

I Mina'trentai Ocho Na Liheslaturan Guåhan  
SPECIAL SESSION BILL STATUS

| BILL NO. | SPONSOR                                                                                                                            | TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DATE INTRODUCED      | DATE REFERRED | CMTE REFERRED                                   | FISCAL NOTES | PUBLIC HEARING DATE  | DATE COMMITTEE REPORT FILED | NOTES |
|----------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------|-------------------------------------------------|--------------|----------------------|-----------------------------|-------|
| 1 (11-S) | Committee on Rules<br>by request of <i>I Maga'hågan Guåhan</i> , the Governor of Guam, in accordance with the Organic Act of Guam. | AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER. | 9/14/26<br>2:47 p.m. | 9/15/26       | Committee on Finance and Government Operations. |              | 9/22/26<br>2:00 p.m. | 10/5/26                     |       |



*Office of Senator Christopher M. Dueñas*

CHAIRMAN, COMMITTEE ON FINANCE AND GOVERNMENT OPERATIONS

October 4, 2026

The Honorable Frank F. Blas Jr.  
Speaker, *I Mina'trentai Ocho na Liheslaturan Guåhan*  
163 W. Chalan Santo Papa  
Hågatña, Guam 96910

**Via Honorable Vice Speaker V. Anthony Ada**   
Chairman, Committee on Rules

**RE: Committee Report on Bill No. 1 (11-S) - Committee on Rules by request of I  
Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic Act of  
Guam.**

*Buenas yan Håfa Ådai Speaker,*

Transmitted herewith is the Committee Report on Bill No. 1 (11-S) - Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic Act of Guam - "AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER."

Committee votes are as follows:

|          |                           |
|----------|---------------------------|
| _____    | TO DO PASS                |
| _____    | TO NOT PASS               |
| <u>5</u> | TO REPORT OUT ONLY        |
| _____    | TO ABSTAIN                |
| <u>1</u> | TO PLACE IN INACTIVE FILE |

*Senseremente,*

**Senator Christopher M. Dueñas**  
Chairman, Committee on Finance and Government Operations



COMMITTEE ON RULES

**RECEIVED:**  
October 4, 2026 10:36 a.m.  
*Marie Crisostomo*



*Office of Senator Christopher M. Dueñas*  
CHAIRMAN, COMMITTEE ON FINANCE AND GOVERNMENT OPERATIONS

## **COMMITTEE REPORT**

### **BILL NO. 1 (11-S)**

#### **INTRODUCED BY**

**Committee on Rules by request of I  
Maga'hågan Guåhan , the Governor of  
Guam, in accordance with the Organic Act  
of Guam.**

**“AN ACT TO APPROPRIATE THE SUM OF NINETEEN  
MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND  
THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394)  
FROM THE SECTION 30 TAX REVENUES RECEIVED IN  
EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW  
38-136 TO THE GUAM MEMORIAL HOSPITAL  
AUTHORITY FOR THE ACQUISITION AND  
IMPLEMENTATION OF AN ELECTRONIC HEALTH  
RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM  
FOR THE DEVELOPMENT OF THE UOG BLUE  
ECONOMY INNOVATION CENTER.”**



# Office of Senator Christopher M. Dueñas

CHAIRMAN, COMMITTEE ON FINANCE AND GOVERNMENT OPERATIONS

September 30, 2026

## **MEMORANDUM**

**To:** All Members  
Committee on Finance and Government Operations

**From:** Senator Christopher M. Dueñas  
Chairperson, Finance and Government Operations

**Subject:** Committee Report on Bill No. 1 (11-S) *As Introduced*

Transmitted herewith for your consideration is the Committee Report on **Bill No. 1 (11-S)** - Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic Act of Guam - AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.

This report includes the following:

- Copy of COR Referral of Bill No. 1 (11-S)
- Notices of Public Hearing
- Copy of the Public Hearing Agenda
- Public Hearing Sign-in Sheet
- Copies of Submitted Written Testimony
- Committee Vote Sheet
- Committee Report Digest
- Copy of Bill No. 1 (11-S), *As Introduced*
- Funding Availability Note

Please take the appropriate action on the attached vote sheet. Your attention to this matter is greatly appreciated. Should you have any questions or concerns, please do not hesitate to contact me.

Respectfully,

  
Senator Christopher M. Dueñas  
Chairperson, Committee on Finance and Government Operations

OFFICE OF SENATOR CHRISTOPHER M. DUEÑAS

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# COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson  
*I Mina'trentai Ocho Na Liheslaturan Guahan*  
38<sup>th</sup> Guam Legislature

September 22, 2026

**To:** **Rennae V. C. Meno**  
Clerk of the Legislature

**Attorney Darleen E.H. Phillips**  
Legislative Legal Counsel

**From:** **Vice Speaker V. Anthony Ada**   
Chairperson, Committee on Rules

**Subject:** **Referral of Bill No. 1 (11-S)**

---

*Håfa Adai,*

Please be advised that Bill No. 1 (11-S) was referred to the Committee on Finance and Government Operations chaired by Senator Christopher M. Dueñas during the Special Session Floor proceedings on September 15, 2026.

A copy of the bill is available on our legislative website.

Should you have any questions or concerns, please feel free to contact Kamarin Nelson, Committee on Rules Director at 671-472-2461.



---

**First Notice Public Hearing - Sept 22, 2026 2pm**

2 messages

**Karl Pangelinan** <karl.p@guamlegislature.gov>  
To: phnotice@guamlegislature.gov  
Cc: Senator Chris Duenas <senator.duenas@guamlegislature.gov>

Tue, Sep 15, 2026 at 10:41 AM

**FOR IMMEDIATE RELEASE**

September 15, 2026

**MEMORANDUM****To: All Senators, Stakeholders, and Media****From: Senator Christopher M. Dueñas**  
**Chairman, Committee on Finance and Government Operations****Re: First NOTICE of Public Hearing on September 22, 2026**

---

The Committee on Finance and Government Operations will hold a public hearing on **Tuesday, SEPTEMBER 22, 2026**, beginning at **2:00 pm** at the Public Hearing Room in the Guam Congress Building.

The agenda is as follows:

- **Bill No. 1 (11-S) - Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic Act of Guam - AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.**

If you would like to participate in the Public Hearing listed above or submit written testimony, please contact the Office of Senator Christopher M. Dueñas for further assistance via email at [senator.duenas@guamlegislature.gov](mailto:senator.duenas@guamlegislature.gov) or by phone at (671) 989-9554.

In compliance with Title II of the Americans with Disabilities Act (ADA), all government activities, programs, and services are accessible to individuals with disabilities. *If you or anyone you know requires assistance or special accommodations to participate in the public hearing, please contact the Office of Senator Christopher M. Dueñas at the contact information provided above.*

The Public Hearing will be broadcast LIVE on local television (GTA Channel 21, Docomo Channel 117) and streamed online through I Liheslaturan Guåhan's YouTube Channel ([@guamlegislaturemedia](https://www.youtube.com/@guamlegislaturemedia)).



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**1N Pubilc Hearing - 092226 2pm.pdf**  
382K

To: Karl Pangelinan <karl.p@guamlegislature.gov>

Hafa Adai,

Posted on calendar.

[Quoted text hidden]

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**Edward S. Pocaigue, Jr.**  
Sergeant-at-Arms

*I Mina'trentai Ocho Na Liheslaturan Guåhan*  
Guam Congress Building, 1st Floor  
163 Chalan Santo Papa  
Hagåtña, Guam 96910



1-671-969-3514



sgtarms@guamlegislature.gov

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*Office of Senator Christopher M. Dueñas*  
CHAIRMAN, COMMITTEE ON FINANCE AND GOVERNMENT OPERATIONS

**FOR IMMEDIATE RELEASE**

September 15, 2026

**MEMORANDUM**

**To: All Senators, Stakeholders, and Media**

**From: Senator Christopher M. Dueñas**  
**Chairman, Committee on Finance and Government Operations**

**Re: First NOTICE of Public Hearing on September 22, 2026**

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- [Bill No. 1 \(11-S\)](#) - **Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic Act of Guam** - AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.

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**OFFICE OF SENATOR CHRISTOPHER M. DUEÑAS**

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# First Notice of Public Hearing 9/22/26 - 2pm

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## First Notice of Public Hearing 9/22/26 - 2pm

### PUBLIC HEARING

 **Posted on:** 09/15/2026 10:41 AM

 **Posted by:** Karl Pangelinan

 **Public Hearing Date:** 09/22/2026 02:00 PM

 **Department(s):**  
**GUAM LEGISLATURE (/notices?department\_id=92)**

 **Division(s):**  
OFFICE OF SENATOR CHRISTOPHER M. DUENAS (/notices?  
division\_id=267)

 **Notice Topic(s):** PUBLIC HEARING (/notices?topic\_id=74)

 **Types of Notice:** PUBLIC HEARING (/notices?type\_id=7)

 **For Audience(s):** PUBLIC (/notices?public=1)

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**FOR IMMEDIATE RELEASE**

September 15, 2026

**MEMORANDUM**

**To: All Senators, Stakeholders, and Media**

**From: Senator Christopher M. Dueñas  
Chairman, Committee on Finance and Government  
Operations**

**Re: First NOTICE of Public Hearing on September 22, 2026**

---

The Committee on Finance and Government Operations will hold a public hearing on **Tuesday, September 22, 2026**, beginning at **2:00 pm** at the Public Hearing Room in the Guam Congress Building.

The agenda is as follows:

**Bill No. 1 (11-S)**

**([https://guamlegislature.gov/38th\\_Guam\\_Legislature/Bills\\_Introduced\\_38th/Bill%20No.%201%20\(11-S\).pdf](https://guamlegislature.gov/38th_Guam_Legislature/Bills_Introduced_38th/Bill%20No.%201%20(11-S).pdf)) -**

**Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic Act of Guam - AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.**

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**(@guamlegislaturemedia**

**(<https://www.youtube.com/@GuamLegislatureMedia>)**).



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# Notice of Public Hearing

FIRST NOTICE of Public Hearing, scheduled for September 22, 2026

Published on Kandit at 12:30 pm, September 14, 2026

# Notice of Public Hearing

The Committee on Finance and Government Operations will hold a public hearing on Tuesday, SEPTEMBER 22, 2026, beginning at 2:00 pm at the Public Hearing Room in the Guam Congress Building.

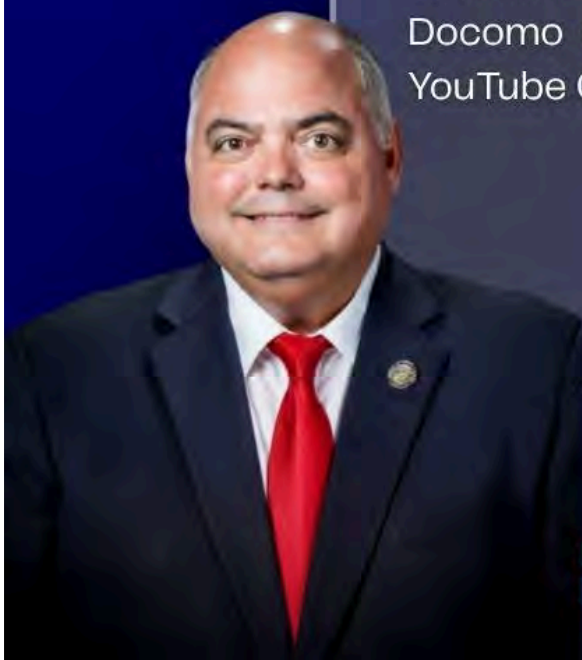
The agenda is as follows:

- Bill No. 1 (11-S) – Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic Act of Guam – AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.

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**Second Notice of Public Hearing - 09/22/26 2PM**

1 message

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**Karl Pangelinan** <karl.p@guamlegislature.gov>  
To: phnotice@guamlegislature.gov  
Cc: Senator Chris Duenas <senator.duenas@guamlegislature.gov>

Sat, Sep 19, 2026 at 2:00 PM

**FOR IMMEDIATE RELEASE**

September 19, 2026

**MEMORANDUM****To: All Senators, Stakeholders, and Media****From: Senator Christopher M. Dueñas**  
**Chairman, Committee on Finance and Government Operations****Re: Second NOTICE of Public Hearing on September 22, 2026**

---

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**2N Pubilc Hearing - 092226 2pm.pdf**

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*Office of Senator Christopher M. Dueñas*  
CHAIRMAN, COMMITTEE ON FINANCE AND GOVERNMENT OPERATIONS

**FOR IMMEDIATE RELEASE**

September 19, 2026

**MEMORANDUM**

**To: All Senators, Stakeholders, and Media**

**From: Senator Christopher M. Dueñas**  
**Chairman, Committee on Finance and Government Operations**

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# Second Notice of Public Hearing 9/22/26 - 2pm

 PRINT

## Second Notice of Public Hearing 9/22/26 - 2pm

### PUBLIC HEARING

 **Posted on:** 09/19/2026 02:00 PM

 **Posted by:** Karl Pangelinan

 **Public Hearing Date:** 09/22/2026 02:00 PM

 **Department(s):**  
**GUAM LEGISLATURE (/notices?department\_id=92)**

 **Division(s):**  
OFFICE OF SENATOR CHRISTOPHER M. DUENAS (/notices?  
division\_id=267)

 **Notice Topic(s):** PUBLIC HEARING (/notices?topic\_id=74)

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**FOR IMMEDIATE RELEASE**

September 19, 2026

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**To: All Senators, Stakeholders, and Media**

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**Bill No. 1 (11-S)**

**([https://guamlegislature.gov/38th\\_Guam\\_Legislature/Bills\\_Introduced\\_38th/Bill%20No.%201%20\(11-S\).pdf](https://guamlegislature.gov/38th_Guam_Legislature/Bills_Introduced_38th/Bill%20No.%201%20(11-S).pdf)) -**

**Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic**

**Act of Guam** - AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.

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# Notice of Public Hearing

SECOND NOTICE of Public Hearing, scheduled for September 22, 2026  
Published on Kandit at 6:30 am, September 20, 2026

# Notice of Public Hearing

The Committee on Finance and Government Operations will hold a public hearing on Tuesday, SEPTEMBER 22, 2026, beginning at 2:00 pm at the Public Hearing Room in the Guam Congress Building.

The agenda is as follows:

- Bill No. 1 (11-S) – Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic Act of Guam – AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.

If you would like to participate in the Public Hearing listed above or submit written testimony, please contact the Office of Senator Christopher M. Dueñas for further assistance via email at [senator.duenas@guamlegislature.gov](mailto:senator.duenas@guamlegislature.gov) or by phone at (671) 989-9554.

In compliance with Title II of the Americans with Disabilities Act (ADA), all government activities, programs, and services are accessible to individuals with disabilities. If you or anyone you know requires assistance or special accommodations to participate in the public hearing, please contact the Office of Senator Christopher M. Dueñas at the contact information provided above.

The Public Hearing will be broadcast LIVE on local television (GTA Channel 21, Docomo Channel 117) and streamed online through I Liheslaturan Guåhan's YouTube Channel ([@guamlegislaturemedia](https://www.youtube.com/@guamlegislaturemedia)).



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**INVITATION: Public Hearings on September 21 & 22, 2026 – Call for Testimony**

1 message

**Karl Pangelinan** <karl.p@guamlegislature.gov>

Wed, Sep 16, 2026 at 11:30 AM

To: joleen.aguon@gmha.guam.gov, jbenavente@gpagwa.com, vince.arriola@dpw.guam.gov, "lester.carlson@bbmr.guam.gov" <lester.carlson@bbmr.guam.gov>, jtwonpat@gdoe.net, ahernandez@triton.uog.edu, abe@triton.uog.edu, Tina Garcia <cgarcia@investguam.com>  
Cc: senator.parkinson@guamlegislature.gov, office.senatorbri@guamlegislature.gov, vince.borja@guamlegislature.gov, Senator Chris Duenas <senator.duenas@guamlegislature.gov>

Hafa Adai Key Stakeholders,

On behalf of Senator Christopher M. Dueñas, Chairman of the Committee on Finance and Government Operations, you are cordially invited to participate and provide oral or written testimony at the upcoming public hearings. Please forward on to those within or beyond your respective organizations who can add to these hearings.

The hearings will take place in the **Public Hearing Room at the Guam Congress Building** on the following dates and times with links to each bill:

**Hearing 1: Monday, September 21, 2026, at 2:00 PM**

[Bill No. 356-38 \(COR\)](#) – *Sponsored by Sen. Will Parkinson*

AN ACT TO APPROPRIATE SIXTEEN MILLION EIGHT HUNDRED THOUSAND DOLLARS (\$16,800,000) FROM FISCAL YEAR 2027 SECTION 30 REVENUES RECEIVED ABOVE THE LEVEL ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM POWER AUTHORITY FOR A THREE (3)-MONTH EXTENSION OF THE PRUGRAMAN AYUDA PARA I TAOTAO-TA ENERGY CREDIT PROGRAM, RELATIVE TO PROVIDING CUSTOMERS WITH ONE HUNDRED DOLLARS (\$100) IN MONTHLY ENERGY CREDITS FOR SEPTEMBER, OCTOBER, AND NOVEMBER 2026.

[Bill No. 357-38 \(COR\)](#) – *Sponsored by Sen. Vincent A. V. Borja*

AN ACT TO AMEND PUBLIC LAW 38-136 TO INCREASE THE REVENUE ESTIMATE FOR SECTION 30 FEDERAL INCOME TAX COLLECTIONS AND TO APPROPRIATE TWENTY MILLION DOLLARS (\$20,000,000) IN ADDITIONAL SECTION 30 REVENUES TO THE GUAM DEPARTMENT OF EDUCATION FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2027.

[Bill No. 358-38 \(COR\)](#) – *Sponsored by Sen. Sabrina Salas Matanane*

AN ACT TO ADD A NEW § 58D103 TO CHAPTER 58D, TITLE 5, GUAM CODE ANNOTATED; TO AMEND §§ 58D103, 58D104, 58D105, 58D106, 58D107, 58D108, 58D109, 58D110, 58D111, AND 58D112 OF CHAPTER 58D, TITLE 5, GUAM CODE ANNOTATED TO RENUMBER SAID SECTIONS AS §§ 58D104, 58D105, 58D106, 58D107, 58D108, 58D109, 58D110, 58D111, 58D112, AND 58D113, RESPECTIVELY, AND FURTHER TO AMEND § 58D108 TO REDUCE THE PRINCIPAL AMOUNT OF FINANCING AUTHORIZED THEREUNDER; AND TO APPROPRIATE NINETEEN MILLION EIGHT HUNDRED EIGHTY FIVE THOUSAND THREE HUNDRED NINETY FOUR DOLLARS (\$19,885,394) FROM SECTION 30 FEDERAL FUNDS RECEIVED IN CALENDAR YEAR 2026, RELATIVE TO ESTABLISHING AND FUNDING THE SIMON SANCHEZ HIGH SCHOOL MODERNIZATION FUND AS A DEDICATED INFRASTRUCTURE FUND FOR CAPITAL IMPROVEMENT PROJECTS WITH A USEFUL LIFE OF TWENTY (20) YEARS OR MORE, AND TO PROPORTIONALLY REDUCE PRIOR DEBT AUTHORIZATIONS FOR THESE PROJECTS.

**Hearing 2: Tuesday, September 22, 2026, at 2:00 PM**

[Bill No. 1 \(11-S\)](#) – *Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam*

AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.

## **Participation & Accommodation Details**

**Written Testimony & Confirmation:** To confirm your attendance to provide oral testimony or to submit written testimony, please email [senator.duenas@guamlegislature.gov](mailto:senator.duenas@guamlegislature.gov) or call **(671) 989-9554**.

**Special Accommodations:** In compliance with Title II of the Americans with Disabilities Act (ADA), please contact our office at the email or phone number above if you or anyone you know requires assistance or special accommodations.

**Live Broadcast:** Both hearings will be broadcast live on local television (GTA Channel 21, Docomo Channel 117) and streamed online via *I Liheslaturan Guåhan's* YouTube Channel (@guamlegislaturemedia).

Your expertise and perspective on these proposed measures are greatly valued. We look forward to your participation.

Si Yu'os Ma'åse',  
Karl Pangelinan

**Office of Senator Christopher M. Dueñas - Chairman, Committee on Finance and Government Operations**

259 Martyr Street, Hagåtña, Guam 96910  
Tel: (671) 989-9554  
Email: [senator.duenas@guamlegislature.gov](mailto:senator.duenas@guamlegislature.gov)



## *Office of Senator Christopher M. Dueñas*

CHAIRMAN, COMMITTEE ON FINANCE AND GOVERNMENT OPERATIONS

### **PUBLIC HEARING AGENDA**

**22 September 2026 - Guam Congress Building**

**02:00 PM:**

- **Bill No. 1 (11-S) - Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic Act of Guam - AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.**

If you would like to participate in any of the Public Hearings listed above or submit written testimony, please contact the Office of Senator Christopher M. Dueñas for further assistance via email at [senator.duenas@guamlegislature.gov](mailto:senator.duenas@guamlegislature.gov) or by phone at (671) 989-9554.

In compliance with Title II of the Americans with Disabilities Act (ADA), all government activities, programs, and services are accessible to individuals with disabilities. If you or anyone you know requires assistance or special accommodations to participate in the public hearing, please contact the Office of Senator Jesse A. Lujan at the contact information provided above.

The Public Hearings will be broadcast LIVE on local television (GTA Channel 21, Docomo Channel 117) and streamed online through *I Liheslaturan Guåhan's* YouTube Channel (@guamlegislaturemedia).

Date: Sept 22, 2026

*I Mina'trentai Ocho na Liheslaturan Guahån*  
Office of Senator Christopher M. Duenas  
Chairman, Committee on Finance and Government Operations

Time: 2:00 p.m.

Bill No 1 (11-S) AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.

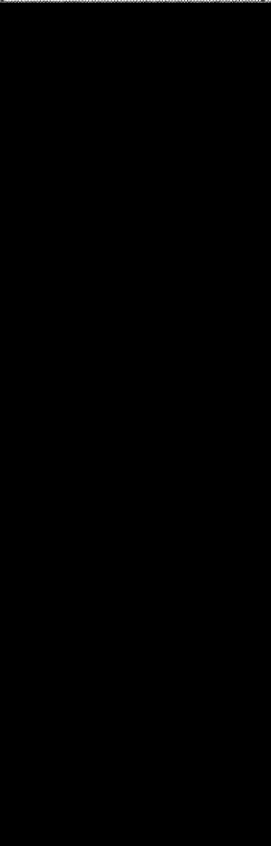
|    | Name               | Agency/ Address | Contact No. | Email                         | Type of Testimony |         | Support |    |
|----|--------------------|-----------------|-------------|-------------------------------|-------------------|---------|---------|----|
|    |                    |                 |             |                               | Oral              | Written | Yes     | No |
| 1  | Suzanne Aquino     | GMHA            |             | suzanne.aquino@gmha.org       |                   |         | /       |    |
| 2  | Berrett Pascuale   | GMHA            |             | pascuale.berrett@gmha.org     |                   |         | /       |    |
| 3  | Noriko Francisco   | GMHA            |             | noriko.francisco@gmha.org     |                   |         | ✓       |    |
| 4  | Sheryl de Gutman   | GMHA            |             | sheryl.degutman@gmha.guam.gov |                   |         | /       |    |
| 5  | ARISTOTLE Manohi   | GMHA            |             |                               |                   |         | /       |    |
| 6  | Janette S. Florio  | GMHA            |             |                               |                   |         | /       |    |
| 7  | Tamara M. Cruz     | GMHA            |             | tamara.cruz@gmha.guam.gov     | ✓                 |         | ✓       |    |
| 8  | Aida Yap           | GMHA            |             | aida.yap@gmha.guam.gov        | ✓                 |         | ✓       |    |
| 9  | Carissa Pangelinan | GBHWC           |             |                               | /                 | /       | /       |    |
| 10 | DONALD McLAUGHLEN  | GBHWC           |             |                               |                   |         |         |    |
| 11 | ma Gwen Yanes      | GMHA            |             | gwen.yanes@gmha.org           |                   |         | /       |    |
| 12 | CHARISSE MACAPAGAL | GMHA            |             | charisse.macapagal@gmha.org   |                   | /       | /       |    |

Date: Sept 22, 2026

*I Mina'trentai Ocho na Liheslaturan Guahân*  
Office of Senator Christopher M. Duenas  
Chairman, Committee on Finance and Government Operations

Time: 2:00 p.m.

Bill No 1 (11-S) AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.

|    | Name                  | Agency / Address | Contact No.                                                                         | Email                                                                                 | Type of Testimony |         | Support |    |
|----|-----------------------|------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------|---------|---------|----|
|    |                       |                  |                                                                                     |                                                                                       | Oral              | Written | Yes     | No |
| 1  | PACIENCIA J. DIONISIO | GMHA             |  | paciencia.dionisio@gmha.org                                                           |                   | ✓       | ✓       |    |
| 2  | James Cooper-Nurse    | GBHWC            |                                                                                     | james.cooper-nurse@gbhwc.guam.gov                                                     |                   | ✓       | ✓       |    |
| 3  | Davianara E. See      | GMHA             |                                                                                     | davianara.see@gmha.org                                                                |                   | ✓       | ✓       |    |
| 4  | Rizaldy Tugade        | GMHA             |                                                                                     | rizaldy.tugadejr@gmha.org                                                             |                   | -       | -       |    |
| 5  | Angcar, Catherine     | DPHSS            |                                                                                     | catherine.angcar@dphss.guam.gov                                                       |                   | ✓       | ✓       |    |
| 6  | Shermalin Pineda      | DPHSS            |                                                                                     | Shermalin.p.pineda@dphss.guam.gov                                                     |                   | ✓       | ✓       |    |
| 7  | Loribelle Kim         | GMH              |                                                                                     | loribelle.kim@gmha.org                                                                |                   |         | ✓       |    |
| 8  | MARIA TIGULO          | GMH              |                                                                                     | maria.tigulo@gmha.org                                                                 |                   |         | ✓       |    |
| 9  | Ann Lengyelbal        | GMH              |                                                                                     |  |                   |         | ✓       |    |
| 10 | FLORDEUZA, CORTEZ     | GMH              |                                                                                     |  |                   |         | ✓       |    |
| 11 | Frances Zaragosa      | GMH              |                                                                                     | frances.zaragosa@gmha.guam.gov                                                        |                   |         | ✓       |    |
| 12 | PHILLIP J.B. CATOK    | GMHA             |                                                                                     | phillip.catok@gmha.org                                                                |                   | -       | -       |    |

Date: Sept 22, 2026

*I Mina'trentai Ocho na Liheslaturan Guahan*  
Office of Senator Christopher M. Duenas  
Chairman, Committee on Finance and Government Operations

Time: 2:00 p.m.

Bill No 1 (11-S) AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.

|    | Name               | Agency / Address | Contact No. | Email                     | Type of Testimony |         | Support |    |
|----|--------------------|------------------|-------------|---------------------------|-------------------|---------|---------|----|
|    |                    |                  |             |                           | Oral              | Written | Yes     | No |
| 1  | Gicelle Chagnon    | GMHA             |             | gicelle.chagnon@gmha.org  |                   |         |         |    |
| 2  | Alvin Paul Mendoza | GMHA             |             | alvin.mendoza@gmha.org    |                   |         |         |    |
| 3  | Sharon Floyd       | GMHA             |             |                           |                   |         |         |    |
| 4  | Jo Ann Rivera      | GMHA             |             | joann.rivera@gmha.org     |                   |         |         |    |
| 5  | Norlan Ocampo      | GMHA             |             | norlan.ocampo@gmha.org    |                   |         |         |    |
| 6  | Angela Guido       | GMHA             |             |                           |                   |         |         |    |
| 7  | Vince Tatingfong   | GMHA             |             | vince.tatingfong@gmha.org |                   |         |         |    |
| 8  | Victoria Morales   | GMHA             |             | victoria.morales@gmha.org |                   |         |         |    |
| 9  | Mayan Gogo         | GMHA             |             | mayan.gogo@gmha.org       |                   |         |         |    |
| 10 | GERALD DE ROSAS    | GMHA             |             |                           |                   |         |         |    |
| 11 | VERAID AY ARA      | GMHA             |             |                           |                   |         |         |    |
| 12 | Craig Marquez      | GMHA             |             |                           |                   |         |         |    |

Date: Sept 22, 2026

*I Mina'trentai Ocho na Liheslaturan Guahan*  
Office of Senator Christopher M. Duenas  
Chairman, Committee on Finance and Government Operations

Time: 2:00 p.m.

Bill No 1 (11-S) AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.

|    | Name              | Agency / Address | Contact No. | Email                    | Type of Testimony |         | Support |    |
|----|-------------------|------------------|-------------|--------------------------|-------------------|---------|---------|----|
|    |                   |                  |             |                          | Oral              | Written | Yes     | No |
| 1  | Sydie Taisacan    | GMHA             |             | sydie.taisacan@gmha.org  | ✓                 |         | ✓       |    |
| 2  | Yvonne Cruz       | "                | "           |                          |                   | ✓       | ✓       |    |
| 3  | Jannica Taimanglo | GMHA             |             |                          | ✓                 |         | ✓       |    |
| 4  | Christine Tuquero | GMHA             |             |                          | ✓                 |         | ✓       |    |
| 5  | Jesse Quenga      | GMHA             |             |                          | ✓                 |         | ✓       |    |
| 6  | Danielle Manglona | GMHA             |             |                          | ✓                 |         | ✓       |    |
| 7  | Jasmin Tanglo     | GMHA             |             | jasmin.tanglo@gmha.org   |                   |         | ✓       |    |
| 8  | Alma Siapenglo    | GMHA             |             | Alma.siapenglo@gmha.org  |                   |         | ✓       |    |
| 9  | AMACRIS LEGASPI   | GMHA             |             | amacris.legaspi@gmha.org |                   |         | ✓       |    |
| 10 | RIC FUSEBO        | GMHA             |             | ric.fusebo@gmha.org      | ✓                 |         | ✓       |    |
| 11 | Jeanette Lumbre   | GMHA             |             |                          |                   |         | ✓       |    |
| 12 | ALEXIS OLIVARES   | GMHA             |             | alexis.olivares@gmha.org |                   |         | ✓       |    |
|    | Teddy Duenas      | GMHA             |             | teddy-duenas@gmha.org    |                   |         | ✓       |    |

09/22/2026

The Honorable Christopher M. Duenas  
Chairman, Committee on Finance and Government Operations, 38th Guam Legislature  
Guam Congress Building  
Hagåtña, Guam 96910

**Subject: Urgent Need for Comprehensive Government Funding for a Unified EHR System at GMHA and DPHSS**

Dear Senator Christopher Duenas and Members of the 38th Guam Legislature,

As a healthcare professional dedicated to serving our island community, I am writing to advocate for the immediate and complete funding of a modern, enterprise-wide Electronic Health Record (EHR) system to be shared by the **Guam Memorial Hospital Authority (GMHA)** and the **Department of Public Health and Social Services (DPHSS)**.

