Maneuvers;

12 (v) Intravenous Infusion;

13 (vi) Obtain Venous Blood;

14 (vii) Glucose Measuring and
15 Administration;

16 (viii) Needle Thoracostomy and
17 Cricothyroidotomy;

18 (ix) Trans-Cutaneous Pacing and
19 Synchronized Cardioversion;

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

22 (4) Notable Optional Skills:

23 (A) Emergency Medical Responder (EMR):

24 (i) Epi-Pens;

25 (ii) Naloxone.

26 (B) Emergency Medical Technician (EMT/Basic
27 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):

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

3 (ii) Administered by the State EMS
4 Office.

5 (D) Paramedic (Advanced Life Support):

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

8 (ii) Administered by the State EMS
9 Office.

10 (6) Length of Certification or Licensure:

11 (A) Emergency Medical Responder (EMR):

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

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

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

18 (C) Advanced Emergency Medical Technician
19 (AEMT);

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

22 (D) Paramedic (Advanced Life Support):

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

25 (7) Refresher Course/Continuing Education:

26 (A) Emergency Medical Responder (EMR):

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

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

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

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

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

8 (C) Advanced Emergency Medical Technician
9 (AEMT):

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

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

14 (D) Paramedic (Advanced Life Support):

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

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

18 (8) Certification and Licensed Provisions:

19 (A) Emergency Medical Responder (EMR):

20 (i) Certified and Licensed Locally; or

21 (ii) Reciprocity application.

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

24 (i) Certified and Licensed Locally; or

25 (ii) Reciprocity application.

26 (C) Advanced Emergency Medical Technician
27 (AEMT):

1 (i) Certified and Licensed Locally; or

2 (ii) Reciprocity application.

3 (D) Paramedic (Advanced Life Support):

4 (i) Certified and Licensed Locally; or

5 (ii) Reciprocity application.”

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

8 **“§ 84111. Certification Procedure.**

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

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

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

17 “(c) Emergency Medical Responder:

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

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

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

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

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

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

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

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

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

8 (d) **Emergency Medical Technician:**

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

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

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

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

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

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

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

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

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

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

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

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

3 (e) Advance Emergency Medical Technician:

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

10 (A) Didactic and lab/skills: 168 hours

11 (B) Field Internship: 60 hours

12 (C) TOTAL 228 hours

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

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

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

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

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

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

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

19 (f) Paramedic:

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

26 (A) Didactic and lab/skills: 672 hours

27 (B) Hospital and clinical training: 120 hours

1 (C) Field Experience: 288 hours

2 (D) Field internship with 20 patient contacts and at least
3 120 hours

4 (E) TOTAL 1,200 hours

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

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

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

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

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

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

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

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

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

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

10 **“§ 84112. Exemptions from this Chapter.**

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

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

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

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

22 **“§ 84122. Division of EMS.**

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

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

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

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

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

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

17 (6) conducting EMS research as needed;

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

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

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

27 (b) The Division shall designate the following:

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

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

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

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

21 **“§ 84124. EMS Scope of Practice.**

22 (a) Principles:

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

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

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

7 (b) Policies:

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

10 (A) conduct primary and secondary patient
11 examinations;

12 (B) take and record vital signs;

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

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

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

19 (F) provide immobilization care for musculoskeletal
20 injuries;

21 (G) assist with prehospital childbirth;

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

26 (I) administer medical oxygen;

27 (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;

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

3 (i) oropharyngeal airway;

4 (ii) nasopharyngeal airway;

5 (iii) suction devices;

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

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

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

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

16 (i) bleeding control through the application of
17 tourniquets;

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

20 (iv) spinal motion restriction or immobilization;

21 (iv) seated spinal motion restriction or
22 immobilization;

23 (v) extremity splinting; and

24 (vi) traction splinting;

25 (I) administer oral glucose or sugar solutions;

26 (J) extricate entrapped persons;

27 (K) perform field triage;

- 1 (L) transport patients;
- 2 (M) apply mechanical patient restraint;
- 3 (N) set up for ALS procedures, under the direction of an
4 Advanced EMT or Paramedic;
- 5 (O) perform automated external defibrillation;
- 6 (P) assist patients with the administration of physician-
7 prescribed devices including, but not limited to, patient-operated
8 medication pumps, sublingual nitroglycerin, and self-
9 administered emergency medications, including epinephrine
10 devices;
- 11 (Q) administer naloxone or other opioid antagonist by
12 intranasal and/or intramuscular routes for suspected narcotic
13 overdose;
- 14 (R) administer epinephrine by auto-injector for
15 suspected anaphylaxis and/or severe asthma;
- 16 (S) perform finger stick blood glucose testing; and
- 17 (T) administer over the counter medications, when
18 approved by the Medical Director, including, but not limited to:
- 19 (i) aspirin.
- 20 (U) The scope of practice of an EMT shall not exceed
21 those activities authorized in this Section.
- 22 (V) Special Procedures: Institute intraosseous (IO)
23 needles or catheters for cardiac arrest patients if specifically
24 trained and authorized by a local agency EMS Medical Director.

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

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

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

3 (C) maintain peripheral intravenous (IV) lines;

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

6 (E) draw peripheral blood specimens;

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

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

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

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

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

24 (i) Physiologic isotonic crystalloid solution IV
25 or IO;

26 (ii) Anaphylaxis: epinephrine IM;

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

3 (iv) Anti-hypoglycemics: Hypertonic glucose IV;

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

6 (vi) Parasympathetic Blocker: Atropine IV;

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

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

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

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

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

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

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

4 (N) perform cardiac defibrillation with a manual
5 defibrillator.

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

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

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

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

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

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

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

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

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

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

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

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

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

24 (ix) obtain venous blood samples;

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

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

4 (xi) utilize Valsalva maneuver;

5 (xii) perform percutaneous needle
6 cricothyroidotomy;

7 (xiii) perform needle thoracostomy;

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

10 (xv) monitor thoracostomy tubes;

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

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

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

21 (1) 10%, 25% and 50% dextrose;

22 (2) activated charcoal;

23 (3) acetaminophen;

24 (4) adenosine;

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

27 (6) amiodarone;

- 1 (7) aspirin;
- 2 (8) ATNAA/MARK 1;
- 3 (9) atropine sulfate;
- 4 (10) pralidoxime chloride;
- 5 (11) calcium chloride;
- 6 (12) diazepam;
- 7 (13) diphenhydramine
- 8 hydrochloride;
- 9 (14) dopamine hydrochloride;
- 10 (15) epinephrine;
- 11 (16) fentanyl;
- 12 (17) glucagon;
- 13 (18) glucose (oral);
- 14 (19) haloperidol;
- 15 (20) ipratropium bromide;
- 16 (21) ketamine;
- 17 (22) lorazepam;
- 18 (23) midazolam;
- 19 (24) lidocaine hydrochloride;
- 20 (25) magnesium sulfate;
- 21 (26) morphine sulfate;
- 22 (27) naloxone hydrochloride;
- 23 (28) nitroglycerine preparations
- 24 (I.V., Oral);
- 25 (29) norepinephrine;
- 26 (30) ondansetron;
- 27 (31) sodium bicarbonate;

1 (32) Tranexamic Acid (TXA).”

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

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