


I Mina'trentai Ocho Na Liheslaturan Guåhan
BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	FISCAL NOTES	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	NOTES
327-38 (LS)	William A. Parkinson	AN ACT TO AMEND SUBSECTIONS (e) AND (f) OF § 3216 OF ARTICLE 2, CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, AND TO ADD NEW SUBSECTIONS (k), (l), AND (m) TO § 3216 OF ARTICLE 2, CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO MODERNIZING GUAM'S DEATH REGISTRATION LAW BY EXTENDING THE MEDICAL ATTENTION WINDOW FOR NATURAL DEATH CERTIFICATION AND ALIGNING DEATH REGISTRATION WITH THE POST-MORTEM EXAMINATION ACT.	5/22/26 10:16 a.m.						

I MINA'TRENTAI OCHO NA LIHESLATURAN GUÅHAN
2026 (SECOND) Regular Session

Bill No. 327-38 (LS)

Introduced by:

William A. Parkinson 

AN ACT TO AMEND SUBSECTIONS (e) AND (f) OF § 3216 OF ARTICLE 2, CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, AND TO ADD NEW SUBSECTIONS (k), (l), AND (m) TO § 3216 OF ARTICLE 2, CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO MODERNIZING GUAM'S DEATH REGISTRATION LAW BY EXTENDING THE MEDICAL ATTENTION WINDOW FOR NATURAL DEATH CERTIFICATION AND ALIGNING DEATH REGISTRATION WITH THE POST-MORTEM EXAMINATION ACT.

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

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds
3 that the timely completion of death certificates is essential to grieving families,
4 funeral arrangements, estate matters, insurance claims, public health reporting, and
5 the orderly administration of vital records.

6 *I Liheslaturan Guåhan* further finds that § 3216 of Article 2, Chapter 3, Title
7 10, Guam Code Annotated, currently requires the medical certification of death to
8 be completed by the physician in charge of the patient's care for the illness or
9 condition which resulted in death, except when the patient has received no medical
10 attention within seventy-two (72) hours prior to death, or when inquiry is required
11 under the Post-Mortem Examination Act.

12 *I Liheslaturan Guåhan* further finds that this seventy-two (72) hour limitation
13 is too narrow for modern medical practice. Patients with end-stage cancer, heart
14 failure, dementia, renal failure, chronic obstructive pulmonary disease, hospice

1 diagnoses, palliative-care conditions, and other readily recognizable illnesses may
2 die at home or outside a medical facility more than seventy-two (72) hours after their
3 last medical encounter. In such cases, the treating physician is often the person best
4 able to certify the probable or presumed natural cause of death.

5 *I Liheslaturan Guåhan* further finds that Guam's Chief Medical Examiner, Dr.
6 Kenny Su, has requested that Guam extend this medical-attention window to at least
7 twelve (12) months. Dr. Su has advised that the current law allows physicians who
8 know a patient's medical history to decline to sign a death certificate solely because
9 the patient's last medical attention occurred more than seventy-two (72) hours before
10 death, even when the death was caused by a readily recognizable disease. This
11 unnecessarily shifts routine natural-death certifications to the Office of the Chief
12 Medical Examiner and causes delays for families.

13 *I Liheslaturan Guåhan* further finds that recent public reporting by the Pacific
14 Daily News regarding Guam's death investigation system, including concerns that
15 physicians have refused to sign death certificates and reports that some bodies were
16 received with wrists and ankles bound with rope, underscores the need for clearer
17 legal responsibility, more timely certification, and greater dignity in the handling of
18 deceased persons.

19 *I Liheslaturan Guåhan* further finds that the Post-Mortem Examination Act
20 properly reserves the Office of the Chief Medical Examiner for deaths requiring
21 medicolegal investigation, including violent deaths, suspicious deaths, sudden
22 deaths not caused by readily recognizable disease, and deaths where the body will
23 be unavailable for later examination. Routine natural deaths should not be referred
24 to the Chief Medical Examiner solely because of an outdated seventy-two (72) hour
25 rule.

26 *I Liheslaturan Guåhan* further finds that mainland guidance supports allowing
27 death certification based on reasonable medical judgment, medical history, medical

1 records, hospice records, palliative-care records, home health records, medications,
2 and other reliable information. Other jurisdictions recognize that medical certifiers
3 may use terms such as “probable” or “presumed” when appropriate and that a patient
4 who dies at home is not automatically an unattended death.

5 It is therefore the intent of *I Liheslaturan Guåhan* to amend § 3216 of Article
6 2, Chapter 3, Title 10, Guam Code Annotated, to extend the medical-attention
7 window for natural death certification from seventy-two (72) hours to twelve (12)
8 months; to require the appropriate medical provider to complete the medical
9 certification when the death appears natural and does not require inquiry under the
10 Post-Mortem Examination Act; to protect good-faith medical certification based on
11 reasonable medical judgment; to preserve the jurisdiction of the Chief Medical
12 Examiner over deaths requiring investigation; and to reduce unnecessary delay,
13 hardship, and indignity for families.