Every day on the front lines, my colleagues and I see how our severely fragmented IT infrastructure directly compromises clinical efficiency and impacts patient care. Currently, **GMH operates on separate, disjointed platforms across vital departments**, using completely different systems for the Emergency Room, radiology imaging data, and inpatient care.

This internal division at GMH—compounded by a total lack of integration with DPHSS community health centers—creates critical barriers to safe, timely medical delivery. Doctors and nurses are forced to manually piece together a patient's story across multiple logins and paper files. This siloed reality leads to major operational bottlenecks:

- **Dangerous Clinical Blind Spots:** When a patient is transferred from a DPHSS clinic to the GMH Emergency Room, or moved from the ER to an inpatient floor, critical medical histories, current medications, and known allergies do not flow seamlessly.
  - **Delayed Diagnostics:** Separating radiology and imaging data from general inpatient and ER charts forces clinicians to jump between software programs to view scans, delaying time-sensitive diagnoses.
  - **Redundant Testing and Waste:** Due to the lack of a centralized repository, expensive diagnostic labs and imaging are frequently duplicated simply because providers cannot access recent results from another department or clinic.
  - **Severe Administrative Burnout:** Our healthcare workforce spends hours fighting disjointed software systems and tracking down records rather than focusing on direct, high-quality patient care.
- An enterprise-wide EHR is not a luxury; it is the fundamental baseline of modern medicine. Capital investment from the Government of Guam to replace these disparate, legacy systems with a single, unified platform will immediately streamline transitions of care, drastically reduce medical errors, maximize federal reimbursement capabilities, and ultimately save lives.

Our patients deserve a connected healthcare system that works as a unified front. I urge you to prioritize and allocate the necessary funding to transform the digital infrastructure of GMHA and DPHSS. Thank you for your leadership and your commitment to the health of the people of Guam.

Sincerely,

Reynald Lim, MD  
Chairman, Anesthesia Department  
Guam Memorial Hospital



# GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDĀT ESPETĀT MIMURIĀT GUĀHĀN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913  
Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



## TESTIMONY FOR BILL NO. 1 (11-S): GETTING GMHA A MODERN ELECTRONIC HEALTH RECORDS SYSTEM

Håfa Adai, Chairman, and Senators of the Committee on Finance and Government Operations.

Thank you for allowing us to voice our support for Bill No. 1 (11-S). We are the Clinical Case Managers of the Guam Memorial Hospital. We are a part of the healthcare delivery here in Guam. Every single day, our primary responsibility is to coordinate comprehensive, individualized patient care, bridge the gap between distinct providers, and ensure our people navigate our medical ecosystem safely.

We are writing to urge you to pass the \$15.8 million funding for the Guam Memorial Hospital Authority to get a modern Electronic Health Record (EHR) and billing system. To be completely honest, we needed this years ago.

As Case Managers, we see every day how our broken, outdated (and very slow) setup actively threatens patient safety. Just imagine documenting a very complete and thorough note of the patient's discharge plan and then the window suddenly closes on you. Your train of thought gets lost and this easily adds another 30 minutes onto your charting. Or just imagine trying to spend a great deal of time just to look for one particular note on a patient's chart. We are constantly fighting a losing battle against our own software, and the costs are just too high:

- **Stagnant Data and Dangerous Outdated Records:** A patient's health changes fast, but our records are stuck in the past. Vital medical updates and basic information completely fail to sync between systems. When a patient arrives at GMHA, we are forced to rely previous files for the patient's history. It is incredibly frustrating to find outdated critical information—like a current address, an updated phone number, valid insurance, or previous high-risk health factors. Because our hospital depends on several EHR systems it delays care and requires more time. Our current system also limits our data querying capability which helps build and support our quality improvement measures.

- **The Outpatient Communication Gap:** Right now, we are still sending individual medical records manually to the patient's outpatient providers. It is an exhausting, tedious process. We desperately need an EHR system that can communicate safely with other clinics, which would save everyone immense amounts of time and money while keeping patient care seamless.

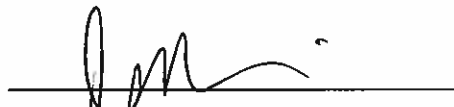
• **The Insurance Bottleneck:** Getting insurance approvals, checking coverage limits, and organizing next steps for a patient requires real-time data. Right now, we operate on several programs that fail to communicate. It takes extra time to get the information we need when it could be available at the click of a button. This causes severe delays in moving patients out of hospital beds and into outpatient clinics or home health care.

• **The Cost of Waiting and Regulatory Risk:** When insurance data fails to sync, everything grinds to a halt. Families face crushing financial uncertainty, approvals get stuck in limbo, and patients stay trapped in hospital beds long after they are ready to go home. This backlog eats up precious hospital beds that should be open for incoming emergencies. On top of that, we are terrified that these data gaps will compromise our ability to meet basic compliance requirements for the Centers for Medicare & Medicaid Services (CMS). This puts our federal funding and certifications at immediate risk.

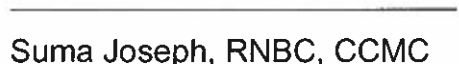
For case managers to adequately advocate for, protect, and heal our community, we need an EHR system that moves at the speed of modern medicine. We urge this committee to pass Bill No. 1 (11-S) to equip our nurses, doctors, and the rest of the interdisciplinary team with the digital tools necessary to safeguard the people of Guam. Please give our frontline teams the basic necessities we need to look after our patients, protect our families, and deliver safe, affordable care to everyone who walks through our doors.

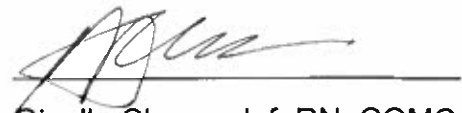
Thank you so much,  
Si Yu'os Ma'ase',

The GMHA Clinical Case Managers:

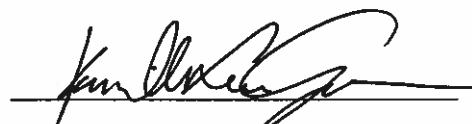
  
Loribelle Kim, RNC-OB, CCMC

  
Roberto Padilla, Jr., RN, CCMC

  
Suma Joseph, RNBC, CCMC

  
Gicelle Chargualaf, RN, CCMC

  
Maria Tigulo, RNBC, CCMC

  
Kamille Leon Guerrero, RN

## Individual Division Testimony in Support of Bill No. 1 (11-S)

Submitted by:

Aida Corell P. Yap, RN, NI-BC, MEDSURG-BC

Clinical Nurse Informatics Supervisor

Guam Memorial Hospital Authority

Date: September 22, 2026

Håfa Adai Senator Dueñas and Members of the Committee on Finance and Government Operations

My name is Aida Yap, and I serve as the Clinical Nurse Informatics Supervisor at Guam Memorial Hospital Authority. I am providing testimony today to express my strong support for Bill No. 1 (11-S), and specifically for Section 2(a), which would provide \$15,885,394 to GMHA to acquire and implement a new Electronic Health Records (EHR) system.

Before I moved into informatics, I spent years as a floor nurse in our Surgical unit, and I served as a frontline nurse throughout the COVID-19 pandemic. That bedside experience; the pressure, the pace, the moments where a delay or a missing piece of information could change an outcome; is what shaped the strength and intuition I now bring to this role. I did not come to informatics from behind a desk. I came to it from the bedside, which is exactly why I understand both sides of every problem our current EHR creates: what it looks like on a screen, and what it means for the nurse standing next to a patient.

I want senators to understand that my support for this bill does not come from the outside looking in. I am one of the individuals who has spent years building up, educating staff, patching together, and holding up our current EHR environment. My team and I are one of the first they call when the system goes down, the person clinical staff turn to when documentation won't save, or when orders do not push through, the person IT turns to when they need someone who understands both the technology and what it means for a nurse standing at a bedside. My department works side by side with IT as the clinical boots on the ground — we are the bridge between a server room and a patient room, and every gap in our system runs through us.

In just the last 48 hours, we have experienced multiple downtimes caused by the disconnect between our separate clinical and billing systems. Unfortunately, this is not a rare event. It is the predictable result of running a hospital on a patchwork of systems that were never designed to work together — an aging, on-premises revenue cycle management platform bolted to a cloud-based EHR that cannot fully communicate with it. When these systems fail, they do not fail quietly. Nurses lose access to medication records mid-shift. Physicians cannot pull up orders. My team drops everything to troubleshoot in real time, often while still performing our daily duties such as fielding data requests, compliance reporting needs, onboarding new staff and addressing frontline clinical questions that cannot wait.

This instability is why my team and I are frequently on call, at all hours, because our EHR cannot be trusted to simply keep working. I have stepped away to respond to a system issue on my mother's birthday. I have worked remotely and answered a troubleshooting call during a stateside family reunion. I have even answered troubleshooting issues on my own wedding day. I share this not for sympathy, but because senators should understand what it actually means

## **Individual Division Testimony in Support of Bill No. 1 (11-S)**

when we say a system is unstable: the problems do not wait for a convenient time, and the people responsible for solving them do not get to either. Public servants do not get to set down that responsibility because it is a holiday, a celebration, or a once-in-a-lifetime family moment. That should never be the standard we accept for a system that carries every medication order, every allergy alert, and every critical clinical documentation for the people of our island.

The day-to-day reality inside this fragmented system is one most people outside the hospital never see. Our nurses still complete medication administration records on paper because our system was never built for true point-of-care documentation. Patient wristbands carry no barcode, which means there is no automated safeguard against a wrong-patient or wrong-medication error — that check exists only because a nurse catches it by hand, every single time, without fail. My team fields report requests that should take minutes and instead take days, because our data lives in disconnected systems that were never designed to talk to each other. None of this reflects a lack of effort from clinical staff or from IT. It reflects the limits of infrastructure that is long past due for replacement.

Beyond my role at GMHA, I also serve as co-chair of the Interoperability Advisory Committee, representing GMHA alongside leaders from the Department of Public Health and Social Services (DPHSS), Guam Behavioral Health and Wellness Center (GBHWC), and the Office of Technology. As a committee, our vision is to provide superior patient and staff experience while empowering better health outcomes through faster access to care, seamless care transitions, and reduced overhead burdens. Our mission is to improve care coordination, quality, and the patient experience through the exchange of electronic health information across our government organizations, while maintaining all appropriate security and privacy requirements. That work has made it even clearer to me that GMHA's EHR limitations are not just an internal problem — they are a barrier to the kind of coordinated, island-wide care our community deserves. A modern EHR at GMHA is a foundational piece of that larger vision, not a separate initiative from it.

A unified EHR/RCM system would change what my department does every day. Instead of spending our time firefighting outages and reconciling data between systems, we could focus on what clinical informatics is supposed to do: supporting safe documentation, giving clinicians reliable tools, and giving leadership accurate data to make decisions. It would mean fewer 2 a.m. calls because a system went down, and more confidence that when a nurse scans a medication, the system catches an error before it reaches a patient.

I respectfully urge the Legislature to pass Bill No. 1 (11-S) and fund this appropriation. Our patients, our nurses, and the staff who keep this hospital running through every outage deserve infrastructure that works with them, not against them.

Si Yu'os Ma'åse,

Aida Corell P. Yap, RN, NI-BC, MEDSURG-BC  
Clinical Nurse Informatics Supervisor  
Guam Memorial Hospital Authority

# Testimony Before I Liheslaturan Guåhan (The Guam Legislature)

## Public Hearing on Bill No. 1 (11-S)

**Subject:** Testimony in Strong Support of the Appropriation of \$15,885,394 to the Guam Memorial Hospital Authority from Section 30 Tax Revenues Received in Excess of the Amount Adopted in Public Law 38-136 for the Acquisition and Implementation of an Electronic Health Record System — and the Importance of That System to GMHA's Continued CMS Certification and Pursuit of CIHQ Accreditation

**Hearing Date:** 09/23/2026

**Presented by:** Danielle Manglona, Administrator, Quality, Patient Safety & Regulatory Compliance, Guam Memorial Hospital Authority (GMHA)

**Position:** SUPPORT

## I. Introduction and Position

Good morning/afternoon, Honorable Speaker, Chairperson, and Members of the Legislature. Thank you for the opportunity to testify on behalf of Guam Memorial Hospital Authority.

GMHA testifies in strong support of this measure, which appropriates the sum of Fifteen Million Eight Hundred Eighty-five Thousand Three Hundred Ninety-four Dollars (\$15,885,394) to the Guam Memorial Hospital Authority from Section 30 tax revenues received in excess of the amount adopted in Public Law 38-136, for the acquisition and implementation of an electronic health record system.\*\* This sum is GMHA's portion of the measure's total appropriation of \$19,885,394 of excess Section 30 revenues. We are grateful to I Maga'hågan Guåhan and to this body for moving with the urgency this situation requires.

I am here today not to speak about a piece of software, but about the foundation on which every other patient-safety, quality, and regulatory commitment this hospital makes actually rests. An electronic health record, or EHR, is the system clinicians, billers, compliance officers, and quality staff use to document, protect, track, and report every aspect of a patient's care. When that system works, it protects patients and protects GMHA's standing with its federal regulators. When it does not, the exposure runs directly through the two things I want to focus on today: our hospital's Medicare certification under the Centers for Medicare & Medicaid Services (CMS), and our path toward accreditation through the Center for Improvement in Healthcare Quality (CIHQ).

## II. The Emergency This Appropriation Answers

On September 14, 2026, GMHA's Interim Hospital Administrator and Chief Executive Officer formally requested emergency funding to secure the hospital's core digital health infrastructure — a modern, enterprise-grade Electronic Health Record and Revenue Cycle Management (RCM) system — citing "an acute operational and financial vulnerability that directly threatens clinical safety, revenue integrity, and public healthcare continuity across our island." That request identified three conditions this appropriation directly remedies:

- **Obsolete hardware with zero on-island support.** GMHA's core RCM and Admission, Discharge, and Transfer (ADT) databases run on end-of-life physical server hardware with no vendor maintenance, no replacement parts availability, and no on-island technical support. A single server motherboard or disk array failure would instantly halt hospital admissions, and billing operations with no path to immediate recovery.
- **Sunsetted, unsupported software.** The applications governing RCM and ADT workflows have been formally sunsetted by the vendor and receive no vendor support, no security patches, and no billing compliance updates — exposing GMHA to cybersecurity vulnerabilities, HIPAA regulatory compliance violations, and unfixable system crashes.
- **Disparate systems and crippled interoperability.** Emergency, inpatient, laboratory, radiology, pharmacy, and billing operate on fragmented standalone systems, many without automated interfaces, forcing clinical staff to manually re-enter patient data across isolated databases. This creates severe clinical blind spots, billing drop-offs and claim denials, and paralyzes data exchange with the Guam Behavioral Health and Wellness Center, the Department of Public Health and Social Services, local primary care clinics, and off-island referral facilities.

The timeline is what makes this urgent rather than merely important. An enterprise EHR/RCM replacement is not an overnight software installation; it is a multi-year organizational and technical transformation, and industry benchmarks place deployment at 15 to 18 months from procurement launch to live clinical use. With GMHA's existing software contract expiring in 2028, initiating procurement immediately is a math-driven necessity.

This appropriation is what allows GMHA to start that clock rather than run out of it.

## III. Why the Electronic Health Record Is Not a Discretionary IT Investment

GMHA currently operates on the CareVue platform, adopted in 2020 after our prior vendor discontinued support for the hospital's legacy system. Hospital leadership has been transparent with

this body that CareVue "really wasn't built for an acute care hospital landscape," and that clinicians are "still struggling with it" years after go-live. That mismatch is not an abstraction — it shows up as:

- Interface failures between the EHR and the hospital's patient-accounting system, which have disrupted charge capture, billing, and revenue.
- A multi-day systems outage in July 2025 that forced clinical staff back onto paper for patient names, room assignments, orders, and medications, with hundreds of thousands of dollars in daily charges having to be captured manually.
- Limited dashboard and reporting functionality that slows the hospital's ability to identify problems in real time.

Every one of these is, at its core, a documentation and data-integrity problem. And documentation and data integrity are precisely what CMS and CIHQ measure.

#### **IV. GMHA's Experience: Documentation Completeness, Audits, and Reporting**

I want to speak candidly about the hospital's lived experience in four areas, because they are the areas where surveyors and auditors actually look, and because they explain why this appropriation is a compliance necessity rather than a convenience.

##### **Documentation completeness**

CMS requires a medical record that is accurate, complete, promptly completed, and properly authenticated for every patient. GMHA's difficulty has not been staff willingness — it has been that the system does not make completeness enforceable. Because clinical, ancillary, and financial functions sit in separate systems without automated interfaces, a single patient encounter can be documented across multiple disconnected records, with staff manually re-entering the same data. That architecture produces predictable failure modes: missing or late entries, transcription discrepancies between systems, unsigned or unauthenticated entries, and incomplete records at discharge. Surveyors have commented that GMHA's current EHR does not "work for or support its staff," and that because of its current hybrid state, GMHA will continue "to demonstrate that documentation is complete at the time care was delivered".

##### **Audits and auditability**

Compliance is proven by evidence, and evidence requires a system that records its own history. GMHA's current environment makes routine audit work manual and labor-intensive: medical record delinquency reviews, coding and charge-capture audits, medication reconciliation reviews, and restraint or informed-consent documentation audits largely depend on staff pulling and comparing

records across systems by hand. Manual sampling is slower, smaller in scope, and harder to reproduce than system-generated auditing — which means GMHA identifies problems later than it should and has a harder time proving sustained correction. That last point matters specifically in the plan-of-correction context: CMS and CIHQ both expect a facility to demonstrate not merely that a deficiency was fixed, but that compliance has been monitored and sustained over time. Sustained-compliance monitoring built on manual chart pulls is fragile evidence.

## **Reporting**

Reporting is where the current system's limitations are most consequential. GMHA operates a hospital-wide Quality Assessment and Performance Improvement (QAPI) program, and QAPI is only as good as the data feeding it. Today, infection metrics and process-of-care measures must be assembled largely by hand from systems that do not speak to one another. Structural limitation constrains external reporting obligations as well, from CMS quality reporting through territorial public health reporting, and it drives the claim denials and billing drop-offs that directly reduce the hospital's collectable revenue.

## **V. The Direct Line to CMS Certification**

CMS certification is not a formality — it is the legal basis on which GMHA bills Medicare and Medicaid, which fund the majority of the hospital's patient care operations. Certification depends on GMHA continuously meeting the Conditions of Participation, two of which sit squarely on the electronic health record:

- **42 CFR § 482.24** requires every hospital to maintain an accurate, complete, and promptly accessible medical record for each patient.
- **42 CFR § 482.21** requires a hospital-wide, data-driven QAPI program capable of tracking and reducing medical errors.

Put simply: a hospital that cannot reliably produce a complete and timely medical record is a hospital at risk of losing the certification it needs to operate. A fit-for-purpose EHR is the infrastructure that keeps GMHA on the right side of that line, survey after survey.

## **VI. The Direct Line to CIHQ Accreditation**

GMHA lost its prior hospital accreditation in 2018 and has been working toward accreditation through CIHQ since 2021, completing mock surveys in 2022 and 2023, with a stated goal of achieving accreditation in FY 2026.

CIHQ is a CMS-approved accrediting organization holding the maximum six-year "deeming authority" term CMS grants, meaning a hospital that meets CIHQ's standards is deemed to also meet CMS's Conditions of Participation, generally without a separate CMS survey. Roughly 95% of CIHQ's standards are drawn directly from those same CMS Conditions, with additional patient-safety and quality requirements layered on top.

That overlap matters directly to this hearing: whatever exposes GMHA to a CMS finding will surface the same way in front of a CIHQ surveyor. Documentation completeness, audit evidence of sustained compliance, and QAPI data reporting are all within CIHQ's survey scope. Continuing to operate on a records platform that clinicians and administrators have publicly described as unfit for acute care — on hardware and software the vendor no longer supports — puts our CIHQ accreditation goal at risk.

## **VII. Closing**

Guam Memorial Hospital is the only acute-care hospital serving our island's residents. Its ability to keep operating depends on maintaining CMS certification. Its ability to demonstrate quality beyond the federal minimum depends on achieving CIHQ accreditation. This depends on clinicians and staff having a records system that reliably captures, protects, audits, and reports patient information — not one that requires them to work around it, and not one running on servers no one on this island can repair.

GMHA therefore respectfully urges this Legislature to pass this measure and appropriate the \$15,885,394 to the Guam Memorial Hospital Authority from Section 30 tax revenues received in excess of the amount adopted in Public Law 38-136, for the acquisition and implementation of an electronic health record system. This is not a discretionary technology purchase. It is the accountability, compliance, and patient-safety infrastructure on which GMHA's Medicare certification, its CIHQ accreditation goal, and the continuity of acute care, long term care, and specialty outpatient clinic care for the people of Guam all rest.

Thank you for your time and your continued support of Guam Memorial Hospital Authority.

Respectfully submitted,

Danielle Manglona

Administrator, Quality, Patient Safety & Regulatory Compliance

Guam Memorial Hospital Authority

**TESTIMONY OF THE GMH EMERGENCY DEPARTMENT NURSING STAFF  
In Support of Bill No. 1 (11-S) – EHR Modernization**

Honorable Members of the Guam Legislature,

We are the nursing staff of the Guam Memorial Hospital Emergency Department, and we are here to express our **strong support for Bill No. 1 (11-S)** and its funding for the acquisition and implementation of a new electronic health records system for Guam Memorial Hospital Authority. The bill specifically identifies EHR acquisition and implementation as a use of the appropriated funds.

We support this investment because we experience every day what happens when our technology does not keep up with the demands of emergency care.

We are the nurses who are at the bedside when the ER is full, when patients are in the hallways, when ambulances continue to arrive, when walk-in patients keep coming through the doors, and when the phones never stop ringing.

Then a trauma comes through the door.

Or a patient arrives in cardiac arrest.

CPR starts. Medications are given. Orders are coming in. The physician is at the bedside. The team is moving.

But the rest of the ER does not stop.

Another patient still needs medication. Another needs reassessment. Another needs an IV. Another family needs an update. Another ambulance is arriving.

**That is our reality.**

Now add our current electronic health record environment.

Our ER uses ePower and CareVue, and they do not always function as one seamless patient record. When information does not move correctly between systems, the nurse becomes the connection.

We switch screens. We search. We call. We verify. We print. We write. We reconcile. We double-check.

Sometimes an order has to be physically carried to another department.

The patient does not see the technology problem.

**They see the nurse.**

They see the delay. They see the nurse at the computer instead of at the bedside.

This is why we do not see EHR modernization as simply an IT upgrade.

**For us, it is a patient-care and patient-safety issue.**

Our greatest concern is medication safety. When medications are given in ePower and the patient transitions to CareVue, the medication record can become fragmented. For critically ill patients, nurses may have to ensure that medications given in the ER are documented and visible in the receiving system so the next nurse knows exactly what was given and when.

That can mean double documentation while we are receiving another patient or actively caring for someone whose condition is changing.

We have also experienced situations where a provider could not immediately see what had already been given in the other system. The nurse then has to stop, verify, contact the provider, and make sure the patient does not receive an unnecessary additional dose.

**The nurse becomes the safety net between two systems.**

That should not be our normal workflow.

Boarding makes this even harder. An admitted patient who remains in the ER still needs medications, assessments, monitoring, and documentation while new emergency patients continue to arrive.

**One nurse. Two systems. Multiple patients.**

That is not a theoretical problem.

**That is our shift.**

We have learned to adapt. We know the workarounds. We know who to call. We know what needs to be checked twice. We keep moving because our patients cannot wait.

But our ability to adapt should never be mistaken for proof that the system is working.

That is why we support this investment.

We need a modern, reliable, integrated EHR that gives the care team one clear clinical picture of the patient. We need orders to move where they need to go. We need a clear medication record. We need information to follow the patient from the ER to the inpatient unit. We need less duplicate documentation and less paperwork.

Most importantly—

**we need more time at the bedside.**

If GMHA moves forward with EHR modernization, we respectfully ask that frontline nurses be involved from the beginning—not only during training, but during workflow design, system selection, testing, implementation, and evaluation.

Do not only show us the system in a meeting room.

**Test it in the real ER.**

Test it when the department is full.

Test it when multiple patients are boarding.

Test it when a trauma arrives.

Test it during a cardiac arrest.

Test medication administration.

Test transfers.

Test downtime.

Show us what happens when everything is happening at once—because that is when we need the system the most.

The goal should be simple:

**The information should move with the patient—not with the nurse.**

We are the ER.

We are the pit.

We will continue to show up. We will continue to care. We will continue to respond when the ambulances come, when the trauma arrives, when the heart stops, and when our community needs us most.

But the ER should be difficult because emergency medicine is difficult—

**not because our technology makes it harder.**

We are not asking for luxury.

We are not asking for convenience.

We are asking for the tools to safely do the job we already do every day.

We support Bill No. 1 (11-S) because we believe investment in a modern EHR can help GMH nurses spend less time working around technology and more time caring for patients.

**Our nurses are already giving Guam their best. Now our technology needs to support them.**

Thank you.

The nurses at the Hemodialysis Unit are expressing our concerns regarding the performance and usability of CareVue EHR system. Several persistent issues have been affecting the efficiency, accuracy, safety and staff satisfaction.

- System Integration – CareVue EHR is unable to integrate with external systems used at other departments causing delay in patient care, duplicate data entries and possible discrepancies in values.

We believe that system integration is imperative for keeping our workflow running seamlessly. For instance, a patient admitted at ED who is initially registered into EPower system should be available to view by all units to anticipate admission and their need for immediate treatment support such as hemodialysis. The automated data sharing between systems will give us the opportunity to focus on caring for patients instead of waiting when the patient is registered into the CareVue system and juggling between multiple software interfaces.

- System Application and Responsiveness – Slow load times, especially during peak hours delays and disrupts the clinical workflows, which can lead to staff frustration who needs to access the patient records and document pertinent information.
- Interface Complexity– User is required to open multiple modules or windows thereby increasing the risk of oversight when reconciling medications or viewing critical results.
- Limited capability in running data reports – Extracting and data analysis is almost impossible causing staff to do manual intensive and arduous review of records. The process hinders productive assessment of unit performance.
- Frequent down time of server – System down time brings everything to a standstill. Nurses have to switch to manual mode. There is no warning if the system is going down and therefore the active orders, labs, and medical notes will not be available for staff to review. The pharmacy's system is also unable to verify orders and nurses have to do manual retrieval of medications, a practice that is highly unsafe and prone to errors. These issues may lead to delayed patient care, increased wait times and patient frustration, staff overtime to catch up on documentation, medical errors, and potential revenue loss.

TESTIMONY OF: Infection Control Department

REGARDING: Need for Electronic Health Record Modernization

POSITION: Support for Funding of a Modernized EHR System

Good morning, and thank you for the opportunity to provide testimony on the proposed modernization of Guam Memorial Hospital's electronic health record system.

From the Infection Control perspective, a modern electronic health record is an important patient-safety and regulatory-support tool. Our current CareVue system has limitations in its ability to query, integrate, and report clinical information needed for infection surveillance.

Infection Control is responsible for ongoing surveillance of healthcare-associated infections, communicable diseases, multidrug-resistant organisms, device-associated infections, and other infection risks within the hospital. This requires review and analysis of information from multiple sources, including laboratory results, patient locations, device documentation, isolation status, procedures, and other clinical information.

With our current system, much of this information cannot be readily queried or consolidated into usable reports. Infection Control therefore relies on manual chart review, cross-referencing of available data sources, and separate tracking tools to obtain and validate information needed for surveillance and reporting.

These methods allow our department to continue fulfilling its responsibilities, but they are labor-intensive and can limit how efficiently large amounts of clinical information can be reviewed and trended.

For example, surveillance of device-associated infections requires both identification of infections and accurate denominator information such as central-line days and urinary-catheter days. When these data cannot be readily extracted electronically, staff must use additional manual processes to collect and validate the information.

A more capable EHR could significantly improve this process by allowing Infection Control to more efficiently identify and analyze relevant clinical information, including microbiology results, device utilization, patient-days, isolation history, and infection trends across units.

It could also support more efficient preparation and submission of data required by the Centers for Disease Control and Prevention's National Healthcare Safety Network, while still allowing Infection Control staff to perform the clinical review and validation necessary for accurate reporting.

Improved access to integrated clinical information can also support earlier identification of potential clusters, transmission concerns, and patients requiring infection-control precautions. This strengthens both patient safety and the hospital's ability to respond to emerging infectious-disease concerns.

Importantly, a modern EHR does not replace the professional judgment or surveillance responsibilities of Infection Control. It provides the tools needed to perform those responsibilities more efficiently, accurately, and sustainably.

Every hour that can be redirected from manual data collection and reconciliation is time that Infection Control can devote to prevention activities such as hospital rounds, staff education, infection investigations, hand-hygiene monitoring, environmental and reprocessing assessments, outbreak response, and implementation of corrective actions.

For Infection Control, EHR modernization is therefore more than an information-technology investment. It is an investment in patient safety, infection surveillance, regulatory compliance, staff efficiency, and the hospital's ability to protect our patients, employees, and community.

Thank you for your consideration.

**\*WRITTEN TESTIMONY IN SUPPORT OF PROPOSED LEGISLATION\***

**\*38th Guam Legislature, Eleventh Special Session\***

**\*Re: EHR Appropriation — Guam Memorial Hospital Authority\***

**\*Submitted by: Edgar Magcalas, MD**

**\*Infectious Disease Physician, Guam Memorial Hospital\***

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September 22, 2026

Håfa Adai, honorable members of I Mina' Trentai Ocho na Liheslaturan Guåhan.

I am an Infectious Disease physician at Guam Memorial Hospital. I provide inpatient consultations across the medical wards and ICU, and I am writing today to offer my unequivocal support for the proposed appropriation of \$15,885,394 to fund a modern Electronic Health Records system at GMHA.

I will keep this simple, because the problem is simple: I cannot always see what I need to see, when I need to see it, to take care of my patients safely.

When I am called to evaluate a patient with sepsis or a complex infection, I need a complete clinical picture — prior culture data, antibiotic histories, recent labs, imaging, outpatient notes. Right now, that information is fragmented. Some of it lives in one system. Some of it is on paper. Some of it is unavailable entirely because the patient was seen at another government facility that cannot share records with us in real time. I am making decisions — sometimes life-or-death decisions — with incomplete data. Every physician at GMHA can tell you the same story.

This is not a complaint about our staff, who work hard under difficult conditions. This is a structural problem, and it has a structural solution: a unified, modern EHR.

From an infectious disease standpoint specifically, the stakes are high. Tracking resistance patterns, coordinating isolation precautions, reconciling antibiotic courses across

admissions — all of this depends on longitudinal data that a fragmented system cannot reliably provide. We are managing patients with serious infections on a small island with limited specialist backup. We cannot afford to be flying blind.

The proposed investment is not a luxury. It is infrastructure. The same way we would not expect surgeons to operate without adequate lighting, we should not expect clinicians to deliver safe, coordinated care without functional information systems.

I respectfully urge the Legislature to pass this measure without delay. Our patients deserve better, and frankly, so does our staff. This funding moves us meaningfully in the right direction.

Si Yu'os Ma'åse'.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Edgar Magcalas', written in a cursive style.

Edgar Magcalas, MD  
Infectious Disease  
Guam Memorial Hospital

## **TESTIMONY IN SUPPORT OF A NEW, MORE EFFECTIVE AND EFFICIENT ELECTRONIC HEALTH RECORD SYSTEM**

**Honorable Senators of the Guam Legislature,**

Good day, Senators.

My name is Alvin Resurreccion, and I am speaking on behalf of the Intensive Care Unit and the healthcare professionals who provide care to some of the sickest and most vulnerable patients in our hospital.

I am here today to express our strong support for investing in a **new, more effective, efficient, and reliable Electronic Health Record (EHR) system** for our hospital.

In the Intensive Care Unit, every second matters. Our patients require continuous monitoring, frequent assessments, multiple medications, complex interventions, and constant communication among nurses, physicians, respiratory therapists, pharmacists, laboratory personnel, and other members of the healthcare team.

Our current electronic health record system makes this work more difficult than it needs to be.

### **Patient Safety Must Come First**

An effective EHR should help healthcare professionals provide safer care - not create additional barriers to delivering that care.

In the ICU, nurses are responsible for monitoring multiple critical systems at the same time: vital signs, neurological status, ventilator settings, hemodynamics, medications, laboratory results, intake and output, procedures, and changes in the patient's condition.

When information is difficult to find, duplicated, entered into multiple locations, or not easily accessible, valuable time is taken away from direct patient care.

A modern EHR should allow the healthcare team to quickly see the **complete clinical picture of the patient**, recognize changes in condition, and make timely decisions.

### **More Time for Patients, Less Time Fighting the System**

Our nurses and other healthcare professionals entered this profession to care for patients.

However, inefficient electronic systems can result in significant amounts of time being spent navigating screens, documenting the same information multiple times, searching for orders or results, correcting documentation, and working around limitations of the system.

Every minute a nurse spends unnecessarily navigating an EHR is a minute that could otherwise be spent assessing a patient, communicating with family, responding to a change in condition, or providing bedside care.

We are not asking for less documentation.

We are asking for **better documentation tools**.

We need a system that works with our clinicians rather than requiring clinicians to work around the system.

## **The ICU Requires an EHR Designed for Critical Care**

Critical care is different from routine inpatient care.

Our patients can deteriorate within minutes. We need rapid access to laboratory results, imaging, medication information, physician orders, previous documentation, and trends in the patient's condition.

A modern EHR should provide meaningful clinical information in a way that is **organized, intuitive, and immediately accessible**.

It should support ICU-specific workflows, including:

- Comprehensive flowsheets and trending of vital signs
- Medication and infusion management
- Ventilator and respiratory documentation
- Intake and output monitoring
- Neurological and sedation assessments
- Critical-care assessment tools
- Real-time access to laboratory and diagnostic results
- Clear medication and allergy information
- Efficient physician and nursing communication
- Accurate and timely clinical documentation
- Reduction of duplicate documentation
- Improved handoff and continuity of care

These are not conveniences. **They are patient-safety tools.**

## **Improving Efficiency throughout the Hospital**

An improved EHR would benefit far more than the ICU.

When information can move efficiently between departments, the entire hospital functions more effectively.

Emergency Department, ICU, medical-surgical units, operating room, laboratory, radiology, pharmacy, respiratory therapy, and other departments all depend upon accurate and timely information.

A more integrated system can help reduce delays, improve communication, decrease duplication, and allow healthcare professionals to spend more time on clinical care.

For a hospital serving Guam, this is especially important.

We must make the best possible use of the healthcare workforce we have.

## **Supporting Our Nurses and Healthcare Workforce**

Healthcare professionals are already experiencing significant demands.

Recruitment and retention of experienced nurses and other healthcare professionals are critical to the future of healthcare in Guam.

Technology should help us retain our workforce - **not contribute to frustration and burnout.**

An EHR that is intuitive, efficient, and responsive can improve the daily working environment for our nurses and clinicians.

When our healthcare professionals can document efficiently, find information quickly, and spend more time with patients, it improves both **staff satisfaction and patient care.**

## **The Cost of an Inefficient System Is More Than the Price of the Software**

We recognize that replacing an EHR is a significant financial investment.

However, we should also consider the cost of maintaining an inefficient system.

The cost includes staff time, duplicated work, documentation burden, delays in care, frustration, training challenges, potential communication gaps, and the risk associated with information that is difficult to access when it is urgently needed.

The question should not simply be:

**"How much will a new EHR cost?"**

We should also ask:

**"What does it cost our hospital and our patients to continue with a system that does not adequately meet the needs of modern healthcare?"**

## **An Investment in Guam's Healthcare Future**

Investing in a new EHR is not simply an investment in technology.

It is an investment in:

**Patient safety.**

**Nursing and physician efficiency.**

**Healthcare workforce retention.**

**Better communication.**

**Continuity of care.**

**Hospital efficiency.**

And ultimately, **the people of Guam.**

Our community deserves a healthcare system equipped with the tools necessary to provide safe, timely, high-quality care.

As ICU healthcare professionals, we see every day how important accurate information and timely communication are to the survival and recovery of our patients.

We respectfully ask the members of the Guam Legislature to recognize the importance of this investment and to support efforts to provide our hospital with a **modern, reliable, user-friendly, and clinically effective electronic health record system.**

We are not simply asking for newer technology.

**We are asking for a system that allows us to provide better care.**

For our patients, our families, our healthcare professionals, and the future of healthcare in Guam, we believe this investment is necessary.

**Thank you for your time, your consideration, and your commitment to improving healthcare for the people of Guam.**

Respectfully,

A handwritten signature in black ink, appearing to be 'Alvin A. Resurreccion', written over a horizontal line.

**Alvin A. Resurreccion, BSN, RN**  
Intensive Care Unit

Guam Memorial Hospital Authority

A handwritten signature in black ink, appearing to be 'Aileen M. Maravilla', written over a horizontal line.

**Aileen M. Maravilla, CCRN, RN**  
Intensive Care Unit

Guam Memorial Hospital Authority

A handwritten signature in black ink, appearing to be 'Angelica A. Duenas', written over a horizontal line.

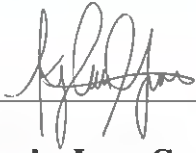
**Angelica A. Duenas, CCRN, RN**  
Intensive Care Unit

Guam Memorial Hospital Authority

A handwritten signature in black ink, appearing to be 'Mason C. Calma', written over a horizontal line.

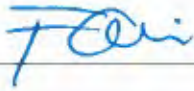
**Mason C. Calma, CCRN, RN**  
Intensive Care Unit

Guam Memorial Hospital Authority



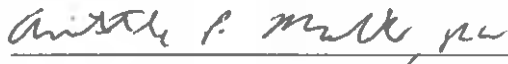
**Kaysha Leon Guerrero, CCRN, RN**  
Intensive Care Unit

Guam Memorial Hospital Authority



**Fernando M. Garcia, BSN, RN**  
Intensive Care Unit

Guam Memorial Hospital Authority



**Aristotle P. Manaloto, CCRN, RN**  
Intensive Care Unit

Guam Memorial Hospital Authority



**Delyn D. Mackwelung, BSN, RN**  
Intensive Care Unit

Guam Memorial Hospital Authority



# GUAM MEMORIAL HOSPITAL AUTHORITY

ATURIDĀT ESPETĀT MIMURIĀT GUĀHAN

850 Governor Carlos Camacho Road, Tamuning, Guam 96913

Operator: (671) 647-2330 or 2552 | Fax: (671) 649-5508



## WRITTEN TESTIMONY IN SUPPORT OF GMHA EHR FUNDING

Committee on Finance and Government Operations | 38th Guam Legislature

Joleen Aguon, M.D., Interim Hospital Administrator and Chief Executive Officer

Public Hearing on Bill 1 (11-S) | 2:00 p.m. September 22, 2026

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The Honorable Christopher M. Dueñas

Chairman, Committee on Finance and Government Operations

I Mina'trentai Ocho Na Liheslaturan Guåhan

Calvo Arriola Building, Suite 101-B

259 Martyr Street

Hagåtña, Guam 96910

Re: Written Testimony in Support of Bill No. 1 (11-S) — GMHA Electronic Health Record Funding

Håfa Adai Chairman Chris Dueñas, Health Care Chair Sabrina Salas Matanane and members of the legislature.

I'm Dr. Joleen Maanao Aguon, Interim Administrator and Chief Executive Officer of the Guam Memorial Hospital Authority. I'm asking you to approve \$15,885,394, to begin replacing our electronic health record and the revenue cycle systems that work with it.

Guam Memorial Hospital keeps its patient records and its billing on separate systems that were never connected to one another, and our employees move the information between them by hand.

That gap sits underneath most of the problems this body hears about from GMH, including late billing, incomplete charts and the coding backlogs we've needed help to clear.

The equipment holding those systems up is now at its end of life. Manufacturer support on the servers that run our billing ends this December and several components on that hardware are already degraded or failed.

Our electronic health system, Carevue, has been failing with increasing frequency and the company that sold it to us no longer keeps support staff on Guam. Each time it goes down, we return to handwritten orders, telephoned results and a census counted on paper, until service comes back.

We're the only public hospital on this island, and the people who depend on us have no public alternative.



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I'm asking for this system for three reasons.

The first is the safety of the patients in our beds. Treatment depends on knowing what has already been done, what a patient is allergic to, what medications they're on, what their cardiac enzymes show, what cultures have grown and what their condition was an hour ago.

As a critical care physician, I know what it costs when that information isn't in front of the team at the moment of decision and in conditions like sepsis, a heart attack or an acute stroke, the cost is measured in hours.

A connected record puts that information at the bedside instead of requiring a nurse or physician to go find it.

The second is the financial stability of the hospital.

We can only bill for care we can completely document and what we collect, pays for the next patient's medication, supplies and staffing.

Every workaround is an opportunity for a charge to go uncaptured, a claim to be denied, or a bill to leave weeks late.

In 2023, following a system failure our claims fell so far behind that we borrowed millions in Medicaid advances to meet payroll.

The treatment continued and the expenses continued while the revenue did not and no amount of additional billing staff can outrun a system that loses the information before it reaches a claim.

The third is our standing with the federal government.

A working medical record is a requirement of participating in Medicare and Medicaid, and those programs are the majority of our revenue. We're carrying federal corrective actions and pursuing accreditation, and both rest on producing complete records on demand.

What we've prepared to put out to the market isn't only a hospital purchase.



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Our Request for Proposal is written as an enterprise platform for the island with room for other government health agencies to join, instead of buying their own.

That matters, because our residents move between the SNF, public health and DOC clinics, our emergency room and behavioral health care, and each of those agencies holds a separate piece of the same patient's record.

A shared platform closes those blind spots on medications, allergies and history, with the privacy partitions that behavioral health records require under federal law.

Where an agency stays on its own system, our requirement is that we exchange information with theirs, using national standards, so the record follows the patient, even when the software doesn't match.

That structure matters to your budget, as much as it matters to our patients.

Buying as an enterprise means one platform, one hosting environment, and one set of interfaces rather than a separate purchase for every agency, and it puts us in a position, to ask CMS what federal participation is available for the shared Medicaid-related components of this work.

I won't promise this committee a federal match I haven't secured, but what I can say to you is that going to market as one enterprise is what keeps that door open, and that this appropriation is what lets us do it.

On the 2020 electronic health record purchase, I wasn't part of that decision and I won't spend the committee's time assigning fault for it.

The hospital bought with the money available, rather than with the requirements of an acute care facility, and the connection between the clinical and financial sides was never built. I'm asking you to break that pattern, instead of repeating it.

The timing isn't flexible. An enterprise implementation takes fifteen to eighteen months, from contract to signature, and our current clinical agreement expires in April 2028. Counting backward from that date puts the start of this work behind us already.



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Funding this now lets us issue our proposal immediately, evaluate the responses properly, and transition while the hospital still has a working system to transition from.

Delay puts us in the position of buying under emergency conditions, which is the most expensive way any government purchases anything.

You should expect controls in return.

Our Request for Proposal is vendor neutral, it requires every bidder to itemize the costs that normally arrive as surprises, including data migration, staff backfill, training, travel, devices and interfaces, and it holds the option of hosting on an established health system's platform open for competition.

Our nurses, physicians and billing staff evaluate the candidates against their own daily work and have to accept the system before we go live. Payments follow verified performance.

The platform has to carry forward into the new hospital, so our people don't pay for this twice. And GMH will report progress and spending to this body in writing, on the schedule the legislature sets.

Our staff have held this hospital together through outages and paper for years with no one on island to call for help. What they need from us now is not more effort. It's a system that works.

I respectfully ask for your approval of Bill 1 (11-S).

Un Dangkulu Na Si Yu'os Ma'ase'!

Respectfully,

**Joleen M. Aguon, MD**

Interim Hospital Administrator and Chief Executive Officer

Guam Memorial Hospital Authority

# TESTIMONY OF MANNY GABRIEL, HOSPITAL IT ADMINISTRATOR

## IN SUPPORT OF BILL NO. 1 (11-S) – GMHA ELECTRONIC HEALTH RECORDS FUNDING

PUBLIC HEARING: SEPTEMBER 23, 2026

**TO:** Chairman Christopher M. Dueñas and Members of the Committee on Finance and Government Operations  
**FROM:** Manny Gabriel, Hospital Information Technology Administrator, Information and Communications Technology (ICT) Division  
**DATE:** September 23, 2026  
**SUBJECT:** Testimony Supporting Bill No. 1 (11-S) – GMHA EHR Funding

### Håfa Adai, Chairman Dueñas and members of the committee:

My name is Manny Gabriel, and I serve as the Hospital Information Technology Administrator at Guam Memorial Hospital Authority, overseeing the Information and Communications Technology (ICT) Division and health information systems infrastructure. I submit this testimony in support of Bill No. 1 (11-S), including the funding under Section 2(a) for a new Electronic Health Record (EHR) system at GMHA.

### 1. My Division's Experience with the Current EHR & Technical Debt

Technology is the fastest-advancing sector in human history, especially today with the rapid rise of artificial intelligence. Yet, inside Guam's only public hospital, critical technology has been severely neglected for over **20 years**. To put 20 years in perspective, 20 years ago was 2006—before the very first iPhone existed, when flip phones, dial-up internet, and CDs were standard. Expecting our doctors and nurses to deliver modern healthcare on 20-year-old software architecture is like expecting a 2006 flip phone to run modern mobile banking, cybersecurity, or telehealth applications.

To understand why we cannot simply "patch" or "upgrade" our current environment, there are two fundamental technical realities:

- **You cannot simply put old software on new hardware:** Dropping new servers under 20-year-old software is like putting a new engine inside a car with broken steering and no brakes—the software's built-in architectural limitations remain.
- **You cannot install modern software on old hardware:** Hardware eventually reaches a point where it can no longer support operating system updates or modern applications.

Running a 24/7/365 hospital on software and operating systems that are **sunsetted and out of vendor support** creates unacceptable risk. Security patches stop, billing updates end, and systems become vulnerable to cyber threats. These risks are compounded by having zero on-island vendor staff for proprietary hardware and/or software, keeping sensitive physical servers on-premise amidst unstable power, and relying on a web of fragile, custom interfaces that frequently fail and trap critical patient data. As a result, my IT team is kept in **constant 24/7/365 firefighting mode** just to keep basic systems alive, pulling technician time away from proactive clinical modernization.

**The Operational Reality:** Managing GMHA's IT environment under these conditions is like trying to keep a 20-year-old airplane flying in mid-air continuously, with little to no opportunity to land it for repairs because patient lives depend on continuous operation.

Our current system, CareVue, was originally built primarily as a basic clinical documentation tool rather than a fully integrated enterprise EHR platform. Because it was never engineered for enterprise-wide use, it lacks native integration across clinical, administrative, and financial departments, leaving billing interfaces incomplete and fragile.

### In human terms for our frontline clinical staff:

- **For Physicians:** Doctors must navigate separate, unintegrated software applications just to piece together a single patient's lab results, pharmacy orders, imaging, and medical history.

- **For Nurses:** Frontline care providers are forced to enter patient information multiple times across disparate systems or maintain manual paper logs, creating severe administrative burden and clinician fatigue.

## 2. Necessary Improvements, Urgency & Recommendations

Over the past year, my division's primary mission was to **stabilize** the system—which we have done. But a 20-year-old mess cannot be fixed in 1 day, 1 month, or 1 year; we **NEED** to start today. Furthermore, technology is not a one-time capital purchase; it is an operational expense that must be invested in continuously. Inconsistent investment is precisely how GMHA ended up in this predicament.

***Personal Reflection:** Managing technology at GMHA under these conditions is every IT professional's nightmare. In a continuous 24-hour operating environment where patient safety hangs in the balance, I have **NOT had a good night's sleep since I started this role 441 days ago**. It has felt like one continuous, never-ending day with chronic operational emergencies. I continue to show up every single day because I am dedicated to protecting our patients, employees, and clinicians with the limited tools we have.*

For our new EHR implementation to succeed, we are establishing strict non-negotiables:

- **Mandatory Data Migration:** Historical records must be systematically migrated and archived so legacy "ghost" systems can be permanently retired.
- **Sunset Protection Guarantees:** Contracts must require vendors to provide supported upgrade paths if any software module sunsets.
- **True 24/7/365 Support:** Core clinical engines must carry active 24/7 vendor SLA support.
- **The Right Tool for Patient Safety:** We cannot settle for the cheapest option when patient safety and clinical workflows are at stake.

The question before this honorable body today is simple: **Will the Legislature join us in doing what is necessary?** Will you support Bill No. 1 (11-S) to invest in a modern, secure, and unified EHR—or will our doctors, nurses, employees, and patients remain trapped in 20-year-old technical debt?

For these reasons, I respectfully urge the committee to support Bill No. 1 (11-S). Thank you for considering my testimony and for your service to the people of Guam.

Respectfully submitted,

### **Manny Gabriel**

Hospital Information Technology Administrator

Information and Communications Technology (ICT) Division / Guam Memorial Hospital Authority

Email: manny.gabriel@gmha.guam.gov | Phone: (671) 647-2330 / 2555

# **The Need for a Modern Electronic Health Record at Guam Memorial Hospital Authority**

We, the nurses of Labor & Delivery, Postpartum OB Ward, Pediatrics and the Neonatal Intensive Care Unit (NICU) at Guam Memorial Hospital Authority, support the implementation of a modern, reliable, and integrated Electronic Health Record (EHR) system.

As frontline nurses who use the current system every day, we experience firsthand how its limitations affect patient safety, nursing workflow, communication, continuity of care, hospital operations, resource utilization, and the management of healthcare information.

Maternal-Child Health (MCH) is a unique and complex area of the hospital. We care for mothers and newborns whose conditions can change rapidly and who may transition between Labor & Delivery, the operating room, PACU, Postpartum, Nursery/ NICU and Pediatrics. In MCH, our smallest and vulnerable patients may require respiratory support, intravenous medications and continuous infusions, specialized nutrition, vascular access, frequent laboratory monitoring, and precise fluid and feeding management.

Our technology should support this complexity. An EHR should be more than a documentation system, it should be an important component of our patient safety infrastructure.

## **1. Patient and Medication Safety**

Our current EHR requires significant manual work and lacks several safeguards expected in modern clinical practice.

MCH nurses experience challenges including limited alerts for allergies and duplicate medication orders; inadequate visual notification of abnormal or critical laboratory results; laboratory orders or results that may not reliably transmit between systems; and medication orders that may remain active when patients transfer between units.

Most importantly, nurses currently do not have barcode medication administration available at the bedside and must rely on manual verification. Barcode scanning would electronically verify the patient's identification and medication against the active order before administration, providing an additional safety checkpoint.

This is especially important in the NICU and Pediatrics, where medications, intravenous fluids, nutrition, and continuous infusions may be administered in extremely small and precise amounts. Barcode medication administration would not replace nursing safety checks or clinical judgment; it would provide another layer of protection to help identify potential medication errors before they reach the patient.

When CareVue, Pyxis, or other systems are unavailable, nurses must also rely on manual processes and medication overrides, further emphasizing the importance of reliable technology and effective downtime procedures.

## **2. Integrated Monitoring and Timely Access to Clinical Information**

Clinical information should be readily available to the healthcare professionals responsible for acting on it.

In Labor & Delivery, fetal tracings cannot always be reliably viewed from the nurses' station because many patient rooms are not connected to the monitoring system. Nurses may need to repeatedly enter individual rooms to view fetal heart rate tracings. During busy periods, when nurses may be caring for multiple patients, limited remote visibility can make timely surveillance more difficult.

MCH also relies on multiple systems including CareVue, IntelliSpace, registration, laboratory, pharmacy, fetal monitoring, and other clinical applications that do not consistently communicate with one another. Nurses frequently search multiple locations or manually transfer information between systems. Registration difficulties may also delay a patient's admission into CareVue and access to appropriate electronic documentation.

For Telemed, physicians are not able to view the results prior to them seeing the patient. A modern EHR should integrate monitoring systems, laboratory

information, pharmacy, vital signs, and other clinical data so that relevant information follows the mother or infant throughout the continuum of care.

### **3. Unsafe Ordering System**

When entering orders, only one person can access and enter the orders. That means a pharmacist cannot access the orders for medication, a nurse cannot order labs or enter emergent diagnostic tests when one is on the same order tab. This cause unnecessary delays.

Current EHR does not notify the nurse for any changes or edited orders, the physician has to inform the nurse about the change.

### **4. Standardized, Efficient, and Specialty Specific Documentation**

A significant amount of nursing time is spent documenting the same information in multiple locations, entering information manually, navigating poorly organized menus, or writing narrative notes for routine care that could be documented more efficiently.

This is particularly burdensome where documentation differs substantially from the general patient population. Nurses routinely document gestational and corrected age, thermoregulation, respiratory support, apnea /bradycardia/desaturation events, feeding tolerance and progression, developmental care, vascular access, feeding tubes, skin integrity, parent participation, and other neonatal specific assessments.

A modern EHR should provide organized specialty specific flowsheets, checkboxes, drop down selections, individualized care plans, and structured documentation fields while preserving narrative documentation for significant events, changes in condition, unusual findings, provider notifications, and circumstances requiring further explanation.

Our goal is not to document less. It is to document more efficiently, consistently, and meaningfully so that nurses can devote more time to direct patient care.

Clinical trends should also be easy to visualize. In the MCH, information such as weight, intake and output, urine output, bilirubin, glucose, blood gases, respiratory requirements, and feeding progression is often most meaningful when viewed over

time. Better visualization can help the healthcare team recognize changes in an infant's condition more efficiently.

## **5. Emergency and High-Acuity Care**

The limitations of the current system become particularly apparent during obstetric and neonatal/ pediatric emergencies, deliveries, admissions, resuscitations, procedures, and rapid changes in patient condition.

During these situations, nurses may simultaneously administer medications, manage vascular access, assist with respiratory interventions, obtain specimens, communicate with physicians and other team members, support patients and families, and document critical events.

Our immediate priority during an emergency must remain the patient. An efficient and intuitive EHR should support, not compete with the clinical workflow and allow medications, interventions, procedures, events, and patient responses to be documented accurately without unnecessary repetitive or duplicate entry.

## **5. System Reliability, Downtime, and Continuity of Care**

Our current charting system experiences periods of downtime that significantly disrupt clinical workflow. During downtime, nurses must transition to paper documentation and manual processes while continuing uninterrupted patient care, then reconcile information once the system becomes available again.

Downtime may also limit access to important notes, laboratory results, patient history, treatment information, current orders, and medication records. When portions of a patient's care are documented manually, the electronic record may not provide a complete picture without additional reconciliation.

No electronic system can eliminate downtime entirely, but a modern HER should provide improved stability, reliable network infrastructure, strong cybersecurity and business continuity capabilities, and efficient downtime and recovery processes.

## **6. Quality Improvement, QAPI, and Clinical Data**

Our current EHR is not designed for efficient data extraction. Nurses and leaders responsible for quality improvement may have to navigate multiple tabs and manually review narrative nursing notes to locate specific information needed for performance improvement, audits, or root cause analyses.

This makes collecting information for unit statistics, QAPI activities, clinical audits, regulatory reporting, patient safety monitoring, and operational decision making unnecessarily time consuming.

A modern EHR should provide structured data, dashboards, reporting tools, and analytics that allow GMHA to identify trends, monitor outcomes, conduct meaningful quality improvement, and meet regulatory requirements more efficiently.

Our staff's time should be spent analyzing data and improving care not searching for the data.

## **7. Financial Accountability, Charging, and Resource Utilization**

Current workflows also create opportunities for lost charges and unnecessary resource use.

In busy clinical environments, supplies and services may require manual charge entry. In the NICU, for example, admissions, procedures, and codes may involve numerous supplies that nurses must later enter individually into the Superbill. During emergent situations, patient care appropriately takes priority, making manual charge capture inefficient and vulnerable to omissions.

A modern EHR could support real time or scan based charge capture, better integration of diagnoses and treatments with coding processes, and more efficient medication reconciliation and discharge workflows. More accurate documentation and charge capture could strengthen financial accountability while reducing unnecessary administrative work.

Our current processes also rely heavily on printing and paper documentation,

requiring paper, toner, equipment maintenance, storage, scanning, disposal, and staff time. Although paper will remain necessary for downtime and certain workflows, reducing unnecessary printing would allow hospital resources to be used more efficiently.

### **What MCH Nurses Need From a Modern EHR**

For Maternal-Child Health, we need an EHR capable of supporting the entire patient journey from admission through Labor & Delivery, surgery and recovery, postpartum care, newborn care, pediatric, discharge, and follow up.

This includes strong medication and allergy safeguards; barcode medication administration; clear critical result alerts; reliable laboratory, pharmacy, registration, and monitoring integration; appropriate management of orders during patient transfers; fetal monitoring access; NICU/ Pediatric specific and maternal documentation; clinical trending; efficient provider order entry and specialty specific order sets; reduced duplicate documentation; integrated medication reconciliation and discharge prescribing; automated or scan based charge capture; robust reporting and QAPI capabilities; reliable system performance and downtime procedures; cybersecurity and business continuity protections; and adequate staff training and ongoing technical support.

### **An Investment in Patient Care**

Replacing an EHR should not be viewed simply as purchasing a new computer program. It is an investment in patient safety, clinical efficiency, quality improvement, financial accountability, and the future of healthcare delivery at GMHA.

A modern EHR will not replace the clinical judgment, vigilance, or responsibility of nurses, physicians, pharmacists, and other healthcare professionals. It should provide them with the tools, safeguards, and information necessary to perform their work safely and effectively.

We respectfully encourage GMHA to pursue a modern, reliable, and integrated EHR and to ensure that the specialized requirements of Maternal Child Health are incorporated into the planning and implementation process.

Frontline nurses, physicians, pharmacists, laboratory personnel, registration staff, and other clinical users should have meaningful involvement in defining requirements, evaluating systems, designing workflows, testing functionality, and implementing the new EHR. Those who use these systems every day understand where existing gaps affect patient care and hospital operations.

Our nurses are committed to providing the highest level of care possible to Guam's mothers, newborns, and families. We ask that our healthcare professionals be provided with technology capable of supporting the complexity and responsibility of the care they provide.

The goal should not simply be to replace an outdated system. The goal should be to build an electronic health record environment that reduces workarounds, strengthens patient-safety safeguards, improves communication, supports timely clinical decision making, produces reliable quality and financial data, and allows healthcare professionals to devote more of their time and attention to their patients.

Investing in the right EHR is an investment in the future of patient care at GMHA and in the health of our community.

Respectfully,

Maternal-Child Health Nursing Staff

Labor & Delivery , Postpartum OB Ward, Pediatrics/ PICU and Nursery/ NICU  
Guam Memorial Hospital Authority

**Testimony of the Administrator of Medical Social Services / Acting Deputy Assistant  
Administrator of Operations  
Regarding Ongoing Electronic Health Record System Integration and Reliability Issues**

Chairperson and Members of the Committee:

Thank you for the opportunity to provide testimony regarding the ongoing operational challenges associated with the use of multiple electronic health record systems that are not fully integrated.

In my capacity as Administrator of Medical Social Services and Acting Deputy Assistant Administrator of Operations, I oversee and support functions that depend on timely, accurate, and accessible clinical documentation. These responsibilities require staff to review patient information, coordinate care across disciplines, document assessments and interventions, communicate with providers and other departments, support discharge planning, and maintain records necessary for quality, continuity of care, compliance, and patient safety.

Our current environment requires staff to navigate between separate electronic systems that do not consistently communicate with one another. As a result, employees may need to log into multiple platforms, manually search for information, re-enter data, reconcile records, or verify whether documentation completed in one system is visible in another. This creates unnecessary duplication of work and increases the time required to complete routine documentation.

A significant concern is the ongoing need to reboot or restart systems during the workday. When systems are slow, freezing, disconnected, or require repeated restarting, staff lose valuable time that should be focused on direct patient care, care coordination, discharge planning, family communication, and other essential duties. Rebooting may also interrupt documentation already in progress, delay access to patient information, and require staff to repeat steps that have already been completed.

For Medical Social Services, these interruptions are especially challenging because our work is highly time sensitive. Social workers and case-management staff often need immediate access to current clinical information to coordinate safe discharges, identify post-acute needs, arrange services and referrals, communicate with families, and collaborate with interdisciplinary care teams. Delays in accessing or entering information can affect workflow efficiency and may contribute to delayed discharge planning, prolonged patient stays, missed communication opportunities, or incomplete real-time documentation.