14 **Section 2.** This Act shall be cited as the “Natural Death Certification
15 Modernization Act of 2026.”

16 **Section 3.** Subsections (e) and (f) of § 3216 of Article 2, Chapter 3, Title
17 10, Guam Code Annotated, are hereby *amended* to read:

18 “(e) The medical certification shall be completed and signed within twenty-
19 four (24) hours after death by a registered nurse pursuant to 10 GCA § 12332; or by
20 the physician in charge of the patient’s care for the illness or condition which
21 resulted in death, or, if such physician is unavailable within the time required by this
22 Subsection, by another physician licensed to practice in Guam who has access to the
23 decedent’s relevant medical records and who can certify the cause of death in good
24 faith, except when the patient has ~~received no medical attention within seventy-two~~
25 (72) hours not received medical attention for the illness or condition which resulted
26 in death within twelve (12) months prior to death, or when inquiry is required in
27 accordance with the Post-Mortem Examination Act (10 GCA Chapter 81).

1 (f) When death occurred without medical attendance as set forth in ~~paragraph~~
2 Subsection (e) of this section, or when inquiry is required by the Post-Mortem
3 Examination Act, the ~~Medical Examiner or his duly authorized representative~~ Chief
4 Medical Examiner or the Chief Medical Examiner’s duly authorized representative
5 shall investigate the cause of death and shall complete and sign the medical
6 certification within twenty-four (24) hours after taking charge of the case.”

7 **Section 4.** *New* Subsections (k), (l), and (m) are added to § 3216 of Article
8 2, Chapter 3, Title 10, Guam Code Annotated, to read as follows:

9 “(k) For purposes of Subsections (e) and (f) of this Section, a decedent shall
10 be deemed to have received medical attention within twelve (12) months prior to
11 death when a physician or other health care provider acting within the lawful scope
12 of practice examined, diagnosed, treated, prescribed medication for, provided
13 telehealth care for, provided hospice care for, provided palliative care for, issued
14 home health orders for, or otherwise provided documented clinical care for the
15 illness or condition which resulted in death. Medical attention shall not include a
16 single emergency or urgent care encounter that is unrelated to the illness or condition
17 which resulted in death.

18 (l) When a decedent received medical attention within twelve (12) months
19 prior to death for the illness or condition which resulted in death, and the death
20 appears to be a natural death caused by a readily recognizable disease, illness, or
21 medical condition, the medical certifier required by Subsection (e) of this Section
22 shall not decline to complete and sign the medical certification solely because:

23 (1) the death occurred at the decedent’s home;

24 (2) the death occurred outside a hospital, clinic, hospice inpatient
25 facility, nursing facility, or other institution;

26 (3) more than seventy-two (72) hours elapsed between the decedent’s
27 last medical attention and the decedent’s death; or

1 (4) the certifier did not personally pronounce the decedent dead.

2 Nothing in this Subsection shall require a medical certifier to complete and
3 sign a medical certification of death when the certifier has reasonable cause to
4 believe that inquiry is required under the Post-Mortem Examination Act, 10 GCA
5 Chapter 81, or when the certifier cannot, in good faith, determine a probable or
6 presumed natural cause of death from the information reasonably available.

7 (m) A medical certification of death completed pursuant to Subsection (e) of
8 this Section may be based upon the certifier’s reasonable medical opinion formed
9 from the decedent’s medical history, medical records, course of treatment,
10 medications, hospice records, palliative-care records, home health records,
11 information from the institution or person having custody of the dead human body,
12 and any other information reasonably available to the certifier. A certifier may use
13 terms such as “probable” or “presumed” when medically appropriate. A certifier
14 who completes and signs a medical certification of death in good faith pursuant to
15 this Section shall not be subject to civil liability or professional disciplinary action
16 solely for completing and signing such certification, absent gross negligence, willful
17 misconduct, or a knowing false statement.”

18 **Section 5. Implementation.** Within ninety (90) calendar days after
19 enactment of this Act, the Director of the Department of Public Health and Social
20 Services, in consultation with the Chief Medical Examiner, the Guam Registrar of
21 Vital Statistics, the Guam Board of Medical Examiners, and representatives of
22 hospitals, clinics, hospice providers, and funeral service providers, shall update all
23 applicable death registration forms, electronic death registration systems, written
24 instructions, training materials, and public guidance necessary to implement this
25 Act.

26 **Section 6. Severability.** If any provision of this Act or its application to any
27 person or circumstance is found to be invalid or inorganic, such invalidity shall not

1 affect the other provisions or applications of this Act that can be given effect without
2 the invalid provision or application, and to this end the provisions of this Act are
3 severable.

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