The lack of full integration also increases the risk of inconsistencies between systems. When staff must manually transfer or duplicate information, there is a greater possibility that information may be delayed, entered differently across platforms, omitted unintentionally, or not readily available to all members of the care team. While staff make every effort to verify documentation and maintain accuracy, the process is more labor-intensive and vulnerable to avoidable human error than a properly integrated system would be.

From an operational perspective, the impact extends beyond individual departments. Repeated system interruptions affect productivity, staff morale, workflow continuity, communication among disciplines, data collection, reporting, and the organization's ability to efficiently monitor quality and performance indicators. Staff are asked to meet documentation standards, regulatory expectations, and patient-care demands while also managing recurring technical barriers that consume time and create frustration.

It is important to emphasize that these concerns are not a reflection of staff performance or commitment. Our employees continue to work diligently to provide appropriate services and maintain required documentation. However, the current technology environment places an additional and recurring burden on staff who must compensate for system limitations through manual workarounds, repeated follow-up, duplicate documentation, and additional verification.

A reliable and integrated electronic health record environment is not merely a convenience. It is essential to timely documentation, interdisciplinary communication, operational efficiency, regulatory compliance, staff retention, and, most importantly, safe and coordinated patient care.

I respectfully submit this testimony to ensure that the ongoing challenges experienced by frontline staff are recognized and addressed through meaningful, sustainable improvements in system integration, reliability, and user support.

Thank you for your consideration.

Respectfully submitted,

**Jannica Quintanilla**

Administrator of Medical Social Services

Acting Deputy Assistant Administrator of Operations

## **Challenges in EHR Implementation in the OR**

One of the biggest challenges with EHR implementation in the OR is that it impedes efficiency. The slow internet speed, unreliable network capacity and limited computer availability hinder OR nurses from completing their EHRs in a timely manner. For example: at the bare minimum, we must document a nursing care plan and fluid intake & output in EHR. Then, we must also complete handwritten documents such as: Surgical Nursing Record (SNR), Time-Out Verification, Medication Administration Record (MAR), IV flowsheet, charge packet, implant log and QAPI checklist. While EHR and handwritten documentation may be completed intraoperatively, sometimes a case is short or the nurse is busy during the surgery. In some situations, the internet connection inside the OR is so slow that by the time we have logged in to CareVue to start a care plan or flowsheet, the case is already finished. The EHR process may take as little as five minutes for routine procedures, but can extend to fifteen minutes for complex procedures or slow internet connection. The handwritten process may take as little as 10 minutes for routine procedures, but can extend to fifteen, twenty or even thirty minutes for complex procedures. Sometimes, surgeons obtain specimens for culture that must be sent to the lab. In the OR, the circulator handwrites two copies of the specimen label for the lab and also notes the name of the specimen on the SNR. Before the specimen goes to the lab however, an order must be present in CareVue. The primary responsibility of order entry also falls to the circulator, but the charge nurse often lends help to facilitate the process. Both circulator and charge must make sure that they are not both in the order panel at the same time or else the system will block the order entry. Additionally, there are instances when surgeons obtain three sets of cultures in addition to the specimen to be sent for pathology. That's four individual specimen labels, and all specimens must be listed on a summary label and on the SNR. At any given time, the circulator is writing the same specimen information at least four times.

When transitioning between routine cases with fast turnover times, it is difficult to find time to chart in the EHR especially when we are expected to also circulate for the

next case. It is even more difficult when transitioning between routine and complex cases. The documentation requirements may be the same (care plan, Is & Os, SNR, Time-Out, MAR, IV flowsheet etc), but the volume of information documented varies greatly (i.e. more specimens, more IV fluids, medications, drips, complications, etc). Expecting OR nurses to complete documentation on separate platforms while also maintaining a turnover time of 20 minutes or less ultimately compromises patient safety. If, at bare minimum, it takes a nurse 10 minutes to complete PACU handoff and surgical documentation, that leaves them only 10 minutes to study the next patient and prepare the next room. Some of our patients have complex health histories and therefore complex surgical considerations that take more than 10 minutes to prepare. A routine procedure might become complex because the patient is contracted and requires alternate positioning methods for their safety. Sometimes, a procedure is complex by nature and requires an equally complex setup of laparoscopy or endoscopy towers, radiolucent table, C-arm, or multiple instrument trays. If we are lucky, we have time to fill out documents and stand at a computer station during the surgery. However, there are many instances when a circulator's attention is pulled away from charting. We may find ourselves troubleshooting equipment, running to get meds, or running to get trays and instruments.

Any EHR module being considered for our unit must take the unique OR workflow into account. It would allow us to transition between routine and complex cases, accommodate fast turnover times and enhance patient safety. First, provide more computer stations or portable tablets so we don't have to compete with or wait for each other. These should also have faster internet and more tactile keyboards that can facilitate quick data entry. Tablets will not only help with intra-op charting, but also pre-op assessment by allowing patients to enter their information to be reviewed by the nurse later. Second, choose an EHR with an interface that mimics the OR workflow to include pre-op, intra-op and post-op data integration. If a patient indicated an allergy during their pre-op assessment, it should appear in all of the patient's intra-op and post-op documents without repeated data entry. If a routine procedure is booked, information that remains the same (procedure name, surgeon name, anesthesia type,

antiseptic type, wound class, equipment etc) should be populated quickly either by a dropdown menu or check box. If an implant was placed, there should be a way to search for, charge and log that implant immediately. Lastly, it would be a dream come true for our EHR to be compatible with or even visible to other units. At the very least, we should be able to access information from their EHR and they should be able to access information about the patient's surgery. It is dangerous to simply rely on verbal reports from one nurse to another. Nurses have different endorsement techniques and certain pieces of information may not be mentioned in the verbal report so it is important to be able to refer to the EHR when details about a patient and their treatment are unclear.

At the end of the day, we all would like to provide high quality care to our patients without losing ourselves in documentation. With a better EHR, we can be more safe, efficient and reliable. It is a costly initial investment, but in the long run, both staff and patients will reap the benefits.

## **TESTIMONY OF: Staff Nurse Training Officers**

**REGARDING:** Critical Need for EHR Modernization via a New Enterprise-Wide EHR System

**POSITION:** Strong Support for the Proposed Funding Bill

### **Executive Summary**

The Staff Nurse Training Officers strongly support the passage of this bill. Effective staff education, competency development, documentation quality, and patient safety require modernization of our current legacy EHR system.

Our current system makes it difficult and time-consuming to access nursing documentation and identify areas where staff education is needed. A modern enterprise-wide EHR would provide better access to reliable clinical information, allowing Training Officers to develop targeted education, monitor improvement, and strengthen nursing practice.

### **The Current EHR Challenge: Limited Access and Manual Processes**

Our current EHR environment creates significant challenges for staff education and competency development:

- **Scattered Documentation:** Relevant nursing information is documented across different areas of the chart, making it difficult to compile.
- **Difficulty Identifying Learning Needs:** Disorganized information makes it challenging to recognize trends and determine training priorities.
- **Time-Consuming Process:** Gathering the needed documentation takes significant time because information is located throughout the patient record.

These challenges reduce the time available for direct staff education, coaching, and competency development.

### **The EHR Solution: Accessible, Data-Driven Education**

A modern EHR can help transform staff education from a primarily manual process into a more efficient, data-driven approach:

- **Easy Access to Nursing Documentation:** Quickly retrieve relevant notes, assessments, care plans, and other clinical information.
- **Improved Data Search and Reporting:** Identify documentation trends and recurring gaps more efficiently.
- **Targeted Staff Education:** Develop training based on actual clinical practice and identified documentation needs.

## **Benefits to Staff and Patient Care**

Modernizing the EHR would allow Training Officers to:

- Identify learning and documentation gaps more efficiently.
- Reduce time spent manually reviewing patient charts.
- Develop education based on actual clinical practice.
- Monitor the effectiveness of training.
- Promote consistent nursing documentation and practice.
- Strengthen quality improvement and patient safety.
- Spend more time educating, coaching, and developing nursing staff.

## **Conclusion**

A modern EHR is not simply an IT upgrade; it is an important tool for supporting staff competency, nursing education, documentation quality, and patient safety.

We strongly urge the committee to pass this bill and invest in an EHR that provides efficient access to nursing documentation, effective data retrieval and reporting, competency development, and quality improvement.

This investment will allow Training Officers to spend less time searching for information and more time strengthening the knowledge, skills, and competency of our nursing workforce.



# UNIVERSITY OF GUAM

## OFFICE OF THE PRESIDENT

September 22, 2026

The Honorable Christopher M. Dueñas  
Senator and Chairman, Committee on Finance and Government Operations  
38<sup>th</sup> Guam Legislature  
Calvo Arriola Building Suite 101-B  
259 Martyr Street  
Hagåtña, Guam 96910

**Subject: Testimony on Bill No. 1 (11-S): UOG Blue Economy Innovation Center Appropriation**

Hafa Adai Chairman Duenas and Members of the Committee:

On behalf of the University of Guam (UOG), I submit this testimony in support of the portion of Bill No. 1 (11-S) that would appropriate \$4 million for the development of the UOG Blue Economy Innovation Center at the Guam Aquaculture Development and Training Center, also known as the Fadian Hatchery.

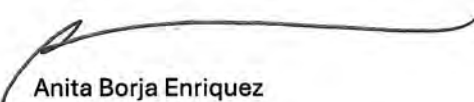
The University recognizes that there are competing proposals for the funding identified in Bill No. 1 (11-S), each addressing important public needs. We appreciate the difficult responsibility before the Legislature in weighing these priorities and determining the best use of available public resources.

At the same time, UOG is grateful for Governor Leon Guerrero's continued confidence in the University and her vision for strengthening Guam's aquaculture industry and broader blue economy. If funded, the proposed investment would provide an opportunity to build the scientific, physical, workforce, and entrepreneurial capacity necessary to expand aquaculture development, strengthen local food production, and create new opportunities for research, education, workforce development, and economic activity on Guam.

Should the Guam Legislature determine that this appropriation moves forward, the University stands ready to carry out that responsibility and work with the Administration, the Legislature, and our community partners to advance the intended goals of the investment. Because the development and operation of the proposed Blue Economy Innovation Center would principally be undertaken by UOG's Center for Island Sustainability and Sea Grant, I am also including with this submission their testimony providing additional information regarding the benefits of the proposed Center.

Thank you for the opportunity to submit testimony on Bill No. 1 (11-S). The University appreciates the Governor's confidence in UOG and the Legislature's consideration of this proposed investment. We remain committed to serving as a resource and partner in efforts to strengthen Guam's aquaculture industry, food security, workforce, and economic development.

Si Yu'os Ma'āse',



Anita Borja Enriquez  
President  
University of Guam

Tel: +1 671.735.2990 Fax: +1 671.734.2296 Web: [www.uog.edu](http://www.uog.edu)  
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*The University of Guam is a U.S. Land Grant and Sea Grant Institution accredited by the WASC Senior College and University Commission. UOG is an equal opportunity provider and employer committed to island wisdom values of inadahi yan inagofli'e: respect, compassion, and community.*



September 22, 2026

The Honorable Christopher M. Dueñas  
Senator and Chairman, Committee on Finance and Government Operations  
38<sup>th</sup> Guam Legislature  
Calvo Arriola Building Suite 101-B  
259 Martyr Street  
Hagåtña, Guam 96910

**Subject: Testimony on Bill No. 1 (11-S): UOG Blue Economy Innovation Center Appropriation**

Hafa Adai Chairman Duenas and Members of the Legislature:

On behalf of the University of Guam Center for Island Sustainability and Sea Grant Program (UOG CIS and SG), I submit this testimony to discuss the benefits of the proposed Blue Economy Innovation Center contemplated in Bill No. 1 (11-S).

UOG CIS and SG recognizes that this is a significant public investment. If given the chance, our responsibility is to ensure that it is transformed into measurable benefits for the people of Guam, including locally produced food, new businesses, skilled jobs, reduced dependence on imports, research and educational opportunities, and a stronger and more resilient island economy.

The \$4 million appropriation for the UOG Blue Economy Innovation Center is an investment in the economic infrastructure required to develop an entire industry for our island. Aquaculture businesses require access to reliable seedstock, applied research, technical assistance, trained workers, modern production systems, biosecurity, and facilities where new technologies and species can be tested and demonstrated. These are shared needs that are difficult and costly for individual farmers and small businesses to develop independently.

The UOG Blue Economy Innovation Center is intended to provide this foundation. The Center will support:

- Rehabilitation and modernization of the existing Fadian Hatchery;
- Development of reliable and affordable seedstock for local producers;
- Applied research on commercially and culturally important species;
- Demonstration of modern, efficient aquaculture systems;
- Workforce training, internships, and experiential education;
- Technical assistance and extension services for farmers;
- Business incubation and technology commercialization;
- Public and private research partnerships;
- Community based aquaculture and aquaponics;

Tel: +1 671.735.5631 Email: [seagrants@uog.edu](mailto:seagrants@uog.edu) Web: [www.seagrants.uog.edu](http://www.seagrants.uog.edu)  
303 University Drive, UOG Station, Mangilao, Guam 96923

- Marine species production for food, restoration, and ornamental markets; and
- Development of related blue economy opportunities, including marine energy and ocean technology.

Approved funding for the Center will leverage the University's combined strengths as Guam's Land Grant and Sea Grant institution. It can also establish the Center as a university-wide platform through which faculty, students, researchers, entrepreneurs, government agencies, and industry partners can contribute to the growth of Guam's blue economy.

The 2022 Guam Aquaculture Feasibility Study commissioned by the Guam Economic Development Authority provided a clear economic basis for this investment.

The study found that Guam imports approximately five million pounds of seafood annually, valued at roughly \$20 million. Approximately 90 percent of the seafood consumed in Guam is imported. Every year, millions of dollars that could support local businesses, workers, and families instead leave the island economy.

The study concluded that a fully developed local aquaculture industry could achieve the following:

- Produce approximately one million pounds of seafood annually;
- Supply as much as 25 percent of Guam's seafood consumption;
- Generate approximately \$5 million in annual aquaculture sales; and
- Support approximately 100 direct, full-time jobs.

The study estimates that aquaculture can create approximately two full-time jobs for every \$100,000 in sales. Under this model, each 10 percent of seafood demand shifted from imports to local production could keep approximately \$2 million circulating within Guam and support approximately 40 direct jobs.

These jobs would extend beyond fish farming. Aquaculture supports a broader value chain that includes hatchery operations, science and laboratory services, construction, engineering, equipment maintenance, feed and supply distribution, food processing, transportation, wholesale and retail activity, marketing, hospitality, education, and environmental management.

This means that the Center's return will be measured not only by the seafood produced at the facility, but also by the private businesses, jobs, research projects, and supply chains that the facility helps make possible.

The study found that one of the requirements to support the aquaculture industry, would be the development of a Guam Aquaculture Innovation Center and recommended the Fadian Hatchery as a top location. The current concrete structures at the Hatchery were built decades ago and are severely degraded due to exposure to harsh coastal conditions and past typhoons. A new facility will provide critical lab and meeting spaces necessary to produce live feed and spawn new stocks of marine and freshwater species.

UOG CIS and SG believes the return on this investment can be evaluated across several measurable categories:

#### 1. Private Economic Activity

The GEDA study's central development scenario anticipates approximately \$5 million in annual industry sales. Compared with the proposed \$4 million public capital investment, reaching that

level of production would generate annual private economic activity equal to approximately 125 percent of the original appropriation. This is not the same as a direct financial repayment to the government. It is a measure of the recurring economic activity that the public infrastructure could help enable year after year. Over time, the cumulative value of local production can substantially exceed the initial capital investment. The study indicates that Guam could reasonably reach this level of industry development within approximately five to seven years if infrastructure, policy, workforce, and financial support are aligned.

## 2. Import Substitution

If Guam develops the capacity to supply 25 percent of its seafood demand locally, approximately \$5 million in annual seafood spending could be redirected toward local producers and workers. Unlike imported seafood, local production allows a larger share of each dollar to circulate through Guam's economy. Those dollars can support wages, local purchases, business expansion, and household income before leaving the island.

## 3. Job Creation

The study projects approximately 100 direct jobs at \$5 million in annual industry sales. Based on the proposed appropriation, this represents approximately one direct job for every \$40,000 of public capital investment. This calculation does not include indirect and induced employment created in construction, transportation, retail, food service, equipment supply, professional services, and other supporting industries.

## 4. Public Revenue

The feasibility study estimates that a medium scale aquaculture industry producing approximately \$5 million in annual sales could generate between approximately \$164,000 and \$274,000 in annual tax revenues. These recurring revenues would represent only one part of the government's return. Additional public benefits would include reduced import exposure, increased food security, workforce development, business formation, federal research funding, and greater economic diversification.

## 5. Leveraged Investment

The University intends to use the Center as a platform for attracting additional federal grants, private investment, research partnerships, philanthropy, and earned revenue. The Center should operate under a financially responsible model that combines public investment with competitive grants, private sector participation, contractual research, training activities, seedstock production, and other authorized revenue generating services. Where permissible, earned revenues should be reinvested into maintenance, research, workforce development, business incubation, and future growth.

UOG CIS and SG also recognizes that aquaculture development is not without challenges. Guam faces the threat of natural disasters, high energy costs, limited land and water resources, expensive imported feed and equipment, transportation constraints, permitting requirements, biosecurity risks, and competition from lower cost imported products. The 2022 feasibility study is clear about these realities. Its findings should be treated as development targets rather than guaranteed outcomes.

That is precisely why a coordinated innovation center is needed. The purpose of the Center is to reduce these barriers through applied research, improved technology, local seedstock production, workforce preparation, industry support, and partnerships.

UOG CIS and SG will approach this initiative with discipline and accountability. Bill No. 1 (11-S) requires that the appropriation be accounted for separately, restricted to construction, rehabilitation, and modernization, and remain available only through September 30, 2028. The bill also requires quarterly reports on expenditures and project progress.

The UOG Blue Economy Innovation Center can become a place where a student receives hands-on training, a farmer gains access to healthy seedstock, a researcher tests a more efficient production system, an entrepreneur develops a new product, and a local family purchases fresh seafood grown here on our island. It can also position Guam as a regional center for aquaculture research, education, innovation, and workforce development serving Guam and the rest of Micronesia.

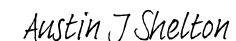
Guam has already demonstrated that it can build sophisticated industries when government, education, business, and community partners work toward a shared goal. Aquaculture offers us another such opportunity. It draws upon our island identity, our scientific capabilities, our relationship with the ocean, and our urgent need for greater economic and food security.

UOG CIS and SG thanks Governor Leon Guerrero for her confidence in the University and for recognizing the potential of aquaculture and the blue economy to contribute to Guam's future. We also thank the members of I Liheslaturan Guåhan for carefully considering this investment on behalf of the people of Guam.

If approved, UOG CIS and SG will accept this responsibility with a clear understanding that public investment must produce public value. We will work with the Governor, the Legislature, farmers, businesses, federal partners, and our community to transform this appropriation into lasting economic capacity. The UOG Blue Economy Innovation Center gives Guam the opportunity to produce more of its own food, retain more of its own wealth, create skilled employment, and cultivate new industries rooted in our greatest natural asset: the ocean that surrounds us.

For these reasons, UOG CIS and SG stands ready as a trusted partner to develop the UOG Blue Economy Innovation Center and deliver public value for the \$4 million appropriation contained in Bill No. 1 (11-S).

Sincerely,

  
Austin J Shelton (Sep 21, 2026 20:20:58 CDT)

Austin J. Shelton, III, Ph.D.

Director

University of Guam Center for island Sustainability and Sea Grant  
shelton@uog.edu

# 2026-09-22 CIS-SG Blue Economy Innovation Center Testimony

Final Audit Report

2026-09-22

|                 |                                                  |
|-----------------|--------------------------------------------------|
| Created:        | 2026-09-22                                       |
| By:             | Janelle Renee Flores (floresj844@triton.uog.edu) |
| Status:         | Signed                                           |
| Transaction ID: | CBJCHBCAABAABEUA-3e6Fd21ZowBVkNzDEkfr5SOKKGK     |

## "2026-09-22 CIS-SG Blue Economy Innovation Center Testimony" History

-  Document created by Janelle Renee Flores (floresj844@triton.uog.edu)  
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2026-09-22 - 1:20:18 AM GMT
-  Signer shelton@uog.edu entered name at signing as Austin J Shelton  
2026-09-22 - 1:20:56 AM GMT
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# Office of Senator Christopher M. Dueñas

CHAIRMAN, COMMITTEE ON FINANCE AND GOVERNMENT OPERATIONS

## COMMITTEE VOTE SHEET

**Bill No. 1 (11-S) - Committee on Rules by request of I Maga'hågan Guåhan , the Governor of Guam, in accordance with the Organic Act of Guam - *As Introduced* - "AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER."**

| Committee Members                                          | Signature                                                                         | TO DO<br>PASS | TO NOT<br>PASS | TO REPORT<br>OUT ONLY | TO<br>ABSTAIN | TO PLACE IN<br>INACTIVE FILE |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------|----------------|-----------------------|---------------|------------------------------|
| <b>Senator Christopher M. Dueñas</b><br><i>Chairperson</i> |  |               |                | X                     |               |                              |
| <b>Senator V. Anthony Ada</b><br><i>Vice Chairperson</i>   | EVOTE 9/30/26                                                                     |               |                | X                     |               |                              |
| <b>Senator Frank F. Blas, Jr.</b><br><i>Member</i>         | EVOTE 9/30/26                                                                     |               |                | X                     |               |                              |
| <b>Senator Sabrina Salas Matanane</b><br><i>Member</i>     |                                                                                   |               |                |                       |               |                              |
| <b>Senator Jesse A. Lujan</b><br><i>Member</i>             | EVOTE 9/30/26                                                                     |               |                | X                     |               |                              |
| <b>Senator Vincent A.V. Borja</b><br><i>Member</i>         | EVOTE 9/30/26                                                                     |               |                |                       |               | X                            |
| <b>Senator Tina Rose Muña Barnes</b><br><i>Member</i>      |                                                                                   |               |                |                       |               |                              |
| <b>Senator Joe S. San Agustin</b><br><i>Member</i>         | EVOTE 9/30/26                                                                     |               |                | X                     |               |                              |



FP1 Mariñas &lt;fp1marianas@gmail.com&gt;

**URGENT REQUEST FOR EVOTE: Bill No. 1 (11-S)**

7 messages

FP1 Mariñas &lt;fp1marianas@gmail.com&gt;

Wed, Sep 30, 2026 at 1:54 PM

To: cmdcommittee@guamlegislature.gov

*Håfa Ådai* Committee Members!

Please see attached Committee Report for Bill No. 1 (11-S) - Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic Act of Guam - ***As Introduced*** - "AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER."

Indicate your preferred action:

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Please submit your response **ASAP**. Your responses will be logged into the vote sheet which will be submitted as part of the final Committee Report to the Committee on Rules.

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11875K

Speaker Frank Blas Jr. &lt;speakerblas@guamlegislature.gov&gt;

Wed, Sep 30, 2026 at 2:35 PM

To: FP1 Mariñas &lt;fp1marianas@gmail.com&gt;

Cc: cmdcommittee@guamlegislature.gov

Hafa Adai,

To report out only.

**Office of Speaker Frank F. Blas, Jr.**I Mina'trentai Ocho na Liheslaturan Guåhan 38<sup>th</sup> Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456

[speakerblas@guamlegislature.gov](mailto:speakerblas@guamlegislature.gov)

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**Vice Speaker V. Anthony Ada** <[vicespeakertonyada@guamlegislature.gov](mailto:vicespeakertonyada@guamlegislature.gov)>  
 To: "Speaker Frank Blas Jr." <[speakerblas@guamlegislature.gov](mailto:speakerblas@guamlegislature.gov)>  
 Cc: FP1 Mariñas <[fp1marianas@gmail.com](mailto:fp1marianas@gmail.com)>, [cmdcommittee@guamlegislature.gov](mailto:cmdcommittee@guamlegislature.gov)

Wed, Sep 30, 2026 at 2:56 PM

To report out only

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**Office of Vice Speaker V. Anthony Ada**

38th Guam Legislature

*I Mina'trentai Ocho Na Liheslaturan Guåhan*

Guam Congress Building, 2nd Floor

163 Chalan Santo Papa

Hagåtña, Guam 96910

**Phone:** (671) 989-0855**Email:** [vicespeakertonyada@guamlegislature.gov](mailto:vicespeakertonyada@guamlegislature.gov)

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**Office of Senator Vince Borja** <[contact@senatorvinceborja.com](mailto:contact@senatorvinceborja.com)>  
 Reply-To: Office of Senator Vince Borja <[contact@senatorvinceborja.com](mailto:contact@senatorvinceborja.com)>  
 To: [fp1marianas@gmail.com](mailto:fp1marianas@gmail.com)  
 Cc: [cmdcommittee@guamlegislature.gov](mailto:cmdcommittee@guamlegislature.gov)

Wed, Sep 30, 2026 at 3:08 PM

To Report Out Only.

Respectfully,

**Office of Senator Vincent A.V. Borja**Committee on Education, Libraries, & Public  
Broadcasting**38th Guam Legislature**Suite 502, DNA Bldg. [238 Archbishop Flores St.](#)[Hagåtña, Guam 96910](#)**T** +1 (671) 969-8423**E** [contact@senatorvinceborja.com](mailto:contact@senatorvinceborja.com)

On Tue, 29 Sep at 11:56 PM, FP1 Mariñas <[fp1marianas@gmail.com](mailto:fp1marianas@gmail.com)> wrote:  
*Håfa Ådai Committee Members!*

Please see attached Committee Report for Bill No. 1 (11-S) - Committee on Rules by request of I Maga'hågan Guåhan, the Governor of Guam, in accordance with the Organic Act of Guam - **As Introduced** - "AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER."

Indicate your preferred action:

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Please submit your response **ASAP**. Your responses will be logged into the vote sheet which will be submitted as part of the final Committee Report to the Committee on Rules.

To unsubscribe from this group and stop receiving emails from it, send an email to [cmdcommittee+unsubscribe@guamlegislature.gov](mailto:cmdcommittee+unsubscribe@guamlegislature.gov).

**Senator Jesse Lujan** <senator.lujan@guamlegislature.gov>  
 To: Office of Senator Vince Borja <contact@senatorvinceborja.com>  
 Cc: fp1marianas@gmail.com, cmdcommittee@guamlegislature.gov

Wed, Sep 30, 2026 at 4:40 PM

To Report Out Only.



**Office of Majority Leader Jesse A. Lujan**

*Chairman, Committee on Transportation, Tourism, Customs, Utilities and Federal & Foreign Affairs*

259 Martyr St., Hagatna, Guam 96910

[senator.lujan@guamlegislature.gov](mailto:senator.lujan@guamlegislature.gov)

(671) 969-6525

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**Joe S. San Agustin** <senatorjoessanagustin@gmail.com>  
 To: Senator Jesse Lujan <senator.lujan@guamlegislature.gov>  
 Cc: Office of Senator Vince Borja <contact@senatorvinceborja.com>, FP1 Mariñas <fp1marianas@gmail.com>, cmdcommittee@guamlegislature.gov

Wed, Sep 30, 2026 at 4:50 PM

To report out. Thank you!

**The Office of Senator Joe S. San Agustin**

*I Mina'trentai Ocho na Liheslaturan Guåhan*

38th Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagåtña, Guam 96910

T: (671) 989-5445 F: (671) 969-6737 E: [senatorjoessanagustin@gmail.com](mailto:senatorjoessanagustin@gmail.com)

Website: [www.senatorjoessanagustin.com](http://www.senatorjoessanagustin.com)

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**Office of Senator Borja** <contact@senatorvinceborja.com>  
 To: "Joe S. San Agustin" <senatorjoessanagustin@gmail.com>  
 Cc: Senator Jesse Lujan <senator.lujan@guamlegislature.gov>, FP1 Mariñas <fp1marianas@gmail.com>, cmdcommittee@guamlegislature.gov

Wed, Sep 30, 2026 at 6:46 PM

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## **COMMITTEE REPORT DIGEST**

*Committee on Finance and Government Operations*

Senator Christopher M. Duenas, Chairman

### **I. OVERVIEW**

**Bill No. 1 (11-S)** was introduced by the Committee on Rules by request of *I Maga'hågan Guåhan*, the Governor of Guam, in accordance with the Organic Act of Guam on September 14, 2026 and referred to the Committee on Finance and Government Operations by the Committee on Rules on September 22, 2026. The Committee held a public hearing on September 21, 2026 at 2:00 p.m. in the Guam Congress Building's Public Hearing Room.

Notices for the hearing were posted on the Government Public Notices Portal and distributed via email to all senators and major media outlets on September 15, 2026 (5-day notice) and again on September 19, 2026 (48-hour notice).

### **SENATORS PRESENT**

Christopher M. Duenas, Chairman

V. Anthony Ada, Vice Chair

Frank F. Blas, Jr.

Sabrina Salas Matanane

Eulogio "Shawn" Gumataotao

Telo T. Taitague

Therese M. Terlaje

### **ORAL TESTIMONY:**

Major Anton Aguon, DOC

Dr. Jolene Ma'ñaño Aguon, GMH Interim Administrator

Manny Gabriel, IT Admin, GMH

Dr. Ricardo Eusebio, Chief Medical Officer, GMH

Christine Takero, Asst. Admin Of Nursing, GMH

Janica Taimaglo, Acting Deputy Asst. Admin, GMH

Carissa Pangelinan, Director, GBHWC  
Sydie Taisacan, General Accounts Supervisor, GMH  
Cherylyn Pineda, Ceo, Community Health Centers  
Tamara Cruz, Registered Nurse  
Ida Yap, Informatic Supervisor, GMH

**APPEARED BEFORE THE COMMITTEE:**

Major Anton Aguon, DOC  
Dr. Jolene Ma'ñaño Aguon, GMH Interim Administrator  
Jesse Quenga, GMH  
Manny Gabriel, IT Admin, GMH,  
Dr. Ricardo Eusebio, Chief Medical Officer, GMH  
Christine Takero, Asst. Admin Of Nursing, GMH  
Janica Taimaglo, Acting Deputy Asst. Admin, GMH,  
Carissa Pangelinan, Director, GBHWC  
Sydie Taisacan, General Accounts Supervisor, GMH  
Cherylyn Pineda, CEO, Community Health Centers, DPHSS  
Tamara Cruz, Registered Nurse  
Ida Yap, Informatic Supervisor, GMH

**II. SUMMARY OF TESTIMONY & DISCUSSION**

The public hearing for **Bill No. 1 (11-S)** was called to order at **2:01PM**.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** *Buenas tãtdes hamyo todus*, Good afternoon. and welcome to the 38th Guam Legislature, Congress Building, the People's House. Thank you for being here today. *Buenas*, this afternoon's public hearing is conducted by the committee on finance and government operations and is called to order at this time 2:02 p.m. on this Tuesday, September 22, 2026. First notice of this public hearing was disseminated to all senators and media outlets on September 15, 2026 with its second notice disseminated on September 19, 2026. These hearing notices were also made available on the Guam legislator's website, our legislative calendar, and the Governor Guam's public notice portal. This afternoon, the committee will hear testimony on bill number 1 (11-S) submitted by the committee on rules by request of *I Maga'hågan Guåhan*, the governor of Guam in accordance with the Organic

Act of Guam. It is an act to appropriate the sum of \$19,885,394 from the section 30 tax revenues received in excess of the amount adopted in public law 38136 to the Guam Memorial Hospital Authority for the acquisition and implementation of an electronic health record system and to the University of Guam for the development of the UOG blue economy innovation center. At this time, I would like to introduce and welcome the colleagues who have joined us this afternoon. To my right is Speaker Frank Blas as well as Senator Shawn Gumataotao and Senator Therese Terlaje. Thank you colleagues for being here. Before we begin, I'd like to remind everyone in attendance of *I Liheslaturan Guåhan's* general rules of conduct. Individuals testifying shall first be recognized by the chairperson before speaking and shall state their full name before for record keeping purposes. Questions and testimony shall be confined to the substance and nature of the bill that's on the agenda. Personal inferences to the character or motive of any senator of individual testifying is not permitted. The chairperson of the committee may order the removal from this hearing of any member of *I Liheslaturan Guåhan* or the public audience who fails to observe proper decorum pursuant to the 38th Guam Legislature standing rules. Any violation of this general rule of conduct will result in immediate removal from this public hearing room. With that, we now proceed to hear testimony on the bill. We have a number of folks on the signup sheet here. Before I go to start calling individuals up, Mr. Anton Aguon, I know that you asked to be recognized first with the first group. So, can you go ahead and come up forward? I understand you have another function to attend or business to take care of this afternoon. Before we begin also calling others up, yesterday we had a public hearing on a number of different measures also competing for this funding. I wanted to make sure that you folks understood why currently the fiscal team is off island with the governor for some representations and presentations before members of the federal government and other investment opportunities for the island of Guam. So in that absence, we provided the fiscal note yesterday which would clearly indicate that the funding source being recognized here is available and it's available for appropriation. When we called the go when the governor's session was called and we recessed that session there was some question the way that the fiscal note was written up as to whether or not the funding source needed reconciliation that was clarified in a following fiscal note that it was the reconciliation of the current appropriation in the budget that was going to be need to be reconciled but that the actual funding source here is complete and ready for

appropriation. So I wanted to remind our members that are here today with us again of that and so that's not in question when we're considering this funding source. Also like to recognize the presence of Senator Sabrina Salas Matanane. So to begin I will call the first group up that I see on the sign in sheet aside from Mr. Aguon. (inaudible), you're signed up for oral testimony. Yvonne Cruz was written. Janica Taimanglo, Christine Taquero, Jesse Quenga, Danielle Mangloña, and Dr. Eusebio. So that looks like the first group for oral testimony. I have others that are signed up, but it is in support and so these are the ones that are actually checkmarked as providing oral testimony. So, Mr. Aguon, I'll go ahead and have you proceed. I know that I believe we have the CEO Dr. Jolene Aguon on Zoom. I think we're trying to complete that connection. So we will go first of course with those who are present and keep working on the IT on that to get Dr. Aguon testimony as soon as this panel is completed. I'd like to also recognize the Vice Speaker also the Vice Chair of this Committee on Finance and Government Operations. Anton please proceed.

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**

Good afternoon Senators. Good afternoon Senator Matanane, Gumataotao, Vice Speaker Ada, Speaker Blas, Senator Dueñas, and Senator Terlaje. My name is Major Anton Aguon from the Guam Department of Corrections. I am currently the administrative service division chief assigned to the director's office. I am here on behalf of our acting director, GPD Major Andrew Quitugua, who could not make it today. So, I am reading into the record a testimony prepared on behalf of the Department of Corrections. Okay. *Håfa Ådai* Senators on behalf of the Guam Department of Corrections (DOC) I respectfully submit this testimony in support of bill number one 1 (11-S) which appropriate section 30 revenue to the Guam Memorial Hospital for the acquisition and implementation of an electronic health records system and to the University of Guam for the development of a blue economy innovation center. The measure recognizes the importance of strengthening Guam's health care infrastructure through improved coordination, accessibility, and management of patient health information across government healthcare agencies. The Guam Department of Corrections operates one of the island's largest institutional health care environments and is responsible for ensuring constitutionality, adequate medical, mental health, dental, and emergency health care services to individuals committed to its custody. Many persons housed

within the correctional facility present with chronic illness, behavioral health disorders, substance use conditions, and other complex medical needs requiring ongoing treatment and coordination with community health care providers. As part of its mission, DOC regularly coordinates health care services with the Guam Memorial Hospital Authority, specialty care providers, pharmacists, behavioral health professionals, emergency medical personnel, and other government health care entities. This coordination includes inmate admissions, emergency room visits, hospitalization, special consultations, medication management, discharge planning, and continuity of care efforts associated with transfer and community re-entry. The department's ability to provide timely appropriate health care off of often demands depends on access to accurate up-to-date medical information from multiple providers and agencies. Currently, DOC operates within a healthcare environment that requires significant coordination between separate systems and providers. Because medical information is not always readily accessible through a unified electronic platform, health care staff often rely on paper records, manual document requests, telephone calls, and information exchange between separate healthcare systems. These processes can create administrative burdens, delay access to critical medical information, and complicate continuity of care for individuals in custody. These challenges become particularly evident during inmate intake and emergency medical situations. Individuals entering DOC custody often arrive with limited medical documentation, incomplete medication history or ongoing treatment plans that staff must verify through hospital, clinics, pharmacists and healthcare providers. In many cases, health care staff must expend considerable time and resources obtaining and verifying records needed to continue treatment safely and efficiently. For example, when an individual enters custody while receiving treatment for diabetes, hypertension, heart disease, or a serious health condition, DOC medical personnel may need to verify medication dosage, laboratory results, treatment recommendation, and specialty care requirements before continuing care. Without immediate access to a comprehensive electronic record, this process also requires multiple phone calls, documented requests, and manual reviews to gather information necessary for clinical decision-making. Similarly, DOC routinely coordinates specialty appointments, emergency transport, hospital admissions, and behavioral health evaluations, and follow-up care. Following these visits, health care staff may obtain discharge summaries, medication changes, specialty recommendation, treatment plans to ensure

continuing care within the correctional setting. Any delays in receiving this information can affect both patient care and operational efficiency. Additionally, coordination challenges arise when individuals transfer between medical facilities, return to custody following treatment in the community, or transition from incarceration back into the community. In each of these situations, healthcare staff must ensure that medical records, prescriptions, treatment plans, and specialty recommendations are communicated accurately and in a timely manner to prevent interruption in care. The department strongly supports modernization Guam's healthcare information system because improve interoperability among government agencies will significantly improve the efficiency, accuracy and timeliness of healthcare delivery. A modern EHR system would give authorized health care providers better access to critical patient information. Reduce reliance on manual record exchanges, minimize duplicative documentation and strengthen coordination among healthcare partners across Guam's public healthcare network. For correctional health care operations, enhanced interoperability would support more efficient medication verification, chronic disease management, behavioral health treatment planning, emergency medical response, hospital discharge coordination and re-entry healthcare services. Improve access to timely and accurate health information would strengthen patient safety, improve health outcomes, and help the department fulfill its responsibility to provide appropriate health care services to individuals in its custody. Beyond improving healthcare delivery, a modern EHR system would also promote accountability, improve recordkeeping, support compliance with correctional health care standards, and facilitate more effective use of government healthcare resources. The department recognizes that this investment represents an important step toward creating a more coordinate, efficient, patient centered health care system for the people of Guam. For these reasons, the Guam Department of Corrections respectfully supports the passage of bill number 1 (11-S) and urges its favorable consideration. The department believes this investment will benefit not only those in DOC custody, but also healthcare providers, public safety agencies, and the broader community by straightening continuity of care, improving the management of patient health information across Guam's public health care system. *Si Yu'os Ma'åse'* for the opportunity to provide this testimony and I will stand by shortly for any questions you may have.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** *Si Yu'os Ma'åse'* Major Anton Aguon from DOC. Colleagues as the Major has things to attend to of importance today I'm going to go ahead and ask if you have any questions for Major Aguon? Anybody on the panel? Yes Senator Gumataotao you're recognized

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** Yes thank you Mr. chair. As oversight Chair for Public Safety, Anton, can you tell me how many I guess folks that are inside or currently in custody of DOC are currently undergoing any treatment at GMH at this time as a current number?

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**  
As of today, we have 971 people confined within our facility between Mangilao and *Agana*. Out of that I'm going to probably estimate about 85% of them have some serious health medical issues that you know this health record system would help us manage their issues. I currently have about three I think at GMH confined there. We receive about 2,600 bookings a year. Release over 2,000. So you know a good percentage of our population have some serious health issues diabetic high blood a lot of them. So this record system would actually improve the speed on which we're able to manage that.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** So Anton again, so you have three currently at GMH, but they're supporting just around the, you know, could be another 600 or so based on your math that are either everything from could be chronic disease, substance use disorder with

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**  
Sir, it's all from dental, behavioral health, and of course all the you know, drug abuse years and things like that. So, it's a lot. It's a challenge trying to that's one of our biggest operations is the medical side of the house.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** All right. Thank you. Thank you, Mr. Chair.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Any other senators questions for Anton? Yes, Mr. Speaker.

**SPEAKER FRANK F. BLAS, JR:** I'm sorry. I'm sorry, Mr. Chair. Major, your answer to the number of inmates with major medical concerns of your population is 85%.

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**

Yes sir. A lot of our, I mean we have medical staff there seven days a week from 6:00 in the morning to 6:00 at night but a lot of them about 85% of them have you know they're either taking medication seeing the doctors. We have about maybe 50 to 60 sick call requests a day for the doctor to see. So it's pretty high. A big, big number of our population are sick.

**SPEAKER FRANK F. BLAS, JR:** Okay. Well, you know, we're kind of concerned because when you say major medical..

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**

I can, I can I can give you more accurate numbers. I have to get with the medical staff to get more numbers, but you know, in our management meeting, that's one of the big issues is the number of the resources the prisoners take up on the medical side.

**SPEAKER FRANK F. BLAS, JR:** Okay. Because we need to basically qualify what you mean by major medical.

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**

I can get those numbers from our staff, sir.

**SPEAKER FRANK F. BLAS, JR:** Okay. I appreciate it. Thank you very much. Thank you, Mr. Chair.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Senator Taitague, you're recognized.

**SENATOR TELO T. TAITAGUE:** Thank you, Mr. Chair. Good afternoon to my colleagues and thank you Mr. Anton for being here. 85 is quite huge. I mean everyone is like you know gasping at 85 but I'm curious that you're here testifying in favor of this bill what it's supposed to do with regards to GMH. So my question to you is how much funding do you owe GMH? You know, DOC owes them and

how much is owed to other, you know, medical facility documents that you're sorry about that. Can you tell me? How much do you owe right now to GMH and public health?

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**

Well in terms of our, right, Senator, in terms of what we owe GMH, I believe we're pretty much caught up on them. We took care of all the prior years. We do have our inmates, our inmates, our prisoners, we do have insurance. We are part of the Calvo's Select Care Insurance. So that is helping pay most of our bills. But right now, as far as I know, we do not owe as far as I understand, we do not owe GMH any money. It's all being worked out now by the insurance companies.

**SENATOR TELO T. TAITAGUE:** So FY26, you know, you owe no funding to Guam Memorial Hospital from DOC. Is that what you're saying?

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**

As far as I know, as of today, yet we don't have any outstanding obligations.

**SENATOR TELO T. TAITAGUE:** Okay. Just wanted to make sure. Okay. Thank you, Mr. Chair.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you. Senator Matanane, you're recognized.

**SENATOR SABRINA SALAS MATANANE:** Does the Department of Corrections still have their infirmary at DOC?

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**

Yes, we switched the name to the clinic. It's our clinic. And so that is manned by nurses from GMH from 6:00 in the morning till 6:00 in the evening, seven days a week. And we have a nurses also in Agana. And then we have Dr. Anderson that is also 40 hours a week that goes between Mangilao and Agana to service the inmates.

**SENATOR SABRINA SALAS MATANANE:** That's a GMH physician and GH nurses. They're all paid by GMH?

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**  
Yes, all GMH.

**SENATOR SABRINA SALAS MATANANE:** I see. And how much does it cost to run the infirmary?

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**  
So right now, senators, based on what the senators did, you I think appropriate 3.6 million directly to GMH. Before it was coming to DOC, GMH would bill us and then we would send it back. But now it's going straight to GMH. So they're getting I think the 3.6 I believe that's in the budget.

**SENATOR SABRINA SALAS MATANANE:** Okay. What is the condition of the infirmary in terms of structural?

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**  
So the it's really the clinic. I believe we have three prisoners there right now. It's not really big. Then we have a unit next to it, post 4, and that's where we put our other those that need, they need to be closer to the doctor, right? And then we have one at SNU that's been there for more than a year. He's got some serious health problems. And then another one, I believe, that's up at GMH right now. The numbers fluctuate. Sometimes we can have as much as five people up there at one time. between GMH, GRMC, it just depends on what they come in with and you know what they the medical issues they have. But the clinic is very small. It's and again we only have I think three prisoners there now. But as soon as the doctor clears them we move them back out to the housing unit.

**SENATOR SABRINA SALAS MATANANE:** And so how you said everything is done via paper?

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**  
So right now everything at least on their manual we have a records section there GMH medical records section there and everything is just kind of done manually. The nurses when a prisoner comes in and he's receiving outside care the nurses have to coordinate with all those other clinics outside on getting information to help them treat the inmate. And between coming back from GMH when they get

discharged to DOC, a lot of it is there's a lot of coordination to try to get the right information.

**SENATOR SABRINA SALAS MATANANE:** I see. So, so if there's an issue with an inmate, the nurse at DOC will check the inmate. If the inmate needs to go or the detainee needs to go to GMH for treatment, they go to GMH for treatment. And if there's any kind of followup or whatever, they make a phone call.

**MAJOR ANTON AGUON, GUAM DEPARTMENT OF CORRECTIONS:**  
Right. Yes. Yes.

**SENATOR SABRINA SALAS MATANANE:** Okay. Thank you.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Any other questions for Major Anton? Yeah. Do you have another question? Okay. Okay. So, Major Anton, thank you for your participation today and you're excused at this time. Thank you. So, I'm going to call on the Zoom. We understand that Dr. Aguon is now available. And while I'm doing that also and she's coming up on Zoom, I will call forward also Cherylyn Pineda. Cherylyn, you're checked off as oral testimony. Please come forward. And then on my second list, I have Tamara Cruz. Is that correct? Tamara, can you come forward? And then I also have Oh, sometimes I have a hard time reading this, so please excuse me. Yep. Is that Arica Yip? Yep. I'm sorry. We'll try to figure that out a little bit better. My bad. And also Clarissa Pangelinan and Clarissa, can you come forward? Yeah. And so is Dr. Aguon available at this time and we'll have her make her presentation. Dr. Aguon, welcome. the floor is yours. We need to work on your audio just real quickly here. AV, do we have an audio issue? Maybe on your side, doc, are you muted?

**DR. JOLENE MA'ÃÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
No.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Okay, there you are.

**DR. JOLENE MA'ÃÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
You hear me now?

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Yeah, I hear you very well. Please proceed.

**DR. JOLENE MA'ÃÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

Okay, *Håfa Ådai* Chairman Chris Dueñas, Healthcare Chair Sabrina Salas Matanane, and members of the legislature. I'm Dr. Jolene Ma'aña Aguon, interim administrator and chief executive officer of the Guam Memorial Hospital Authority. I'm asking you to approve 15 million to begin replacing our electronic health record and the revenue cycle systems that work with it. Guam Memorial keeps its patient records and its billing on separate systems that were never connected to one another and our employees move the information between them by hand. That gap sits underneath most of the problems this body hears about from GMH, including late billing, incomplete charts, and the coding backlogs we've needed help to clear. The equipment holding those systems up is now at its end of life. Manufacturer support on the servers that run our billing ends this December and several components of that hardware are already degraded or have failed. Our electronic health system Care View, has been failing with increased frequency and the company that sold it to us no longer keeps support staff on Guam. Each time it goes down, we return to handwritten orders, telephone results, and a census counted on paper until services come back. We're the only public hospital on this island, and the people who depend on us have no public alternative. I'm asking for this system for three reasons. The first is the safety of the patients in our beds. Treatment depends on knowing what has already been done, what a patient is allergic to, what medications they're on, what their cardiac enzymes show, what cultures have grown, and what their condition was an hour ago. As a critical care physician, I know what it costs when that information isn't in front of that team the moment of the decision. And in conditions like sepsis, a heart attack, or an acute stroke, the cost is measured in hours. A connected record puts that information at the bedside instead of requiring a nurse or physician to go find it. The second is the financial stability of the hospital. We can only bill for care we can completely document, and what we collect pays for the next patient's medications, supplies, and staffing. Every workaround is an opportunity for a charge to go uncaptured, a claim to be denied, or a bill to leave weeks late. In 2023, following a system failure, our claims fell so far behind that we borrowed millions in Medicaid advances just to meet payroll. The treatment continued and the expenses continued

while the revenue did not. and no amount of additional billing staff can outrun a system that loses the information before it reaches a claim. The third is our standing with the federal government. A working medical record is a requirement of participating in Medicare and Medicaid and those programs are the majority of our revenue. We are carrying federal corrective actions and pursuing accreditation and both rest on producing completed records on demand. What we've prepared to put out to the market isn't only a hospital purchase. Our request for proposal is written as an enterprise platform for the island with room for other government health agencies to join, instead of buying their own. That matters because our residents move between the SNF, public health, DOC clinics, our emergency room, and behavioral healthcare. And each of those agencies hold a separate piece of the same patient's record. A shared platform closes those blind spots on medications, allergy, and history with the privacy partitions that behavioral health records require under federal law. where an agency stays on its own system. Our requirement is that we exchange information with theirs using national standards. So the record follows the patient even when the software doesn't match. That structure matters to your budget as much as it matters to our patients. Buying an enterprise means one platform, one hosting environment, one set of interfaces rather than a separate purchase for every agency. And it puts us in a position to ask CMS what federal participation is available for the shared Medicaid related components of this work. I won't promise this committee a federal match I haven't secured. But what I can say to you is that going to the market as one enterprise is what keeps that door open and that this appropriation is what lets us do it. on the 2020 electronic health red health care record purchase. I wasn't part of that decision and I won't spend time with this committee assigning any fault to it. The hospital bought to the money available rather than to the requirements of an acute care facility and the connection between the clinical and financial stride was never built. I'm asking you to break that pattern instead of repeating it. The timing isn't flexible. An enterprise implementation takes 15 to 18 months from contract signature. Our current clinical agreement expires in April of 2028. Counting backward from that date puts the start of this work behind us already. Funding this now lets us issue our proposal immediately, evaluate the responses properly and transition while the hospital still has a working system to transition from. Delay puts us in the position of buying under emergency conditions, which is the most expensive way any government purchases anything. You should expect controls in

return. Our request for proposal is vendor neutral. It requires every bidder to itemize the cost that normally arrives as surprises including data migration, staff backfilling, training, travel devices and interfaces and it holds the option of hosting on an established health care systems platform open for competition. Our nurses, physicians and building staff evaluate the candidates against their own daily work and have to accept the system before we go live. Payments follow verified performance. The platform has to carry forward into the new hospital so our people don't pay for this twice. And GMH will report progress and spending to this body in writing on the schedule the legislature sets. Our staff have held this hospital together through outages and paper for years with no one on island to call for help. What they need from us now is not more effort. It's a system that works. I respectfully ask for your approval of bill 1 (11-S). *Un dangkolu na Si Yu'os Ma'åse'.*

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** *Si Yu'os Ma'åse' para hãgu lokkue'* Dr. Aguon. So given the fact that you are on the mainland and there is a time difference. I'm going to also go to the panel to ask questions that they may have of you before we are allowed to release you and then continue with the panel and the rest of those are here to testify. Are there any questions for Dr. Aguon? I'll start with Senator Sabrina Salas Matanane.

**SENATOR SABRINA SALAS MATANANE:** I have a couple of questions and first I just want to start by saying that I've been one of the strongest advocates for the Guam Memorial Hospital and providing the resources and tools to move things forward for GMH. So, I was kind of surprised when I saw this bill come down and the fact that we were going to go into a special session, but regardless of that, I'm still here to listen and see what needs to get done to get this finally going. But I have to refer back to an oversight hearing that was held in April of this year at the Guam Memorial Hospital and the issue of the EHR was brought forward. And during that time, it was presented that it could cost anywhere between 15 to \$25 million, excuse me, 25 to \$50 million. And then I watched a live stream the other day during a tour and I believe I heard it would cost anywhere up to a hundred million dollars for a new EHR. But going back to the April oversight hearing, I remember it was Dr. Aguon, you mentioned that the governor was going out to get financing for this new EHR. So, at the time we were like, "Okay, so the

governor is going to handle finding the funding for this." Whatever happened to those efforts to get this financed?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

So, I can't speak for the governor. You know, I know that was an effort that she wanted to make. I believe that she did go out and try and get this financing. And I'm also going to say that I believe that at this point this is probably the effort that she has ended up with.

**SENATOR SABRINA SALAS MATANANE:** Okay. So basically she got nowhere with getting the financing for the project for the EHR. Is that what you're saying? I mean, is she with you on this trip? I think all these government officials are in San Francisco right now.

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

That is correct. She is. She's not physically with me but she is here on this trip. Yes.

**SENATOR SABRINA SALAS MATANANE:** Can you tell us a little bit about because in the press release we received yesterday from the governor's office that healthcare was one of the issues that they were going to be discussing. Is this something that you plan on discussing with these government officials about funding for a new EHR?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

I am bringing up, I am going to be bringing up the needs of the hospital and electronic health record is one of them. Yes.

**SENATOR SABRINA SALAS MATANANE:** And can you just tell us again this \$15 million is just to get the ball rolling? That's it. I, what are we going to get for 15 million?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

Well so I don't know if the rest of my team is available to answer but I can tell you that there are two ways to avail an electronic healthcare or a health record system. One is a standalone system and depending on the type of system the cost can be up to 138 million. And this is the highest or the highest part of that spectrum. The other way for us to acquire an electronic health record is also a community host

where we host with another government agency. And because of the joiner amendment, a government agency or nonprofit organization and that cost would basically be cut essentially in half because we would be purchasing licenses versus standing alone. So there the cost would be a lot less. And so when we say 15 to 25 or 25 to 50, these are, these numbers that's a starting, that's the startup. That is not the cost of the entire electronic health record over the 10 years. And with the market research that we have done, we have seen prices with a hospital our size up to over a hundred million.

**SENATOR SABRINA SALAS MATANANE:** Okay. Hundred million dollars for an EHR?

**JESSE QUENGA:** Senator, I can provide additional clarification for Dr. Aguon. So as we're exploring what is viable to deliver an electronic health record at its base, we can pursue a community partner to bring the cost of the software itself within range that this bill appropriates a sufficient amount for year one. What Aguon has described about a standalone software is the “however” if the government of Guam wishes to endeavor to make this a revenue venture for the hospital we can procure a standalone software at that range and start to license out additional softwares to not just Guam and Guam based clinics but also entities within the Western Pacific. We went ahead and did our market research and if the government had a desire to buy the standalone, we could bring in roughly \$1,200 a month conservatively per license. So if you have a 100 physicians that subscribe to that, that's \$1,200 times a hundred each month. And if you're looking at the need, we would be the only jurisdiction within the Western Pacific that has a particular community-based software. So what we've presented to the legislature and as Dr. Aguon aimed to articulate is there really is two options. Option A which the bill aims to appropriate sufficient funds for it's to deliver a software that's enough for the jurisdiction enough for Guam and our sister agencies to utilize. While the 100 million figure is if the legislature wishes to endeavor on a more revenue-based platform that we can now expand to the Western Pacific.

**SENATOR SABRINA SALAS MATANANE:** Let me ask you this because I've been hearing about these this kind of licensing that GMH could have gone with GRMC. Is that accurate? And is that accurate? And if so, couldn't it have

saved GMH money or can we still go to GRMC and ask if we can I guess connect with their system?

**JESSE QUENGA:** And I can answer that question again, Senator. What we aim to do is produce what's required by Guam policy is planned procurement. If we endeavor to take the software from GRMC, it will still require a competitive bid because GRMC is not a public entity. It doesn't preclude them from participating in the solicitation. But this opportunity that we have with the bill is let this solicitation be released so that we engage the stakeholders that includes the staff and clinicians that work at the hospital and then find out from other like entities like GRMC or other standardized hospitals to determine which is the best software or EHR that would work for the Guam Memorial Hospital.

**SENATOR SABRINA SALAS MATANANE:** If you were to partner with GRMC, would it cost \$15 million or \$138 million?

**JESSE QUENGA:** It would matter on, Senator again planned procurement because GRMC is a private entity. We would still put out the solicitation and GRMC would have to participate just like any other vendor. In this particular case, we aim to use the request for proposal vehicle in that we're evaluating based on the quality of the proposal rather than the quantity. So, we're not looking for best cost, but who could deliver all of the elements that we wish to provide to Guam Memorial.

**SENATOR SABRINA SALAS MATANANE:** What I guess is the cost of maintaining the EHR that you guys are, you guys still looking at purchasing Epic?

**JESSE QUENGA:** Before we do the procurement? Senator, Epic will remain one of the viable options. It is the leader in the industry but we could not preclude any other entities like what was used at GRMC or more recently CNMI had just announced their acquisition and go live of their EHR. All of those systems are on the table and have a meaningful opportunity to participate in the RFP once it gets released.

**SENATOR SABRINA SALAS MATANANE:** The Department of Public Health and Social Services and I noticed that they had submitted testimony here and I remember them discussing this that they had purchased their own EHR which

is being implemented now. Were there any discussions with the Guam Memorial Hospital when they were purchasing their EHR to do what you're talking about for this interoperability? Were there any discussions of sharing that cost or anything like that? Because I mean, isn't that what GH wants to do? It wants to be able to communicate with public health?

**JESSE QUENGA:** Yes. And actually, you're right. You're we do have a standing interoperability meeting with our sister health agencies to also include Guam Behavioral Health and Wellness Center. But what we're asking for is a system that delivers beyond just a clinician space. Public health particularly may have been focused on what could deliver an adequate health record system for a community-based health center. While GMH operates clinic spaces like the skilled nursing facility or department of corrections, we do have primarily an acute care health setting which is a hospital. We need a solution that can deliver on both the hospital setting and the clinic space.

**SENATOR SABRINA SALAS MATANANE:** Okay, thank you. That's all I have for now.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** So, any other senators on the panel? Senator Gumataotao, you're recognized.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** Yes, thank you, Mr. Chair. And Jolene, I know you're still there. So, I'm kind of fascinated by the second option that you mentioned, which we're just mentioning. Would you think it's almost similar, this community partner thing to what the current judiciary of Guam is now running as the criminal justice information system? So now you're looking at bridging the gap between what's happening and from an acute care point of view from the hospital, coupled with public health, linked with GBHWC, take a couple of other community partners like say GRMC, maybe the local clinics and now you have a system that we're already annually putting in money for on an annual basis from the budget. Is that what you're thinking the pathway for GMH is going to be relative to the EHR?

**DR. JOLENE MA'ĀÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Yes, that's correct.

**JESSE QUENGA:** And that will, Senator, provide for an efficiency for patient health information to be easily accessible and readily accessible whenever they move from the clinic space to a hospital setting. Imagine if you will that someone gets treated at the community health center and then later on they don't feel well and their conditions worsen they show up at the ER. Our if we're using the same electronic health record, would already know what were the clinical notes at the health center that led them to the ER and then determine what are the causations and what treatment plans could be attempted.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** No, I mean, even in 2026, it seems like a very novel idea to bring all of these guys together to help solve not just the single problem of GMH in terms of how they manage records of its patients, but just everyone else. And it seems that, you know, our criminal justice system is far ahead, but it's a great option to have to bring together all of these groups. And I only have one question, Jolene, and this is more for you. And since you're out there and I don't I know you said you did not want to litigate what happened in the past, but if I can for the record, just so we don't feel like we're doing this over again, but did GMHA seek guidance from the United States Army Corps of Engineers, the US Department of Interior, the Veterans Administration, and/or the Office of Technology prior to procuring the CareView system?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
I'm, you know, I don't know. I don't know if that happened. I think that the decision was made on cost and not need.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** No, no. and thank you for your candidness because I know you're with them this week and Jolene I'm hoping that you will share with them the discussions that we're having here that there's an opportunity, a huge one if they can be aware that we're actually doing this in Guam. That somehow after those meetings as you are preparing and it's great news that the RFP is moving forward but it's critical you're in front of them with the Governor of Guam to be able to tell them, look, we are going to do this now. We need your input. And I know that a lot of the bureaucrats of the federal government will be very quick to say, well, let me see what my time looks like. Maybe I'll check it. But I'm hoping, Jolene, that you take that opportunity once and for all. We got to get past this. This is a question about EHR that's been going back

to since my first iteration working in government back in 2003. So 20 some odd years later, you're on the kind of the doorstep of doing something pretty darn good. So I'm hoping that while you're there, you advocate for this system. Bend their ear, put it in their hand something, just at least try to get them to understand where you're headed. And again, thank you, Jolene, for I mean, you're not here, but thank you for at least your leadership, but get those guys out there to listen to GMHA. Thank you so much, Jolene. Thank you, Mr. Chair, for that. That's all I have.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you, Senator, Mr. Speaker.

**SPEAKER FRANK F. BLAS, JR:** Thank you, Mr. Chair, and thank you, Dr. Aguon, for being able to join us via Zoom. One question that I have is the appropriation calls or requests for \$15,885,394. How did we get to that figure?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
I'm assuming and you know I don't like doing that because I'm not, I think that's the you know part of the startup fund because that pot of money is small but it's a startup fund so that we can push out the RFP.

**SPEAKER FRANK F. BLAS, JR:** So what, you may have answered this question earlier, but you know, with the amount here being specific, what will \$15,885,394 get us?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Well, if we do the community host and we push that out, we would be able to actually come to the table and ask for these quotations and see whether or not it would be the 30 million or the 65 million. Because we're getting ranges. We're not actually getting hard numbers. Everything's a range. And the startup costs for a system in the first or second year of a system that is 65,000 or 65 million over 10 years, 15 million would get us a lot.

**SPEAKER FRANK F. BLAS, JR:** So you're saying that even with the 15 million 800 some odd thousands, you're still going to be short to be able to make an initial purchase?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

Well the purchase will be over 10 years speaker. So we have to come up though with the I believe first and second year the initial first and second year and Jesse..

**JESSE QUENGA:** Yes I can I can also inform that question too to the speaker. Again this would only be arrived at when we've concluded the procurement phase where negotiations are entered. We would have to see how successful we are when the solicitation is out to determine how many responses were received and from those responses which ones qualify for a ranking of first, second, and third. And then from there, if multiple offers are received and accepted, we enter into negotiations. They provide us with a price and then we attempt to accept a price from both parties and if we're unable to reach an agreement with the first offerer, we proceed to the second. The 50 million will inform part of that decision. So naturally with the RFP and our plan procurement, we aim to just qualify proposals, determine who we wish to rank among those submitted and then thereafter make a determination if with this appropriation or even with the hospital's operating funds or an engagement with our sister agencies. If there's a delta that we have to close, then how do we close that delta or are we just going to move on to a next offer because we could not accept that price point.

**SPEAKER FRANK F. BLAS, JR:** So this \$15 million isn't going to outright purchase anything?

**JESSE QUENGA:** No, Speaker, because our government, we must be prudent with public resources.

**SPEAKER FRANK F. BLAS, JR:** I just became, the reason why I'm asking is because it says for the acquisition and implementation

**JESSE QUENGA:** And you, yes with a 10-year commitment Speaker we can acquire and implement an EHR with the anticipation that we identify what is that 10-year plan and how much does this cost look like for each of the subsequent years post initial.

**SPEAKER FRANK F. BLAS, JR:** And you know Mr. Quenga and Dr. Aguon, the reason why I'm asking is the total amount to be appropriated is over \$19 million. And if the 15 is going to be woefully short, why didn't you just take the

whole 19 million? Again, you know, I Okay, I it's it's the way it's worded in the legislation that we need to be able to hash out and understand that with the 15 million,800 and some odd thousand, this is nowhere near the amount necessary to make a purchase for EHR. We need to make that perfect clear. Because I don't want the public to understand that if we appropriate this, then all of a sudden in two to three months, we're going to have an EHR system.

**JESSE QUENGA:** Thank you, speaker. And to qualify that statement, that was a very wise assessment. We were not the authors of the bill and I think through this discourse and discussion we're having with the body, it'll inform an ultimate decision on the measure and whether additional funds are needed. But we hope to offer enough support so you make that qualified decision.

**SPEAKER FRANK F. BLAS, JR:** Okay. Thank you.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Mr. Vice Speaker, you're recognized.

**SENATOR V. ANTHONY ADA, VICE CHAIRMAN:** Thank you, Mr. Chair. So, Dr. Aguon and Mr. Quenga, were you in consultation in putting this bill together with the amount and what was needed?

**JESSE QUENGA:** I'll take that question, Doc. Dr. Aguon did pen a letter to the governor articulating a particular need that we have for acquiring an EHR. That letter did not specify an amount, just that we were calling for assistance and immediate help. how that amount arrived came from the governor's office and her policy team.

**SENATOR V. ANTHONY ADA, VICE CHAIRMAN:** So was this letter penned prior or after the announcement of the additional section 30 funding?

**JESSE QUENGA:** The communication about the need for an EHR existed well before the announcement of the section 30 excess funds Sir

**SENATOR V. ANTHONY ADA, VICE CHAIRMAN:** Can we have a copy of that letter submitted to the committee? Thank you.



COMMITTEE REPORT DIGEST – BILL NO. 1 (11-S)  
Public Hearing - Senator Christopher M. Duenas - September 22, 2026 2pm

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

And to clarify by speaker if I may?

**SENATOR V. ANTHONY ADA, VICE CHAIRMAN:** Yes ma'am.

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

The electronic health record issue has been on the table for some time now. And it's just recently, unfortunately, that the system has been very unstable and I'm sure that the staff can attest to that.

**SENATOR V. ANTHONY ADA, VICE CHAIRMAN:** Yes. Okay. Thank you, ma'am.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you, Vice Speaker. Senators? Taitague? any questions? Please proceed.

**SENATOR TELO T. TAITAGUE:** Thank you, Mr. Chair. Good afternoon, Dr. Aguon. I don't know if it's the morning where you're at or evening time, but thank you for taking the time to be here and answer some of our questions. I just wanted to go back to Jesse how you were explaining this whole scenario where it's \$2,100 a month, there or is it \$2,100 a month and every doctor Okay. Can you go back to that mathematics that you put because I kind of did the math and it was showing then if that's the case every month you're looking at \$2.6 million a year to go this route.

**JESSE QUENGA:** Sure. So Dr. Aguon described two ways that we can acquire an electronic health record. The community-based which is one that just provides the software loan and which we acquire from an existing standalone entity. The other option is that you could buy an EHR as your own standalone and sub-license. The amount that I shared was a conservative \$1,200 a month per practitioner.

**SENATOR TELO T. TAITAGUE:** There was \$2,100 or how many

**JESSE QUENGA:** 1,200 Senator to clarify.

**SENATOR TELO T. TAITAGUE:** 1,200 a month per physician.

**JESSE QUENGA:** Correct. Per month.

**SENATOR TELO T. TAITAGUE:** Per month. How many physicians?

**JESSE QUENGA:** And that's because we're buying one which GMHA can be the host. It will offer us the opportunity to establish it within what meets the most needs for the hospital and then also sub-license to other entities.

**SENATOR TELO T. TAITAGUE:** So, it's \$1,200 a month per physician, right? How many physicians are there that you would need to keep them in the in the loop?

**JESSE QUENGA:** It depends. So you could easily work out what that amount looks like just for the government of Guam alone. But if we wanted to, the government could also sub-license to private entities, more clinics, GRMC could sub-license from GMHA if it preferred the EHR which we've acquired.

**SENATOR TELO T. TAITAGUE:** So just with public health, you know, public Guam Memorial as well as I mean how many doctors are we looking at?

**JESSE QUENGA:** 120 is a rough estimate provided by Dr. Eusebio.

**SENATOR TELO T. TAITAGUE:** So you're looking at about if we were to go this route which would actually provide some kind of connection like you mentioned earlier about public health in *Inalahân* someone getting sick then they go to EHR to have that connectivity then you're looking at about close to, so you're looking at \$144,000 a month.

**JESSE QUENGA:** Correct. And if you rough estimate if we were able to bring

**SENATOR TELO T. TAITAGUE:** Times 12 is 1.7.

**JESSE QUENGA:** Correct. So potentially if we were only delivering a 100 practitioners then the ROI would mean that we reach break even point at 20 years but if we brought on more practitioners and what I described was we would be the only one in this western Pacific place that would have an EHR that others could subscribe to. We can make that timeline a lot faster.

**SENATOR TELO T. TAITAGUE:** So it's your intention to cover all the physicians that deal with Guam Memorial Hospital, public health those who work in the public sector.

**JESSE QUENGA:** Yes.

**SENATOR TELO T. TAITAGUE:** Okay. And then in the event it goes to a private sector you know a private doctor wanting to avail themselves of that connectivity, would an you know for their patient they would pay for their own or is the intention for Okay. So they would pay for their own. So, we're looking at 1.7,280,000 a year. You're asking for 15 million. We know that the medical you know, the system you have right now is very unstable, ready to crash out at any time. So, this money right now can help you at least accumulate this process, this system going right now. Correct.

**JESSE QUENGA:** Yes.

**SENATOR TELO T. TAITAGUE:** And 1.7 divided by 15 million, you're looking at, you know, at least lasting you until you can get that one major group of system, record system into place. In the meantime, we can't afford to wait because it's going to crash anytime. Is your IT guy here, by the way?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
It's already crashing, Senator. It is crashing. It crashed.

**SENATOR TELO T. TAITAGUE:** It's already crashing. Yes. So, can we get the IT person up from GMH? That's okay.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Yeah, he was gonna be on the next panel for

**SENATOR TELO T. TAITAGUE:** Oh, he is? Okay. Well, then I can save my question to that. And I know he's on the AI task force, too, as well, kind of mentioning about this system going.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** We're getting ready to call him up for the next panel when we get there.

**SENATOR TELO T. TAITAGUE:** So, that being said, it sounds to me like we have something we can fix right now, you know, until we can because a \$100 million is going to be a lot right now. you know I don't think Guam Memorial Hospital has ever gone into a bond phase you know to be able to go out and get a bond and that ain't going to happen. So we're going to just hopefully find some innovative ways on the AI side or technology side to bring us to where we want to be. But in the meantime, this \$15 million can last for at least, you know, eight years, you know, if not little less, right?

**JESSE QUENGA:** Ma'am, This amount of money will allow us to issue the RFP once we make a determination of who to award. Then we can determine if this is going to be sufficient to go beyond initial year, right? But we represent that this is sufficient to handle the initial startup costs.

**SENATOR TELO T. TAITAGUE:** \$1,200 a month, give or take. Okay. Well, thank you. Thank you, Mr. Chair.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Yeah. And just to be clear, also during several at least the last two budget hearings that I've been overseeing, this has always been a discussion of a multi-year investment. This is why the financing piece of this has always been part of it. But there has been a discussion that the outright appropriation at least for the first year and that's why I've consistently said you know try to get a ballpark figure that you have debt service to if you went out but I understand why you intending to and trying to go out with a full cash offer on phase one because of the recycling capability of generating the revenue. Dr. Aguon, real quick. is are you able to or is maybe even the anybody in the IT or representative, is there a generation of I mean without going into the brand because I know you can't do that in terms of outright procurement but outside of what you have right now is there like a generation of EHR system that you're looking at that is that is far superior to what you have and that issue?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Absolutely. There's, Yes.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** I think that's where some panel members are just like trying to understand like you said, you don't want to litigate that issue, but clearly there are much more advanced generation systems that you're able to procure that will take you far beyond where you are now.

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Yeah. And well, and that update annually that have good support, you know, that's that's been a big issue.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you. Senator Terlaje, do you have any questions for Dr. Aguon before we let her go?

**SENATOR THERESE M. TERLAJE:** Thank you. So, the bill asked us to appropriate 15 million for the acquisition and implementation of an EHR system, electronic health records. But you're telling us that the EHR system by anybody's estimate is going to be over \$20 million, potentially over \$100 million. I know we've had estimates \$60 million since years ago, but so and then you've also said you're going to the market to keep the doors open with an RFP. But so that sounds to me like we're going out, we're going to get into a contract that is going to be over \$15 million that we will not be able to pay. What is the sense in doing that? Is that just to tie the legislature up for years in a contract that you're going to negotiate right now without I mean that's I've never seen it. It's kind of backwards. I thought you have to pledge the money before you go out so that you know how much you can negotiate with these bidders.

**JESSE QUENGA:** Hi, Senator. I can take that question. Well, it goes beyond just the appropriation that the hospital can receive from the Guam Legislature. As you know the hospital is semi-autonomous and is able to generate its own revenue based on the patient billings. If we improve on the billings then it isn't just wholly on the legislature's responsibility to acquire the necessary funds. It is also the hospital's due diligence in order to bring in the revenue and sustain that effort based on what it's able to collect.

**SENATOR THERESE M. TERLAJE:** All right. Well, you said the RFP is already written. Can we see a copy of that? I'd really like to see how you're going to pledge payment of this and can we see your I guess analysis of how you're going

to pay on this contract that you're going to negotiate under this RFP? How is that going to be? What are you pledging to pay for the remainder beyond the 15 million?

**JESSE QUENGA:** Well, Senator, we're not going to the bond. and request for proposal is simply to inform the market that we're out soliciting for an acquisition of an electronic health record. That procurement occurs in two phases. The first phase with the solicitation period is once it's closed, all offered solicitations are unsealed and a committee is appointed and evaluates each proposal and ranks them in order. From that order, it's presented to the CEO to negotiate with the first selected offerer. If we're able to succeed in negotiations, it's only at that conclusion of phase two of the procurement, will we determine what is the final cost for the hospital.

**SENATOR THERESE M. TERLAJE:** All right. I'm still not understanding how you negotiate. This is kind of like a Simon Sanchez problem where they negotiated for an amount that exceeded the statutory authority. And I hope we're not going to do that. Going through some kind of negotiation with 15 million for what we already know is going to cost us a hundred million. I can't even understand that concept. That's why I want to see the RFP and I want to know who, Yeah. What are we committing to in giving you the 15 million? Is there something, do you have a plan of how you're going to pay this the rest of the hundred million? Is there such a plan Dr. Jolene? Such a like analysis of how are we going to pay the hundred million?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Well, we don't know that it's going to cost a hundred million, Senator.

**SENATOR THERESE M. TERLAJE:** Well, you know what I'm saying between the all the amounts that you said they are all exceeding 15 million.

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Right. Well, if it is, let's just say let's just say it's 65 million over 10 years. I don't know, we are not expected to have 65 million sitting in a bank account for 10 years but we have to project that we can afford to meet that annual contract to pay over time. The initial first year though is usually anywhere from 25, 15-25% of that total

cost. So, you know, if 15% of 60,000, that should actually get us through the first year and then they break up the remainder of that over the 10 years. That's how that works. So the 15 million, you know, depending on who bids and who gets awarded, we're able to use the information that they send us to see how much it's going to actually cost so we can project before it's awarded. Right? We have to agree that this is a contract that we can meet.

**JESSE QUENGA:** I will further add, senator, that most RFPs include provisions to which the contract period is amounted to often times that's 12 months and then a provision that includes a renewal subject to the availability of funds. So in that particular case and through sharing with the committee the draft RFP, I think you can inform that decision that the intent is to commit to what is available subject to availability of funds will be our I guess the main hold for any subsequent year of the agreement.

**SENATOR THERESE M. TERLAJE:** That would be great for something like, you know, towels because if you change it in the next year, that's fine. But for an EHR system that you expect to have operating for 10 years and you don't have payments beyond the first year, I it doesn't still not making sense. And I feel like it's you're going to say we will, GMH is pledging to pay you no matter what. And that's just going to be kind of like we're going to be doing the analysis at that point here as opposed to right now if we could just yeah we should we should be able to see more especially the RFP I think and what's going to so there's really no funding that's been that's except for the one year and you're going to make your entire staff convert to this new EHR system that you're not pledging to cover. And now, I completely support a new EHR. We have put money towards GMH year after year hoping that they're going to put it to an EHR system. They did put it to an EHR system which then they we they told us this is going to work. This is going to work and then it did not work or they're saying now they're having problems with it. And I don't want to do that again. So if you don't want to talk about the past, I feel like that's why we're going to end up repeating that big huge mistake of getting something that we can't either fund or you can't operate beyond a certain point. And in the recent meeting, it was like the 21st century hospital task force meeting committee meeting. Dr. Jolene, you asked if the EHR could be part of that new hospital financing that they're talking about going out for an RFP for the

construction and it's my understanding that BBMR referenced some section of that law that said he might be able to. Is that your understanding?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

I there was some language in there and I was trying to see if we can push that forward so that it's something that could be worked on now instead of waiting in that meeting

**SENATOR THERESE M. TERLAJE:** Yes, because they're going to go out for bond for financing of the hundreds of millions for the new hospital and this is like that over \$100 million. So I thought that was a good question. I think you should get a very definite answer before tomorrow's session. The other thing was at that same meeting, public health said and they say it in their testimony today, their written testimony that they already are working to they already got a new EHR. So you're saying you're going to get one that's going to be compatible with them. They just ended, they just did this. That's what they've been working on and they want theirs to be compatible with GMH. And in Saipan they did the same. they got an EHR and they're working to make it compatible with public health and their hospital. So I just want to know why are we not working in the planning with public health using their experience and they're already making efforts to expand that to GMH or to at least make sure that we are doing something compatible as opposed to rushing. It sounds like we're rushing to get out to a new system. And I don't want to diminish the hard work that everybody's doing with this old system or this incompatible system, especially the finance when they've intentionally bought a system EHR that could not match their finance and they said they might buy the additional module to make it meet with the finance, but they never did that and now they just changed the whole plan. So that's why I just want to make sure we're not going to have something that's not going to work in one year. And yeah and public health seems to be asking us that to do additional planning together with them.

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

So senator we are working very closely with public health and GBHWC. Our teams attend all the interoperability. We are very aware that they went into or they are onboarding their new electronic health record. This is for a clinic outpatient, not for an acute care hospital. They're actually very excited about us going into a

new electronic health record. And part of what's in the RFP is that it has to have the ability to interface. That is what our current EHR does not have.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** On this appropriation because we're going to wrap it up. We got a lot of people here that want to testify.

**SENATOR THERESE M. TERLAJE:** Okay. You said the current software or program expires April 2028. Is there an option? Are there any other options like putting it on iCloud immediately to make sure it doesn't expire prior to that or anything else that takes care of it so that you can do a planned procurement that's not in a mad rush before the change of administrations maybe.

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** So if we were to move the system to the cloud, well actually there's two components to the system. An EHR should be one unified system, but we have multiple because some features are not on the system that was purchased. So without naming this the you know the specific software it's the newest EHR is already on the cloud and that's the one that's expiring in 2028. If we were to renew the issue it is still the same where it does not have those functions that everybody needs and the system was not built to be an EHR. It was actually built to be a clinical documentation application. And we're just kind of making it work and not sure why, but that's that's the situation.

**SENATOR THERESE M. TERLAJE:** Yeah, that's exactly what I'm trying to avoid in this new system is to find out what eyes are going to be on that. What money are we going to pledge to it and who it's going to really work for to make sure of that now.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** So on the appropriation for Dr. Aguon, any other on the direct appropriation on the appropriation itself because we can ask this panel those same questions. Okay thank you. Yes. Dr. Aguon you have a question?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:** Can I just make one last comment to Senator Terlaje? We actually did bring in a consultant and this is exactly what they do and they met with our staff. They

looked into our systems and they have helped us author this RFP. This is not a GMH only RFP. This is a public private partnered RFP so that we get the system that Guam Memorial Hospital actually needs. And so we did bring in people to look at the system itself, the various systems and work with our staff very closely as we prepared this RFP. Thank you.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you, Dr. Aguon.

**SENATOR THERESE M. TERLAJE:** Thank you. Then maybe someone can start from the beginning and explain that to us.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** That's what we'll do with the panel, Senator. We wanted to make sure that the CEO could make her testimony. We could see what questions we had on the appropriation. So, we're going to stick to the appropriation and then technical questions can be for the panel that has been here assembled. Dr. Aguon, thank you very much for your participation. We wish you great success out there with the rest of the team and look forward to your report when you get back home. *Si Yu'os Ma'åse'.*

**DR. JOLENE MA'ÃÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Thank you.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you. So, at this time, Dr. Eusebio just in case you get called for duties as a doctor I'll go ahead and recognize you and I'll also ask the panel to ask you any questions unless you wish to stay after that. So please proceed with your testimony.

**DR. RICARDO EUSEBIO, CHIEF MEDICAL OFFICER, GMH:** Thank you Honorable Chairman of the Committee Senator Duenas and members of the committee and members of the 38th Guam legislature. My name is Ric Eusebio. I serve as a chief medical officer at Guam Memorial Hospital overseeing the medical services division. I submit this testimony in support of bill number 1 (11-S) including the funding under section 2A for a new EHR system at GMH. I'm speaking to you not only as a chief medical officer, but also as a physician and surgeon who has worked directly with our current EHR and with the physicians and clinical teams who rely on it every day. For our physicians, the EHR is not

simply an information technology system. It's part of how we practice medicine. It is where we go to understand a patient's history, review test results, place orders, document care, communicate with other providers, and coordinate what happens to a patient from admission through discharge. Our current system has served us, yes, but it's antiquated, does not always support our physicians in the way that a modern hospital system should. When a physician is evaluating a patient particularly in the emergency department or during an admission, we need to be able to quickly understand the patient's history, we need to see what is relevant, previous diagnosis, medications, allergies, procedures, consultations, laboratory results, imaging, and other information that may affect the decision that we are making at the moment. Too often getting that complete picture requires moving through different areas of the record and piecing together information which may also not be in the record and all this takes time and concentration and physicians should be able to devote this time to the patient. This becomes even more important when we are dealing with patients who have complex problems or conditions that are changing. A physician needs to know what has already been done, what the most recent results show, what has been ordered, what is pending, and what the treatment plan has been. This information needs to be easy to find and presented in a way that allows the physician to understand the patient's current status. And the same applies to entering orders. Physicians should be able to place orders efficiently, review what has already been ordered, and easily determine what has been completed or remains outstanding. When the system requires unnecessary steps or makes information difficult to locate, it adds to the workload of physicians and other clinical staff. These may seem like small issues individually, but they add up in the course of a busy day. For example, in a real alive world situation, if I write an order on a patient and another nurse writes opens that same chart, I cannot write an order on the patient. And so I have to close that since I can't write any orders on that patient. Go and find which computer is open and not only find the computer that's open but also find the nurse who is using that computer so that she can use her password to close that computer so that I can run downstairs back to the operating room or recovery room and write the orders for this patient. That's the system that we are dealing with. This becomes especially important when the main patient moves from one part of the hospital to another. A patient may come through the emergency department, be admitted to medicine or surgery, or move to another unit requiring consultation from another specialty, and eventually be

discharged. At every transition, the next physician and care team need to understand what has happened, what has been done, what is still pending, what needs to happen next. The patient's information should follow the patient. Our physicians should not have to reconstruct the patient's story by searching through multiple sections of the record or relying on separate phone calls, messages, or conversations to fill in information that should already be available. For example, in other words, real world situation, a person that if a patient comes into the emergency room, they call me for consultation to see that patient that has been evaluated by the emergency room physician. Everything that the emergency room physician has written in his record, including the laboratory test, the results or whatever his assessment stays with him. When I admit the patient, I have to ask the nurse, could you make a copy of that record? Because it doesn't go to my careview system. They don't, they don't correlate with each other. They don't, they don't communicate with each other. So that I have to take a copied record with me with a chart and write it in my careview assessments and everything. So it's a totally different system. This is what we do every time a patient is admitted in the hospital. That's a realworld situation. The same is true at discharge. Physicians need to be able to review the patient's hospital course, reconcile medications, complete the necessary documentation, communicate follow-up needs, and ensure that the information needed for continued care is available to the patient and the next provider. Continuity of care does not end when the patient leaves the hospital. The information we generate during that hospitalization needs to be useful to the patient's next provider and where appropriate available to support the patient's ongoing care. What our physicians need is an EHR that works with a way that we practice medicine. We need a system that allows a physician to quickly see the information that matters, understand the patient's current condition, review results, enter and manage orders, communicate with other members of the care team, and follow the patient through each transition and care. We need to have better access to the information generated by our hospital, and it needs to be consistent. Two weeks ago, I did a complex operation. When I went down to do the operative note after typing in 3/4 of the operation, the computer died. I had to redo the whole thing all over again because that record was gone. And this is what happens. And this is what we have to deal with every time, every day. A modern EHR should allow us to use our own data also to answer questions. For example, if we're experiencing delays in admissions, transfers, or discharges, we should be able to

look at the data and understand where those delays are occurring. If we are trying to improve utilization, documentation, quality, or patient flow, we should be able to measure our performance and identify where additional attention is needed. This is an important part of my responsibility as the Chief Medical Officer. I need to be able to look beyond an individual patient encounter and understand how our clinical system is functioning as a whole. Ultimately, this is about giving our physicians and clinical staff the tools that they need to care for our patients. When a physician can quickly find the information needed to make a clinical decision, that matters. When a surgeon can easily review the relevant history and diagnostic results before taking a patient to the operating room, that matters. When the emergency department can officially communicate the patient's condition and treatment to the admitting team, that matters. When a physician transferring care can clearly see what has been done and what remains outstanding, that matters. When we can discharge a patient with accurate information and a clear plan for continued care, that matters. And when a patient, when hospital leadership can access reliable information to identify operational problems and improve the way we deliver care, that matters. As a physician, I want our medical staff to have an EHR that allows them to focus on what they are trained to do, to take care of patients. We care for patients because our patients are important. Our patients, we consider them as the most important thing because we recognize the importance of life. We cannot put an amount on that life. We cannot put an amount on the work that we do at the hospital. When we try to deal when we try to buy a Volkswagen when we need an F-150 pickup truck in order to do the job, it's not going to work. We need to realize that what we need we need to buy and we need to purchase the EHR that works that is worthwhile and stop buying something cheap that we think that this is the only thing that we can afford. There is more to life than just what we can afford. Thank you. What we need to do is invest in a technology and invest in our physicians, our clinical teams, our hospital, the patients and families we serve. Thank you for the opportunity to provide this testimony.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you, Dr. Eusebio. Do you plan to stay with the panel or would you like us to have any questions asked of you so you can be excused? Do you wish to stay with the panel or do you want us to ask you questions and then you can be excused?

**DR. RICARDO EUSEBIO, CHIEF MEDICAL OFFICER, GMH:** I'll stay.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** You'll stay. Okay So, Mr. Quenga, we'll go with your testimony now.

**JESSE QUENGA:** Thank you, Mr. Chair. Actually, I will provide the written testimony and will defer. We have a lot of our staff that came that wanted to be heard, so I'll just go ahead and defer to the rest of the panel, but I'll still be available for questions.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Okay, thank you, Jesse. Christine, go ahead and proceed and then we'll just go straight down the line. Introduce yourself and your testimony, please.

**CHRISTINE TAKERO ASSISTANT ADMIN OF NURSING, GMH:** *Håfa Ådai* Honorable Senators. Thank you for the opportunity to speak today. My name is Christine Takero, assistant administrator of nursing services at the Guam Memorial Hospital Authority. I am here today to express my strong support for the governor's bill to provide \$15 million in funding for a new electronic health record system for GMHA. GMHA currently uses an e EHR system called Care View. To my knowledge, we are one of the very few, if not the only hospital still relying on this system as our primary clinical documentation platform. Careview was not designed to support the fast-paced and increasingly complex needs of a modern acute care hospital. Because of its limitations, our nurses and clinical teams often have to work around the system rather than having the system support them. Instead of intuitive workflows, built-in safeguards, and integrated documentation, our staff must rely heavily on manual processes, additional steps, and even memory to ensure that critical documentation requirements are met. When compliance issues arise, they are not always a reflection of staff performance. In many cases, the system itself does not capture or organize information in a way that aligns with actual clinical workflows or current regulatory expectations. This creates inefficiencies, inconsistencies, and unnecessary risk. One of our most significant concerns is medication safety. GMHA currently does not have a barcode scanning system for medications or supplies. We continue to operate with a manual medication administration record and nurses use stickers similar to price

tags to track supply charges. If those stickers are misplaced or lost, that information and charges can be lost as well. A modern EHR with a barcode medication administration would provide an important layer of safety by helping nurses verify the right patient, the right medication, right dose, right route, and right time. These are basic tools that nurses in modern hospitals rely upon every day. There are also significant operational concerns with our current system. One employee, and I think Dr. Eusebio mentioned this. One employee can be logged onto a patient's chart at a time or only one employee. Think about what that means during an emergency. Several members of the health care team may need to review information, enter orders, administer medications, and document care at the same time. But our system does not allow them to do so. When every second matters, our technology should help us move faster and more safely. It should never be the obstacle. Another serious concern occurs when an individual patient account malfunctions or becomes corrupted. When that happens, staff have to revert to completely manual documentation and manual order entry for that patient until discharge, even while the EHR remains active for everyone else. Our nurses are then forced to manage two different processes at the same time. Electronic documentation for some patients and manual documentation for another. This is disruptive, inefficient and creates additional opportunities for error. This is not the level of care our clinician, our clinical staff want to provide and this is not the system our patients should have to depend upon. Our current system also has limited interoperability. We must maintain separate interfaces with systems inhouse such as laboratory and radiology. When one interface goes down, the flow of important clinical information may be interrupted and patient care may be delayed. Interoperability also extends beyond the walls of GMHA. A modern EHR creates an opportunity to build a more connected health care system across our island. Ideally, GMHA should be securely should be able to securely exchange appropriate health information with other Government of Guam agencies that provide healthcare services including Guam Behavioral Health and Wellness Center, Department of Public Health and Social Services, Department of Corrections, and even the Department of Education for relevant school health information. There would be even greater value in developing secure connections with other health care providers in our community, including Guam Regional Medical City and private clinics where it is technically and legally appropriate. Patients move between hospitals, clinics, public health programs, behavioral health services, and

school health programs. Their health information should be able to follow them appropriately with necessary privacy and security protections in place. A more connected system could reduce duplication, improve continuity of care, give clinicians more complete information when making decisions, and help prevent important health information from being lost when a patient moves from one health care setting to another. For an island community such as Guam, interoperability has the potential to strengthen our health care system as a whole, not just as a hospital. Every minute a nurse spends troubleshooting technology, duplicating documentation, searching for information, or working around system limitations is time taken away from the bedside. These challenges also directly affect our ability to recruit and retain nurses. Today's nursing workforce is trained to practice with modern technology. Experienced nurses, particularly those coming from the stateside hospitals, often asked during recruitment, what EHR system does GMH use? That question matters. When nurses learn that our system does not provide a barcode medication administration, concurrent chart access, or fully integrated clinical workflows, they naturally have questions about how they will practice in that environment. In an already competitive health care workforce, outdated technology makes recruitment even more difficult. Retention is equally important. Nurses need reliable and intuitive tools that support their practice. A modern EHR can reduce unnecessary documentation burden, decrease frustration, improve access to information, and allow nurses to spend more time where they are needed most at the bedside caring for patients and families. We ask a tremendous amount from our nurses every day. We should also give them the tools they need to do their jobs safely and effectively. GMHA must move forward. A modern unified health electronic health care record electronic health care record would strengthen patient safety, improve clinical workflows, support regulatory compliance, improve communications across disciplines, and support our efforts to recruit and retain health care professionals. Most importantly, it would allow our nurses and clinical teams to work smarter, not harder, and spend most of their time doing what they came into healthcare to do, which is caring for patients. For these reasons, I strongly support this bill and the investment in a modern electronic health care record for GMHA. Our nurses deserve it. Our patients deserve it. And our island community deserves a health care system equipped to meet the standards of today and the needs for our future. Thank you.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you as well. Next ma'am, go ahead.

**JANICA TAMINGLO, GMH:** *Håfa Ådai* Chairman Dueñas, members of the committee, and honorable members of the 38th Guam Legislature. My name is Janica Taimanglo. I'm going to be speaking on behalf of my experience as the administrator of medical social services and then currently the acting deputy assistant administrator of operations. Thank you for this opportunity to provide testimony regarding the ongoing operational challenges associated with the use of multiple electronic health record systems that are not fully integrated at the Guam Memorial Hospital. I oversee and support functions that depend on timely, accurate, and accessible clinical documentation. These responsibilities require staff to review patient information, coordinate care across disciplines, document assessments and interventions, communicate with providers and other departments, support discharge planning, and maintain records necessary for quality, continuity of care, compliance, and patient safety. Our current environment requires staff to navigate between separate electronic systems that do not consistently communicate with one another. As a result, employees may need to log into multiple platforms, manually search for information, re-enter data, reconcile records, or verify whether documentation completed in one system is visible in another. This creates unnecessary duplication of work and increases the time required to complete routine documentation. A significant concern is the ongoing need to reboot or restart systems during the workday. When systems are slow, freezing, disconnected, or require repeated restarting, staff lose valuable time that should be focused on direct patient care, care coordination, discharge planning, family communication, and other essential duties. Rebooting may also interrupt documentation already in progress, delay access to patient information, and require staff to repeat steps that have already been completed. For medical social services, these interruptions are especially challenging because the work is highly time-sensitive. Social workers and case management staff often need immediate access to current clinical information to coordinate safe discharges, identify post-acute needs, arrange services and referrals, communicate with families, and collaborate with interdisciplinary care teams. Delays in accessing or entering information can affect work workflow efficiency and may contribute to delayed discharge planning, prolonged patient stays, miscommunication opportunities, and

incomplete real-time documentation. The lack of full integration also increases the risk of inconsistencies between systems. When staff must manually transfer or duplicate information, there's a greater possibility that information may be delayed, entered differently across platforms, omitted unintentionally, or not readily available to all members of the care team. While staff make every effort to verify documentation and maintain accuracy, the process is more labor intensive and vulnerable to the avoidable human error that a properly integrated system would be. From an operational perspective, the impact extends beyond individual departments. Repeated system interruptions affect productivity, staff morale, workflow continuity, communication among disciplines, data collection, reporting, and the organization's ability to efficiently monitor quality and performance indicators. Staff are asked to meet documentation standards, regulatory expectations, and patient care demands while also managing recurring technical barriers that consume time and create frustration. It is important to emphasize that these concerns are not a reflection of the staff performance or commitment. Our employees continue to work diligently to provide appropriate services and maintain required documentation. However, the current technology environment places an additional and recurring burden on staff who must compensate for the system limitations through manual workarounds, repeated follow-up, duplicate documentation, and verifications. I respectfully submit this testimony to ensure that ongoing challenges experienced by the staff are recognized and addressed through meaningful sustainable improvements, reliability, and user support. And I thank you. May I also include a testimony from the actual social services department? Will you allow that?

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Sure.

**JANICA TAMINGLO, GMH:** Good afternoon, senators at the 30th Guam Legislature. My name is Craig Marquez and I am writing to you on behalf of the Guam Memorial Hospital Social Services Department. We are expressing our support for investing in a new reliable and effective electronic health record system. Our unit assists patients with social needs that are a part of the discharge process for every patient. We assess patients and connect them with services throughout the community. Our department assists with connecting patients with family who are vital to the post-discharge care of patients. We also assist with

coordinating transfers of patients to off island facilities for treatment that is not provided on our island. Our job relies on the past information that is inputted into the EHR. We use the past history that is documented in that system to better have an understanding of the patients that we try to help daily. The current EHR system is unreliable. When viewing patients' histories, the system is unable to load and simply just doesn't work. At times, the hospital would have to resort to a manual mode and would delay the process of assisting patients. The system would crash while social workers would be documenting and would have to redo once the system is back up and running. This process delays the work and we do that we do and delays us from helping our other patients. Our current EHR does not integrate with e-power for the emergency room department. It would be more efficient to be able to view and document a patient's chart in one EHR. At this time, we would have to have both e-power and our current EHR accessible to view any history of any patient. Because the EHR is so unreliable, this causes delays in so many ways for not only ourselves but our patients. We are asking for your support in obtaining a system that can continue to assist our patients and their families. Thank you for your consideration and your commitment in supporting the island's healthcare needs in the social services department of Guam Memorial Hospital.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:**                      Thank you ma'am. Please proceed.

**CARISSA PANGELINAN, DIRECTOR, GBHWC:**                      Good afternoon Chairman Dueñas and honorable senators. My name is Carissa Pangelinan and I am the director of Guam Behavioral Health and Wellness Center and in support I'm here in support of the bill and with me from Guam Behavioral Health is also Deputy Director Cooper Nurse and Dr. McLonghorn our medical director and psychiatrist. GBHWC submits this testimony to articulate our agency's explicit need for the system infrastructure and to demonstrate how a shared EHR system between GMHA, GBHWC and Department of Public Health and Social Services will fundamentally elevate the standard of care, safety, and financial efficiency for the patients that we jointly serve. Our advocacy for this appropriation centers on five critical pillars of public health integration. One, seamless continuity of care across our agencies. As the island's primary public health entities operating adjacent facilities, GMHA, GBHWC, and public health community clinics share a

heavily overlapping patient population. Vulnerable individuals frequently transition between emergency psychiatric holds at GBHWC and acute medical stabilization or emergency services at GMHA. A shared EHR system eliminates the existing clinical silos. It ensures that a patient physically moves between our agencies and providers when they move their longitudinal care plan, their psych, their psychiatric history and treatment trajectory follow them instantly, preventing dangerous gaps in visibility. Two, appropriate and timely sharing of patient health information. In behavioral health emergencies, seconds matter. Relying on legacy records, manual faxes, or verbal handoffs to piece together a patient's medical background creates unacceptable risks. A modern integrated EHR platform allows for the secure, instantaneous and HIPPA compliant sharing of vital patient data. Providers at GMHA, GBHWC, and Public Health will have immediate access to activate medication lists, substance use histories, allergies, and lab results, preventing accidental over medication or adverse drug interactions during acute transitions. Providers can make real-time treatment decisions rather than wait on results or notes from another agency's clinic. Three, improved coordination of care and health outcomes. True holistic health requires treating the mind and body simultaneously. When a psychiatric patient has complex co-occurring medical conditions like diabetes, cardiovascular disease or infectious disease, care coordination between GMHA physicians and GBHWC psychiatrists must be precise. Shared digital charting enables multidisciplinary inter agency case management. This collaborative approach directly drives superior health outcomes, drastically reduces preventable hospital readmissions, and ensures that patients receive targeted comprehensive interventions. Four, accurate and efficient billing, billing, documentation, and reimbursement. Beyond clinical efficacy, health system modernization is an economic necessity for the government of Guam. Implementing modern revenue cycle management architecture allows our agencies to achieve accurate real-time clinical documentation. A shared systemic approach reduces administrative duplication and minimizes coding errors and then streamlines third-party insurance, Medicaid and Medicare claims by accelerating reimbursement timelines and capturing previously lost billable events. This system protects public funds and enhances the financial sustainability of our entities. And five, enhanced safety and care continuity for justice involved populations. Individuals entering the Department of Corrections frequently carry complex unmanaged behavioral health concerns. Extending a shared EHR framework to

clinical staff at DOC ensures immediate access to verified psychiatric histories and active medication lists at intake, preventing dangerous gaps. This integrated continuity extends to re-entry. Upon an inmate's release, community providers at GBHWC, GMH, and DPHSS will have instantaneous access to the care delivered during incarceration. This ensures an immediate unbroken handoff of medication management and therapeutic care plans, significantly reducing the risks of relapse, psychiatric decompensation, and recidivism during critical transitions back to the community. For a modern public health infrastructure to succeed on Guam, our electronic systems must be as connected as our care teams. Often the biggest critique that we hear is why our respective systems do not communicate. This bill supports a solution to that problem. The integration made possible by the EHR provisions in this bill is a vital step forward for our island's healthcare ecosystem and GBHWC strongly urges the committee to pass the measure swiftly. Thank you for allowing us to provide testimony.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you very much, ma'am.

**SYDIE TAISACAN, GENERAL ACCOUNTS, GMH:** *Håfa Ådai* and good afternoon honorable senators and members of the 38 Guam legislature. My name is Seidi Taisacan and I oversee the revenue cycle management of Guam Memorial Hospital in compasses of the patient registration billing and collection HIA medical records coding utilization review and revenue integrity. Thank you for the opportunity to provide testimony in bill number 1 (11-S) and to share the operational and financial challenges GMHA has experienced and continue to experience with our current electronic health records and revenue cycle management system. I want to emphasize that this is not simply an IT project or a request of another software system. This is about our ability to register a patient, transmit a physician order, document the care provided, capture charges, review medical necessity, code the medical records, submit a clean claim on time, post payment, resolve denials, and ultimately collect reimbursement for services GMHA has already provided. The revenue cycle system is the heart of the operational and financial backbone of the hospital. When the technology works, information moves. When it does not, patient care continues but documentation, coding, billing and collection begin to fall behind. And that is something GMHA

has already experienced. The challenge is that this current system that we have does not operate as one fully integrated environment. We continue to experience manual workarounds, incomplete interfaces, duplicate patient records, missing or delayed charges, fragmented medical records, limited automation, coding and billing delays, denials, and reim reimbursement delays. What happens when the system goes down? GMHA cannot stop operating because its computer system is frequently down. Our emergency department cannot tell patients to come back tomorrow. Physicians and nurses continue providing care. Laboratory, radiology and pharmacy continue supporting our patients. But when our system frequently goes down, the electronic processes supporting that care are disrupted. Registration reverts to manual processes. Physician orders are handled through downtime procedures. Employees have physically carried paper orders to laboratory, radiology, pharmacy and other departments so patient care can continue. Instead of information moving electronically within seconds, our employees are physically moving the paper. Every manual handoff creates another opportunity for delay, incomplete information, misplaced documentation or human error. That is why this is not only an operational and financial issue. It is also a patient safety and continuity of care concern. So the revenue cycle inherits what happens upstream. Medical coding depends on complete clinical documentation. When documentation is incomplete, delayed or divided between electronic and paper records. Our coders cannot complete the account timely. The patient has already received the care. GMHAs already incurred a cost but the claim cannot move forward for billing. When coding is delayed, billing is delayed and healthcare claim submissions have deadlines. We have a timely limitation to submit this claim to insurance. Meanwhile, GMHA expenses do not stop. Employees continue working. Medication and supplies continue being used. Laboratory and radiology continue providing services. Physicians and nurses continue caring per patient. GMHA incurs the cost of providing care immediately while our ability to bill and collect for that care is delayed. that delayed matter to a hospital that depends on reimbursement to continue operating and serving the community. We cannot solve an infrastructure problem with manpower alone. The technology itself must support the work. GMHA needs more than another software. We need a reliable, integrated and resilient EHR and revenue cycle system. We need patient information to move from registration and ADT to the clinical department, medical records, utilization review, coding, revenue integrity, billing, collection, payment

posting without our employees having to do it manually or bridge the gap between the system. Physician orders should electronically reach laboratory, radiology, and pharmacy. Clinical documentation should be available when utilization review and coding needs it. Charges should flow to the correct patient account. Billing should be able to submit complete and accurate claims on time. And the system must be reliable enough to support GMHA during normal operation and resilient enough to support critical functions when experiencing power interruption, network issues, system failures or another emergency. Speakers and senators, the challenge I have shared today are not hypothetical. They are challenges GMHA experienced and continue to experience. We have experienced system downtime, manual processes, interface failure, incomplete documentation, coding and billing backlog, delayed claims, timely filing issues, denials, and reimbursement that has become difficult for us or impossible to recover and collect. Our employees continue to find ways to keep patient care and the revenue cycle moving but our ability to work around the fragmented system should not become GMHA's permanent solution. We can hire consultants, we can outsource revenue cycle functions but if we continue operating within the same fragmented system, we will continue facing the same fundamental barriers. When our technology fails, the hospital does not stop. Our employees keep working. Our patients continue receiving care and GMHA continues incurring the cost. Our technology must be able to keep up with that responsibility. Bill number 1 (11- S) places before the legislature a proposed investment in this critical infrastructure. As you deliberate on this measure, I respectfully ask that you consider the operational reality GMHA faces every day and how important a reliable, integrated and resilient system to our hospital. GMHA will continue caring for our community. But to do that effectively and sustainably, we need technology that we can rely on, not technology our employees must constantly work around. When our patient depends on GMHA, GMHA must also be able to depend on its system. *Si Yu'os Ma'åse'* for the opportunity to share the revenue cycle perspective of our team and for your continued attention to the needs of GMHA and Guam Memorial or Guam Memorial Hospital. Thank you.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:**  
as well. *Si Yu'os Ma'åse'*. Ma'am.

Thank you

**CHERYLYN PINEDA, CEO, COMMUNITY HEALTH CENTERS, DPHSS:**

*Buenas yan Håfa Ådai* Chairman Duenas and members of the committee. My name is Cherylyn Pineda. I am the CEO of the community health centers. With me is the chief of the division of public health, Miss Katherine Ankao. I will read the testimony on behalf of our DPHS director, Theresa Arriola. Thank you for the opportunity to provide testimony on bill number 1 (11-S) and the proposed investment in an electronic health record transition for the Guam Memorial Hospital Authority. For the Guam Community Health Centers. This discussion comes at a particularly meaningful time. On August 31, our northern and southern region community health centers completed our transition from the RPMS system to the NextGen EHR platform after a year of training, workflow development, and implementation. We are now experiencing firsthand what it needs to move from one established health information system to another modern platform and we are encouraged that Guam is having this conversation. We are already seeing the value of better access to patient information within our organization. Our EHR is now part of nearly every patient encounter, supporting providers in reviewing clinical information, medications, and laboratory results, documenting care, and communicating across our teams. More importantly, our recent experience has made one fact very clear. The value of an electronic health record becomes significantly greater when patient information can follow the patient beyond the walls of one organization. By securely exchanging data across care settings, Guam's healthcare providers can deliver safer, more coordinated care. Bill number 1 (11-S) recognizes this need in its findings, noting that Guam residents receive health care through several government agencies that currently use separate systems and that a modern EHR can improve continuity of care across Guam's public health care system. This is exactly what we are now seeing at CHC. Our patients move throughout Guam's health care system, often receiving care in multiple organizations for different aspects of their health needs. A patient seen at CHC today may have been discharged from Guam Memorial Hospital yesterday. Another may be receiving services through the Guam Behavioral Health and Wellness Center or through various services of the Department of Public Health and Social Services Programs, laboratories, pharmacies, specialists or other health care providers. We are often caring for the same individuals at different points in their health care journeys. for CHC. Meaningful exchange of data and in interoperable systems enable us to receive hospital discharge summaries,

medication changes, laboratory and diagnostic results, referrals, and appropriate behavioral health transition information directly and securely rather than relying on phone calls, faxes, or manual record retrieval efforts. When a patient returns to CHC after hospitalization, our providers must know what occurred during that hospitalization, what medications were changed, what tests were completed and what followup is needed. Similarly, when patients transition between behavioral health and primary care, the appropriate clinical information must be available while meeting all privacy, confidentiality, and consent requirements. Electronic health information exchange directly supports these transitions. That is why the planning for GMH's EHR transition matters beyond GMH itself. For meaningful data exchange to be possible, the hospital, CHC and other health care providers must operate systems capable of secure interoperability. CHC now operates on nextgen. GMH will operate on its selected EHR. GBHWC and other government health programs may operate on additional platforms. A critical strategic question arises. How will these systems communicate when we are caring for the same patient? Connectivity has costs on both sides. An interface between GMH and CHC may require work within GMH's selected EHR, but it may also require configuration within NextG vendor support, licensing, testing, cyber security review, network infrastructure, and other ongoing technical support on the CHC side. Bill number 1 (11-S) appropriates significant funding to GMHA for the acquisition and implementation of an EHR system, but it does not identify funding for the technical work that may that may be required within CHC, JIW, DPHSS programs or other government health entities to connect to that system or a centralized health information exchange. CHC has already invested in and implemented NextGen. We do not need another EHR. However, as planning moves forward for GMH's EHR, CHC must understand the requirements and costs for our system to exchange data with GMH and other healthcare organizations serving the same patients. We now have the opportunity to plan and budget together so that Guam's healthcare entities can serve patients effectively and efficiently. Our recent transition also gives us practical insight into what it takes to replace an established EHR while maintaining health care operations. Our initial go live went well, particularly because we made an intentional decision to temporarily reduce appointment volume so providers and staff had time to learn the system, adapt workflows, resolve issues, and continue providing safe patient care. That experience reinforced that the true cost of an EHR goes beyond software

acquisition. Implementation affects operations, requires extensive staff training and demands readiness of hardware and network infrastructure. Systems must be tested thoroughly. Technical support needs increase significantly around go live and providers may initially work more slowly as they become familiar with new workflows. And the work does not end at go live. Ongoing support and continuous system improvement are required. Our experience also raises an important question about reliable health information technology support. CHC's technology infrastructure is supported through OTC which has responsibility for governmentwide technology infrastructure standards and security. While this centralized support is important, healthcare technology has a direct and immediate impact on patient care. If an EHR becomes unavailable, if an interface stops working, a provider cannot access the system or network connectivity is disrupted. The effect is immediate and can impact clinical documentation, prescribing, laboratory review, referrals, billing, patient registration, and the ability of the clinic to continue seeing patients. Guam's investment in EHR systems must therefore include a clearly defined health IT support structure, specialized technical personnel, defined escalation procedures for critical health care incidents, coordination with OTECH and vendors and support that continues long after implementation. The people who support an EHR are part of the investment. Someone must manage user access, troubleshoot problems, work with vendors, monitor interfaces, test changes, respond to security issues, and continue improving the system over time. As Guam makes this significant and necessary investment through bill number one, CHC's experience brings two priorities into focus. Interoperability must be considered from the beginning and an EHR transition must include the people, infrastructure and ongoing technical support needed to keep these systems working reliably. Ultimately, the measure of these investments will be how well technology supports patient care. A patient may receive emergency or inpatient care at GMH, behavioral health services through GBHWC, and ongoing primary and preventive care through CHC. Our system should support the professionals caring for that patient with appropriate information at the appropriate point in care. The Guam community health centers are ready to share what we have learned from our transition and to participate in the technical and operational discussions necessary as this work moves forward. As Guam advances this critical investment in modernizing its healthcare technology infrastructure, CHC respectfully offers the following recommendations to support

successful implementation and improve coordination across all government health entities. First, we recommend that interoperability planning be formally incorporated into the development of GMHS's EHR, including early engagement with CHC, GBHWC, DPHSS programs, and other government healthcare providers to identify interface requirements, timelines, operational consideration, and technical responsibilities. Early joint planning can help ensure that patient information moves appropriately and securely across organizations. Second, we encourage the legislature to identify or support funding pathways that address interoperability needs beyond GMH particularly for interface development, vendor configuration work, cyber security requirements and ongoing maintenance required within CHC and other agencies. These costs fall outside the scope of GMH's implementation, but are essential to achieving the coordinated care envisioned in the bill. Finally, we recommend the development of a dedicated health IT support structure for health care critical systems used across the government of Guam. A reliable support model distinct from general government IT functions would help ensure timely comp timely response to incidents that directly affect patient care while promoting clear standards, coordinated vendor engagement and continuous system improvement. These steps would strengthen systemwide coordination and help ensure that Guam's investments produce meaningful improvements in patient care and health outcomes. We appreciate the opportunity to contribute our experience to this discussion and to help strengthen coordination of care across Guam's healthcare system. *Si Yu'os Ma'åse'* for the opportunity to provide this testimony. Theresa C. Arriola, Director of DPHSS.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you, ma'am.

**TAMARA CRUZ, REGISTERED NURSE:** Thank you, *Håfa Ådai*. I'll be reading this testimony for an infection control department in support for funding of a modernized EHR system. Good afternoon and thank you for the opportunity to provide testimony on the proposed modernization of Guam Memorial Hospital's electronic health record system. From the infection control perspective, a modern electronic health record is an important patient safety and regulatory support tool. Our current careview system has limitations in its ability to query, integrate and report clinical information needed for infection surveillance. Infection control is

responsible for ongoing surveillance of health care associated infections, communicable diseases, multi-drug-resistant organisms, device associated infections and other infection risk within the hospital. This requires review and analysis of information from multiple sources including laboratory results, patient locations, device documentation, isolation status, procedures, and other clinical information. With our current system, much of this information cannot be readily queried or consolidated into usable reports. Infection control therefore relies on manual chart reviews, cross-referencing of available data sources, and separate tracking tools to obtain and validate information needed for surveillance and reporting. These methods allow our department to continue fulfilling its responsibilities, but they are labor intensive and can limit how efficiently large amounts of clinical information can be reviewed and trended. For example, surveillance of device associated infection requires both identification of infections and accurate denominator information such as central line days, urinary catheter days. When these data cannot be readily extracted electronically, staff must use additional manual processes to collect and validate the information. A more capable EHR could significantly improve this process by allowing infection control to more efficiently identify and analyze relevant clinical information including microbiology results, device utilization, patient days, isolation history, and infection trends across units. It could also support more efficient preparation and submission of data required by the Centers for Disease Control and Prevention National Health Care Safety Network while still allowing infection control staff to perform the clinical review and validation necessary for accurate reporting. Improved access to integrated clinical information can also support earlier identification of potential clusters, transmission concerns and patients requiring infection control precautions. This strengthens both patient safety and the hospital's ability to respond to emerging infectious disease concerns. Importantly, a modern EHR does not replace the professional judgment or surveillance responsibility of infection control. It provides the tools needed to perform these responsibilities more efficiently, accurately, and sustainably. Every hour that can be redirected from manual data collection and reconciliation is time that infection control can devote to prevention activities such as hospital rounds, staff education, infection investigations and hand hygiene monitoring, environmental and repro reprocessing assessments, outbreak response and implementation of corrective actions for infection control. EHR modernization is therefore more than an information

technology investment. It is an investment in patient safety, infection surveillance, regulatory compliance, staff efficiency, and the hospital's ability to protect our patients, employees, and community. Thank you for your consideration. Thank you. Please identify yourself for the record. I'm sorry.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Identify yourself for the record.

**TAMARA CRUZ, REGISTERED NURSE:** Oh, I'm sorry. My name is Tamara Cruz. I'm a registered nurse.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Tamara, thank you. And sir, please proceed. Identify yourself and your testimony.

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** *Håfa Ådai*  
Chairman Duenas and members of the committee. My name is Manny Gabriel and I serve as the hospital information technology administrator at Guam Memorial Hospital Authority overseeing the information and communications technology division and health information systems infrastructure. I submit this test testimony in support of bill number 1 (11-S) including the funding under section 2A for a new electronic health record system at GMHA. First I would like to share my division's experience with the current EHR and the technical debt that we are in. Technology is the fastest advancing sector in human history, especially today with the rapid rise of artificial intelligence. Yet, inside Guam's only public hospital, critical technology has been severely neglected for over 20 years. To put 20 years into perspective, 20 years ago was before the very first iPhone existed. When flip phones, dialup internet, and CDs were standard, expecting our doctors and nurses to deliver modern health care on a 20-year-old software architecture is like expecting a 2006 flip phone to run a modern mobile banking, cyber security, or telehealth application. To understand why we cannot simply patch or upgrade our current environment, there are two fundamental technical realities. You cannot simply put old software on new hardware. Dropping new servers for a 20-year-old piece of software is like putting a new engine in a car with a broken steering and no brakes. The software's built-in architecture limitations remain. You cannot install modern software on old hardware. Hardware eventually reaches a point where it can no longer support operating systems, updates, or modern applications.

Running a 24/7 hospital on software and operating systems that are sunsetted and/or out of vendor support creates unacceptable risk. Security patches stop, billing updates end, and systems become vulnerable to cyber threats. These risks are compounded by having zero on island vendor staff for proprietary hardware and/or software, keeping sensitive physical servers on premise amidst unstable power, and relying on a web of fragile custom interfaces that frequently fail and trap critical patient data. As a result, my IT team is kept in constant 24/7 firefighting mode just to keep basic systems alive, pulling technicians time away from proactive clinical modernization. The operational reality is that managing GMHA's IT environment under these conditions is like trying to keep a 20-year-old airplane flying continuously with little or no opportunity to land for repairs because patient lives depend on continuous operation. Our current system was originally built primarily as a clinical basic, clinical documentation tool rather than a fully integrated enterprise EHR platform because it was never engineered for enterprisewide use. It lacks native integration with clinical, administrative and financial departments, leaving billing interfaces incomplete and fragile. In human terms, for our frontline clinical staff, for physicians, doctors must navigate separate, unintegrated software applications just to piece together a single patient's lab results, pharmacy orders, imaging, and medical history. For nurses, frontline care providers are forced to enter patient information multiple times across disparity systems or maintain a manual paper logs creating severe administrative burden and clinical fatigue. Necessary improvements, urgency, and recommendations. Over the past year, my division's primary mission was to stabilize the system, which we have done. When I started, the system was going down two to three times a week. We got it to stay up for hundreds of days without any planned outages. So, I will say that for a 20-year-old mess, it cannot be fixed in one day, one month or one year, but we need to start today. Furthermore, technology is not a one-time capital purchase. It is an operational expense that must be invested in continuously and inconsistent investment in precisely how GMH ended up in this predicament. I'm going to be honest with you. Managing technology at GMHA under these conditions is every IT professional's nightmare. In a continuous 24-hour operating environment where patient safety hangs in the balance, I have not had a good good night's sleep since I started 441 days ago. It has felt like one continuous, neverending day with chronic operational emergencies. I continue to show up every day because I am dedicated to protecting

our patients, our employees, our clinic clinicians with the limited tools and resources that we have for our new implementation to succeed. We are establishing strict non-negotiables, mandatory data migration. Historical records must be systemically migrated and archived so legacy ghost systems can be permanently retired. Sunset protection guarantees. Contracts must require vendors to provide supported upgrade paths if any software module sunsets. True 24/7 support. Core clinical engines must carry active 24/7 vendor SLA support. The right tool for patient safety. We cannot settle for the cheapest option when patient safety and clinical workflows are at stake. The question for this honorable body today is simple. Will the legislature join us in doing what is necessary? Will you support bill number 1 (11-S) to invest in a modern, secure, and unified EHR? Or will our doctors, nurses, employees, and patients remain trapped in a 20-year-old technical debt? For these reasons, I respectfully urge the committee to support bill number 1 (11-S) . And I thank you for considering my testimony and for your service to the people of Guam.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you, sir. We will now go to the panel, the senators for questions in order of their arrival today. Senator Gumataotao, do you have any questions for this panel?

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** Thank you, Mr. Chair and yeah, maybe if you guys can help me understand, I just want to go back so I can understand what we're about to do with this piece of legislation. So when you when GMH and I asked it earlier, did you all seek any guidance from the Army Corps, DOI, Veterans Administration, Office of Technology prior to procuring the Care View system? Is anyone here that was preceded? I know that Jolene just got here, but anybody at this table from GMH, were you guys around at all? Okay, so just for the viewing audience, they're shaking, they're shaking their head No.

**DR. RICARDO EUSEBIO, CHIEF MEDICAL OFFICER, GMH:** I can say senators that when the Care View system was announced and the physicians were not happy.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** You were not happy or you were not involved in the process?

**DR. RICARDO EUSEBIO, CHIEF MEDICAL OFFICER, GMH:**No, I was not, I was not an administration at the time.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** Okay. And why I'm asking is just because just that as I was talking even with the committee on health chair is just trying to find a solution and it sounds like this might be that pathway. I don't know Mr. Chair, we may have to like. I'm not a big fan of trying to create more bureaucracy or more government, but it goes back to my experience at the judiciary when we set up the automation commission. We may have to consider that after all this is over some level of kind of engagement. It was your IT person that made it kind of alluded to it, but you're going to have to bring more people to the table. And then if folks that want to engage, I know GBHWC was here. Public health just testified that you know that hey look at us, we got this, we've done this before. But can the systems link if you're if what if what you're offering up from reading the testimony of your director, can they all link or is there a willingness to bring it all together? Can anyone at the panel, is there willingness to work together to make this happen? Jess, anybody?

**DR. RICARDO EUSEBIO, CHIEF MEDICAL OFFICER, GMH:**Senator, I know that if you were to take a poll of physicians and nurses, those that work in healthcare, as to which EHR system that they would prefer, almost all of them will say Epic. Epic is the number one EHR system. It is the most expensive as well.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** Yeah, Doc. I mean, I'm not trying to get the Cadillac of systems. I'm just trying to find a way that we can work together. I get it. and from experience, I don't know if that is that even the right solution.

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** I can, I can add to that. Ida from our team just joined the table, but every two weeks we have a meeting with all of the other healthcare related government agencies and James CooperNurse, he was there a couple minutes ago, but he left. But this is an ongoing meeting with our committee and Ida is our new co-chair of the committee along with John Taitano and this is everything that we're looking at we're talking about we're doing is based around interoperability within our agencies.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** So, you came up to the table. You're going to chime in.

**IDA YAP, INFORMATIC SUPERVISOR, GMH:** Yes, I will.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** Please. I'm all ears right now.

**IDA YAP, INFORMATIC SUPERVISOR, GMH:** I'll start first with my testimony. *Håfa Ådai* members of the committee on finance and government operations. My name is Ida Yap and I serve as the clinical nurse informatic supervisor at Guam Memorial Hospital Authority. I am providing testimony today to express my strong support for bill number 1 (11-S) and specifically for section 2A which would provide 15 million to GMHA to acquire and implement the new electronic health record system or more so to begin the procurement for it. Before I moved into informatics, I spent years working as a floor nurse in the surgical unit and I served as a frontline nurse in COVID19 pandemic. This bedside experience with the pressure, the pace and the moments where a single delay or even a missing piece of information could change an outcome is what shaped my intuition when I utilized this role. I did not come to informatics from behind a desk. I came to it from the bedside which is exactly why I understand both sides of every problem our current EHR creates. What it looks like on a screen and what it means for a nurse standing next to a patient. I would like the senators here to understand that my support for this bill does not come from the outside looking in. I am one of the individuals who spent years building this system up, educating the staff, patching together and holding up our current EHR environment. My team and I are one of the first they call when the system goes down. the person clinical staff turns to when documentation won't save and when orders don't push through. I'm also the person that it turns to when someone needs to understand both the technology and what it means for the nurse at the bedside. My department works side by side with it as the clinical boots on the ground and we are the bridge between the server room and the patient room and every gap in our system runs through us. In the last 48 hours, we have experienced multiple downtimes caused by the disconnect between our separate clinical and billing systems. Unfortunately, this is not a rare event. It is the predictable result of running a hospital on a patchwork of systems that were never designed to work together. An aging on premises revenue cycle

management system platform that is bolted to a cloud-based EHR that cannot fully communicate with it. When these systems fail, they do not fail quietly. Nurses lose access to medication records midshift. Physicians cannot put in their orders, and my team drops everything to troubleshoot in real time, often while still performing our daily duties, which include fielding data requests, compliance reporting needs, onboarding new staff, and addressing frontline clinical questions that cannot wait. The instability is why my team are frequently activated and are on call at all hours because our EHR system cannot be trusted to simply keep working. I have stepped away to respond to system issues on many personal counts, my mother's birthday, on family reunions, and even at my own wedding. And I don't say this for sympathy, but I say this because I would need everyone here to understand what it actually means. When people responsible for solving issues have to be attentive to any issue that arises. The problems do not wait for a convenient time and the people responsible don't get to have any convenient time either. This is a standard that we should not accept for a system that carries every medication order, every allergy alert, and every critical clinical documentation for the people of our island. The day-to-day reality inside this fragmented system is one most people outside the hospital don't see. Our nurses still complete medication administration records on paper because our system was never built to have a true point of care documentation and the module that exists on it is a very non-intuitive module and we do not have an infrastructure that can support having true bedside barcode medication administration. What it means is we also don't have patient wristbands that have barcodes, which means that there's no automated safeguard against wrong patient or wrong medication errors. That check exists only because a nurse catches it by hand with her eyes every single time without fail. My team feels report requests that should take minutes, but it takes days because the data lives in disconnected systems that were never designed to talk to each other. None of this reflects the lack of effort from the clinical staff or from IT. It reflects the limits of the infrastructure that is long past due for replacement and the limitations of a system that was not procured specifically for the needs of our hospital. Beyond my role at GMHA, I also serve as co-chair in the interoperability advisory committee representing GMHA alongside leaders from Department of Public Health and Social Services, Guam Behavioral Health and Wellness Center, and the Office of Technology. As a committee, our vision is to provide superior patient and staff experience while empowering better health outcomes through faster access to care,

seamless care transitions, and reduced overhead burdens. Our mission is to improve care coordination, quality, and the patient experience through an exchange of electronic health information across our government organizations while maintaining all appropriate security and privacy requirements. That work has made it even clearer to me that GMHA's EHR limitations are not just an internal problem. They are a barrier to the kind of coordinated islandwide care our community deserves. A modern EHR at GMHA is a foundational piece of the larger vision, not a separate initiative from it. A unified EHR system would change what my department goes through every day. Instead of spending our time firefighting outages and reconciling data between systems, we could focus on reliable tools and giving leadership accurate data to make decisions. It would mean fewer 2 a.m. calls because the system went down and more confidence when a nurse scans a medication and the system catches an error before it reaches a patient. I respectfully urge the bill to pass the legislature to pass bill number 1 (11-S) and fund this appropriation. Our patients, our nurses, and the staff who keep this hospital running through every outage deserve infrastructure that works for them and not against them. *Si Yu'os Ma'āse'.*

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** *Si Yu'os Ma'āse'*  
Ida. So, you want to reboot that question, Senator Gumataotao?

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** Sorry, I'm taking a  
back by just

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Oh, that's okay.  
We were going to get that testimony anyway. So, fire away and see if we can  
reconnect this

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** Oh, I know. Thank  
you, Mr. Chair. Yeah. Yeah. Let me just try to jump right back in. Can I just get for  
the record, GMHA informed the community at the time it was preparing a new  
RFP for a replacement EHR system. Did GMHA follow through on a new RFP? I  
think that Dr. Jolene might have mentioned it, but can anybody at the table tell us if  
that has gone through?

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Looks like Doc is still with us. So, go ahead.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** Oh, doc, you're still here. Sorry. Good morning from America. Can you tell us if you've pushed through or not?

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** My updated WhatsApp technology and knew that you were here. So, go ahead.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** Sorry, I thought you dipped out because its late.

**DR. JOLENE MA’AÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
I know I don't want to leave my team until this is done. So, we didn't push out the RFP. We had brought on a consultant who actually came to Guam and then with Ida Squared. They all sat down and interviewed our staff and looked at our systems and then helped us author an RFP. They have experience with electronic health record systems. That's what they do. And so we have the RFP ready. We have not submitted it. Because we have no funds to submit it for.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** Okay. Well, thank you for that. I only have one last question, Mr. Chair, and now that I know Dr. Jolene's here. Public law 35-73 from February 17, 2020 appropriated \$10 million from the hospital capital improvement fund to GMHA to repair or replace the electrical panel and necessary generator, repair the roof, and to procure an electronic health record system. If GMHA still hasn't received any portion of the excess FY2019 income tax and BPT collections as required by law, what exactly has GMHA done, at least since I first raised this issue in September of last year, to settle the question of whether this money remains a financial obligation of the executive branch unless public law 35-73 is repealed?

**JESSE QUENGA:** Hi, Senator. I've been tracking that question since when you first asked it.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** It's a long time to be waiting there for an answer.

**JESSE QUENGA:** Unfortunately, the team member that was assigned that question is no longer with the entity, but I think that we're willing to pick right back up and personally deliver that for an opinion. But I do thank you for raising that again.

**SENATOR EULOGIO “SHAWN” GUMATAOTAO:** All right. Thank you so much, Mr. Chair. That's all I have. Thank you.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you. as a courtesy to our Vice chair, Vice Speaker, you're recognized at this time.

**SENATOR V. ANTHONY ADA, VICE CHAIR:** Thank you, Mr. Chair. Good afternoon, Mr. Gabriel, and thank you for your testimony this afternoon. And you know I just want to let you know that I believe this 38th Guam legislature have been very supportive of the Guam Memorial Hospital over this past year and a half in the various appropriations that we have done to ensure that we continue to support the hospital and its functions and most especially the women and men who work there and the patients that you do serve. So, and we continue to do that. And I just want you to know that, it's something that it was never a question of, it's just how we get there. So, just always know that we're always here to do our best to support and making sure that the only hospital gets the funding in its need. And I believe that in the year and a half that we have been in this 38 Guam legislature that we perhaps appropriated more funding to the hospital than any previous legislature has done in one term. So, you know, that's thanks to the leadership of the 38 Guam legislature and most especially to your oversight chair, Senator Sabrina Salas Matanane, who has always been there to advocate and fight for your needs. So, thank you, to the oversight chair. The question perhaps that I have is I know we needed to look at the upgrades of the IT. Where are we at with that? In I believe back in September, October then we were looking at all the wirings and everything had to be replaced. \$5 million was appropriated for that. Can you give us an update on where you're at with that?

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** Sure. So our vendor is already rolling out new hardware replacing the network equipment that is outdated. This includes firewalls and switches and adding more access points for the areas that Wi-Fi is lacking. also replacing computers as well because we have computers

that are I don't know if you remember Windows 7 you know there's you know a couple of versions back so they are also taking care and monitoring our cyber security our network 24/7 and it's just that's the tip of the iceberg. They're also going to be helping us replace individual servers. These are not the EHRs. These are the smaller applications that are also vital to the operation.

**SENATOR V. ANTHONY ADA, VICE CHAIR:** So has the entire wiring been replaced already within the hospital?

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** So the wiring the first part of the wiring is to improve upon it. So to find the dead spots and fix those dead spots. I believe it's in year two or three that they're going to replace all of the cables because the cables that are currently serving the Wi-Fi are still okay. The problem with the instability was power, but we've fixed that so far. Yeah.

**SENATOR V. ANTHONY ADA, VICE CHAIR:** Okay. Because, you know, I just want to go back to the testimony that was given back during the appropriation of that \$10 million, right? And it was saying that the EHR has to come after we do the IT upgrade. Because the EHR will not be supported if we don't fix the engine. So, what has to happen first is the \$5 million is going to change out the entire wiring and they're going to do it, gut it out and rewire the hospital so it can support the new EHR. So, that has to happen first before any of the EHR systems in place. Is that correct?

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** Right. So they gutted out the network equipment which is the firewalls and the switches and that's that's actually ongoing.

**SENATOR V. ANTHONY ADA, VICE CHAIR:** So if we put in a new EHR system at this point is it going to be supported by what you currently have there?

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** Yes. The issue before was that we didn't. We only had one circuit that if that one circuit goes down, we don't have access to the internet or if the system is cloud-based, we wouldn't be able to access that system. But now with the new setup, we have three circuits that if one fails, it can fall back to the next circuit. And if that fails, it can fall back to the third. and we're going to add another layer which is going to be

Starlink. So if let's say something happens with a typhoon and all of the lines are severed or the physical lines are down then we'll still have a fourth layer of backup which is Starlink.

**SENATOR V. ANTHONY ADA, VICE CHAIR:** Okay. So then the wiring throughout the hospital is already ongoing. It's continuing. You're replacing section by section. So when a new EHR system comes into place, how are you going to implement it in the areas that are not rewired currently?

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** Well, that's why we're focusing on the areas that do not, that have weak Wi-Fi. So once that is that the building has 100% coverage then we can better roll out projects like the badging with the

**IDA YAP, INFORMATICS SUPERVISOR, GMH:** The barcode medication. I will say though that since Manny has been on board and all the work has been done with our vendors the internet is no longer going down as frequently as it used to. A lot of times our system would go down because the internet would go down and it's heavily reliant on the internet being stable. That's not the issue anymore. The current issue that we have is the servers of our vendors. The last 48 hours the two system downtimes that existed were because our first careview EHR vendor their servers went down in the states. The second time the system went down in the last 48 hours was because our RCM vendors' servers went down in the states.

**SENATOR V. ANTHONY ADA, VICE CHAIR:** Okay. Thank you. my time is up, Mr. Chair. I'll go ahead and yield. Thank you.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you, Vice Speaker. Senator Terljae, you're recognized.

**SENATOR THERESE M. TERLAJE:** Thank you. If I recall correctly, maybe right before you were brought on board, there was an RFI years ago and that there were some very reputable companies that responded for an EHR system and then they did prepare an RFP but we're not allowed to go forward with that because the governor and the CEO at the time decided to go with Novation agreement with MedSphere because again they said the system at that time was sunseting. and that was the cheaper option and that was their choice and that is correct that we did try

to put 10 million even back since 2020 because the EHR system was known. So I don't think I just want all of you to be assured that I don't think any senator here disputes that we need a new EHR and that we want to get one and it's really just matter of I would really still like to see the plan of how we're going to get the entire system and not just convert for one year and then be held hostage again because we can't make that you know commitment and we need to make a commitment and I want to make a commitment for a real EHR system top of the I agree. Patients should have that and all of you medical professionals, you should have that. Absolutely. There's a consultant that Dr. Jolene said has assisted GMH in writing this new RFP. So again, I'd like to see the consultants contract and the RFP if possible before tomorrow's session. So, this bill comes up for session tomorrow and if there was a needs assessment in regards to this EHR, if I could see that as well. Can I ask public health, how did you fund your EHR system?

**CHERYLYN PINEDA, CEO, COMMUNITY HEALTH CENTERS, DPHSS:**  
Senator? It was through a grant.

**SENATOR THERESE M. TERLAJE:** That's what I thought. That's been in the works for many years. They've been talking years working on it and thank you and congratulations and getting that all the way through even into implementation. So, very happy for public health. And so again I just want to see how the plan is going to work out for this. How is there some kind of analysis that we're going to apply when we get these responses right from these companies? These are, you know, they're going to give you a real response and I want to give them a real review, right? I cannot fathom converting to a system in a rush that we can fund for one year and that we cannot commit to a real, real system. And I remember this has always been the problem since day one that they didn't plan on a system that was going to integrate with the revenue system, right? Okay. The RCM. So that's always been on the table. That is, they just didn't plan that when they chose this option with the innovation, right? So you've been doing the workarounds and I thank you for all that work. But yes, of course, I think we can all see the million reasons why we need to upgrade this EHR. This is yeah, it's really it just needs to be done. And I think it's sad that you know it wasn't prioritized above some of the other things that we've seen GMH do sometimes or that we've seen the ARP money come and go or that we've seen GMH not actually request sometimes for

CIP money in its budget. In fact, this year I think the appropriations all for operating and I asked what about CIP and they just said oh we'll ask for that later and but this is what has happened some for many years. So yeah that's why we tried to give money for CIP particularly for that reason because we know that this is just a growing problem and if we don't solve it we're going to be stuck with no options and we don't want that. So, we do have options and I'd like to pursue all of them. I hope that when we get the written testimony from GMH all the options are actually laid out in there so that we know because you know we have to have an option that matches the money that we can provide or that we can pledge you know and it takes a legislature to pledge in the future unless they're going to pay it from their ability to get a loan or something. Is that what you're pursuing? Are you pursuing getting a loan to pay this?

**JESSE QUENGA:** Senator, you already identified one of the viable paths that we're looking toward. the 21st century healthcare act had provided that the acquisition of IT infrastructure was just as important as the new hospital. So that remains one of the viable paths that we're pursuing.

**SENATOR THERESE M. TERLAJE:** All right. Thank you. So I hope we can get an answer in writing perhaps from BBMR to Dr. Jolene's inquiry in that regard. *Si Yu'os Ma'ase'*. Whether that can be funded through the funding that we're going to go out on the bond market right financing of the new hospital. Thank you very much. Thank you to all of you for the work you do despite the limitations of these systems and thank you for your patience and we were going to get a new EHR. Thank you.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you, Senator Terlaje. Mr. Speaker.

**SPEAKER FRANK F. BLAS, JR:** Thank you, Mr. Chair. Thank you very much for the u testimony. Is that you said something very interesting in your testimony? You said the current EHR system was not procured specifically for the needs of the hospital. Can you expound on that?

**IDA YAP, INFORMATIC SUPERVISOR, GMH:** So like it was discussed we came onto this careview system through an ovation agreement. The

reason being is because the previous EHR that we had sunsetted, meaning it no longer had support and it was descertified. So when we were working towards I would have to say at that time I was it wasn't my time but during that time it was indeed a rush procurement because we had to fill that gap of losing an EHR that was just completely we couldn't use a descertified EHR. So this was indeed the fastest way and the cheapest way at the time through that Novation agreement because a true procurement process would have taken at least a year and we did not have a year to not use the system. It would have required having full manual mode for a year.

**SPEAKER FRANK F. BLAS, JR:** How much did that system cost you?

**IDA YAP, INFORMATIC SUPERVISOR, GMH:** I don't have that number with me right now, but it was cheaper than the other alternative option which was at the time Cerner. That was one of the EHRs that had responded back to us.

**SPEAKER FRANK F. BLAS, JR:** Okay. Dr. Jo, are you still on?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Yes I am.

**SPEAKER FRANK F. BLAS, JR:** You mentioned. Yeah. Thank good morning.

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Yeah. Almost.

**SPEAKER FRANK F. BLAS, JR:** You mentioned a consultant. Who specifically was the consultant that you had hired for this?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Nordic. It was it was a partnership with IS Squared.

**SPEAKER FRANK F. BLAS, JR:** I'm I'm sorry. Can you repeat that?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Nordic Global. Nordic Global partnered. They were partnered with IS Squared.

**SPEAKER FRANK F. BLAS, JR:** Okay. Well, you know, one of the things I'm asking specifically is this. First off, as was stated earlier, there's nobody up here that's going to disagree or is going to say that you don't need an EHR. Okay, we all know that we want to be able to get to there. The question that we have up here is how do we get to there? Okay, and as my previous question was, you know, why didn't we just give you the whole \$19 million? Why did we just come up with just the 15 when it's woefully obviously woefully short? But that said, then it leaves some questions as to how we're going to finance or how we're going to build on this. And I think for purposes of wanting to make sure that let's be honest, guys, okay? There's been a history of providing GMH money and then it doesn't go necessarily for that or it takes time for it to get there and we want to make sure that it gets that it's been spent properly. And I would feel a little more comfortable if I was to receive like you said, your spend plan how you intend to get from point A to point B. Obviously \$15 million is not enough. You said it's a start, but it's a start of what? Okay. And how much how much are we going to how much more is it going to need and how you going to pay that down? I think that's more of the question that we would have up here. Not to say that we're not going to fund it or not. This is we want to make sure that it is being properly funded and you're using this money properly or that money is being used in the way that you say that it's going to be used. Okay. so that is more so my observation and I appreciate and I understand I think that you all represented the worst case nightmare you know for a patient you know and I will tell you that in my all my times that I had to visit GMH you know for medical reasons I never had that fear I always believed there I was being and I knew I was being cared for by professionals as best, Okay. I just want to make sure from this standpoint that the funding that is being provided and is being sought after here that there is going to be there is actually a plan to be able to be able to get to it. And it's not one of those like you said we need it now. So that's the best that we can do. Okay. But how do we get there? That's the that's what I'm listening to. That's, that's what I hear. Okay. So, but I appreciate you giving us you know what's going the what-ifs and what would happen if not. We all know that. We recognize that now we need to know how we're going to pay for it. Okay.

**DR. JOLENE MA'ÃÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Speaker, if I may. So, we actually completely agree with you. I completely agree with you. GMH historically has been given money and we have not used it for

what it was appropriated for. But I could tell you that fiscal 26' we have used it for everything it was appropriated for. and we agree with you. We actually want to be as transparent as possible because we understand very clearly that we can't do it without you. We cannot we can't fund an electronic health record by ourselves. What we're excited about though is that the governor is trying to propose a bill to give some of this funding towards this effort and we know that the legislature in this partnership is who we need to come to so that we can do this correctly. We don't want what has happened. We just completed a 5day 8hour leadership. We were flies on the wall. watched our staff how they work, the processes that they've had to create because the system is so broken and how manual they have to do things. I mean, down to typing in letters and numbers and how empathetic we are that we want to make it better for them, period. And this is not just an electronic health record. This is everything that they do at the Guam Memorial Hospital. And our mission is to work on all of it with the legislature and the front office.

**SPEAKER FRANK F. BLAS, JR:** Thank you. Well, thank you for that. And you know, on one hand, I got all the testimonies from everybody saying we definitely need the money. The other hand, I got a bill that divides the money. Okay? When clearly it could be used entirely by not to say that I know for those that are viewed from UOG I apologize but the reality is we're this is what we're faced with okay so please understand where we're at where we're coming from here okay my time's up Mr. Chair thank you very much.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you Mr. Speaker. Senator Taitague you are recognized.

**SENATOR TELO T. TAITAGUE:** Thank you Mr. Chair. you know, October 2025, we had a bill that came before us, if you remember to, Jesse, you were here. And, the bill had, was using, savings from bond, bond funding. And, it was about \$32 million, but the reality was it was only 19. And in that bill, it recommended 5 million for the IT infrastructure for the hospital as well as 14 I think 9 million for the EHR component. But because the reality was it wasn't 32 million in bonding, it was only 19. So then the bill started itemizing how that \$19 million was going to be spent. So all in all, we're here today and we know that this it's a huge issue and Manny, I can feel you. You know, technology, you and I both know, we sit on the task force, how fast it's going and how fast it's moving. So, I'm just wondering

from the administrative side, this was so important. We saw it happening back in October of 2025. So why is it only now that this is coming up?

**JESSE QUENGA:** Senator, when you work at Guam Memorial Hospital, you're challenged with a myriad of emergencies, electrical panels, boilers, underwater storage tanks. I want to say that we are actively working on addressing all issues and this EHR discussion has never left us but we were faced with decisions of what would take the greatest priority. Everything's a priority but what would take the greatest priority and I would say from the administration side was to provide for a safe environment facility for our staff to work in. And now we're working on our systems.

**SENATOR TELO T. TAITAGUE:** Many times when people come in for budget, you know, hearings, the one thing I've always added in was technology. How much in your budget are you putting aside for technology? And I believe that's the same thing I asked you know, your group as well as many other agencies. So, how much have you set aside for technology at GMH?

**JESSE QUENGA:** Just to maintain the existing agreement for the overhaul of our IT infrastructure. That is \$5 million that was included in our FY27 request.

**SENATOR TELO T. TAITAGUE:** Now, that's not very much considering what you're going and Manny's smiling over knowing that scenario. So, Manny, have you been working with Office of Technology or anybody else regarding the you know this situation that you're in and how to how to address it? And I also want you to bring up what are you doing on a cyber security level with regards to anything new that's coming in because you know when there's that open door for bad actors to come in and then wipe out your whole records it's the biggest nightmare that you have and I'm sure the cloud does provide some kind of security because if a bad actor goes in wipes out your records you have the ability to go into the cloud and pull it from there. So, how are you going to avail yourself on the cyber security side as well as the protection of these records if you're hacked?

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** So, this is one of the things that we did not have before is all of these endpoint protection. We had some but it was few and far between and it was not covering all machines. What

we're doing with the with our partnership with IS Squared is they have a they have a whole team of cyber security professionals that have been rolling out security software on all of our computers and they also have a an SOC security operations center which is a 24/7 and they also man our office every day with a cyber security professional to help with the roll out and also be available if there are any issues that needs to be responded to.

**SENATOR TELO T. TAITAGUE:** And IS Square, I think it's the same company that the Bank of Guam is using. That's correct. Okay. And with IS Square, when did you begin their contract utilizing their services?

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** Late last year. late. Yeah, late 2025.

**JESSE QUENGA:** We'll confirm what the contract when it was executed after AG opinion.

**SENATOR TELO T. TAITAGUE:** Okay. So, we'll confirm that. If I'm not mistaken, I think it might have been just sometime this year that it came into play. Is that right, Manny? I mean, Manny, you've been in contact with them, right? Okay.

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** Yes, they're in our office every day.

**SENATOR TELO T. TAITAGUE:** Yeah. Okay. So, it's something that's new. So, they have no problems in securing this new EHR. Whatever route you take, you know, the one that's that we talked about earlier about \$1,200 a month per, you know, physician and etc., they already know this program and can basically merge their system into the one that you're trying to get.

**MANNY GABRIEL, I.T. ADMINISTRATOR, GMH:** Yes, we're in close coordination with IS Squared on all of our movements. So they are basically half of my team already. You know so any plans or projects that we have they are heavily involved most especially the cyber security team.

**SENATOR TELO T. TAITAGUE:** Well I know that GMH is very lucky to have you Manny. I've seen the stuff that you've done talking with you. You do know your stuff, but I think at this time it's important that everyone is here today. You know, taking the time out of your schedule means so much. It reminds us that the legislature needs to start putting, you know, the funding in areas that desperately need it. Technology is one of the areas that desperately need it. and being here today. It's about that technology and how much it's going to change our island, change every agency in this, you know, in this government as well as the private sector. Tomorrow, you know, and it's well, today is one way and then next thing you know, by tomorrow it's going to change to another, you know, program, another system that you're looking into. But we have to stay on top of it. Nothing is perfect, but we can sure try. And you being here today makes it perfect for trying. And I appreciate all the hard work that Guam Memorial Hospital has put through. Dr. Aguon, you're still here. That comment saying staying with your team, you know. That's great. I'm glad you're doing that, you know, and seeing that you hear your employees and the needs and the doctors and their needs. So, yes, continue to stay on top and listen to what they have to say because I get calls too from some of your, employees, asking certain things and I know you keep an open door. So, please maintain that with these very valuable individuals at Guam Memorial Hospital and public health as well. Okay. Thank you so much, Mr. Chair.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** Thank you, Senator. Senator Matanane, you're recognized.

**SENATOR SABRINA SALAS MATANANE:** Thank you, Mr. Chair. I also have some I guess concerns with you know how we were called into special session for this appropriation for the EHR and the *Fadian* Hatchery. because when I hear special session, it's it's urgent. It we have to get, you know, get in there and take care of it. And so I was kind of surprised that if it was so urgent if there was such a you know a catastrophic need for this EHR like the speaker why didn't we just give the entire 19.8 million to GMH why are we giving 4 million to *Fadian* hatchery related to fisheries and so I guess Jess or anybody here maybe even Dr. Dr. Aguon, have you had any follow-up conversations with the governor saying, "Why are we giving 4 million to you? UOG, you know how serious this is. You know how urgent this is. We need the entire 19.8, right? Because it is urgent. We

need it. It's catastrophic. But we're only getting 15 million. Why not the whole thing? Or were you not involved in the conversation prior to the governor saying, "I want to take this 19 this \$19.8 million."

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

I want to say that I think that all of you are having to try and find funding for all of the agencies and this is probably one of those efforts. most likely.

**SENATOR SABRINA SALAS MATANANE:** Do you believe the four million should go to the Fedian hatchery or should it go entirely all of it to GMH?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**

I'm in no position to make a comment on that, Senator, because I know that there are other agencies on this island that also need funding. Unfortunately, the Guam Memorial Hospital has multiple areas that are failing if it's not our physical infrastructure. It's inside the hospital, in its processes and so we're, you know, right now we're playing catch up for many years of trying to fix a building that's been falling apart and requiring the most money. And we're just very thankful that this legislature and the front office have given us the full budget. I don't think historically that the Guam Memorial Hospital has ever received the entire thing. So, you know, I know that there was a question of why we didn't ask for CIP and it's because historically we've never actually received the budget. So, we wanted to at least get to status quo and thankful for all of the bills that have come up for CIP.

**DR. RICARDO EUSEBIO, CHIEF MEDICAL OFFICER, GMH:** Senator, I'm not a politician, but recognizing our need for an EHR, I think that every cent that we can get in order to get one, I will take. I will take.

**SENATOR SABRINA SALAS MATANANE:** And I'm trying to do my best over here, you know, to get whatever we can get to the Guam Memorial Hospital. but I do have some additional questions. I see that I'm not really going to get an answer to that and that's okay. I understand. I do want to follow up on this consultant through IS Squared/Nordic. When was this consultant I guess on Guam? I think I was there and I met them but for the public that wasn't there. Can you kind of tell them what their scope of work was? Were they there to assess the current EHR or was it just to write an RFP? Because all I'm hearing is that they wrote the

RFP, but were they here on Guam to take a look at what we're working with now? And were we using the current EHR system to its full capacity?

**JESSE QUENGA:** There's a saying, Senator, you don't know what you don't know. And often times the hospital gets criticized for bringing in and introducing and mandating a new software that doesn't necessarily meet our needs. And through that wisdom of learning from your mistakes, we venture to find a partner that has experience working with all types of EHRs so they can get on the ground, meet with our teams, learn firsthand what are our issues. And what was commonly said by these consultants was what you are experiencing is not unique to Guam. But the fact that we've pursued an informed decision or an informed approach of what EHR to take demonstrates a maturity that they've not seen in other jurisdictions. They came, they met with our teams and through that discussion they also visited and saw firsthand how fragmented our systems were and they presented beyond just the write up of the RFP but recommendations and ways that we can include and engage other sister health agencies across the government of Guam. So that I think is just a brief scope tip of the iceberg so to speak of our engagement with that corporation.

**SENATOR SABRINA SALAS MATANANE:** But did they assess the current EHR and evaluate what it's doing, what it can do, what we're not doing, what we could have been doing like with billing.

**JESSE QUENGA:** Yes, Senator, and I'll have to go further to say that they had to because they're familiar with a lot of EHRs. When they heard of ours, they were unfamiliar of what exactly that was. It's not a known EHR used across health entities. And so they had to sit and learn exactly what it is and how does it produce the level of care that we deliver at Guam Memorial.

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:** Sorry, Senator. We actually had all three consultants on the ground at the same time. If you remember, we actually had our bridge micro health who was working with IS Squared and Nordic. They were all simultaneously meeting in the boardroom with the same staff so that they could ask all their questions and so the RCM, the EHR were all evaluated.

**SENATOR SABRINA SALAS MATANANE:** Can you provide a brief summary on what they said then? What was the assessment?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
We can probably provide pages of their assessment. I mean basically it's everything that the staff are telling you that the systems are broken that they don't communicate. We are far from the 21st century of healthcare.

**SENATOR SABRINA SALAS MATANANE:** So basically what you have right now is you have one EHR then you have one RCM. What you want to get is one system where both are it's two in one basically.

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
That's correct. Where they're communicating.

**JESSE QUENGA:** And interoperability though there are other units that still require orders units like pharmacy, laboratory, radiology, those communicate communications need to be interoperable.

**SENATOR SABRINA SALAS MATANANE:** I was waiting for I was hoping that public health was here and they did. They're not. But this next gen EHR, have you has GMH kind of had an opportunity to kind of kind of look at it and use it or

**JESSE QUENGA:** NextGen EHR senator is particularly focused on community health centers and so it's clinic based. It can provide to some degree support to the hospital but the hospital provides not just an outpatient clinic but we also provide acute care as a hospital.

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
We also had a meeting in DC when we met with CNMI and the US Virgin Islands. and the Virgin Islands was actually trying to see how they could become the central hub, the standalone that allows community hosting with their electronic health record. And to see how all the territories can put money into, you know, a startup so that we could all share it. And the US Virgin Islands was on that electronic health record that they were trying to leave because it was not meeting their full needs.

**SENATOR SABRINA SALAS MATANANE:** The US Virgin Islands?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Correct?

**SENATOR SABRINA SALAS MATANANE:** Should we be concerned then that public health just got a system that might not meet our needs?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Well, public health is outpatient, so it might meet them for that particular aspect, but the US Virgin Islands is also, have I believe two hospitals.

**SENATOR SABRINA SALAS MATANANE:** Right. And so, you know, in the testimony, it stating that when GMH goes out and they procure their EHR, it's got to have it's got to be able to work with this whole nextG system.

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Yeah. And we plan and that's actually written in that it has to be able to interface and do health information exchange.

**SENATOR SABRINA SALAS MATANANE:** You were mentioning earlier that the joiner amendment that we placed into the budget could help reduce the costs of procuring this new EHR. By how much?

**DR. JOLENE MA'ÑAO AGUON, INTERIM ADMINISTRATOR, GMH:**  
Well, it could allow us to do a community host and that would probably save us about 50% if that was the route that we were going to go.

**SENATOR SABRINA SALAS MATANANE:** Okay. I don't have any further questions, but I just want to express to GMH you know, we have three other bills before us and it's all competing for the same pot of money. I didn't hear from UOG and I'm not sure if they're still here, but they're they're all very important priorities, but what I've heard in the last 48 hours with GMH, for example, you've got the governor who's going to bat for the hospital and has been going to bat for the hospital for the CHR system for months at least in April. That's what we heard at the oversight hearing that she was going to work on getting this financed. And now I'm hearing that you've got a whole contingent of government directors over in San

Francisco and the EHR is one of the things that's being brought up funding for the HR. The Guam Power Authority when they appeared before us for the power credits they were talking about, yeah, we wrote letters to the governor to help us find money. We talked to Congressman James Moylan to help us find money and we are also going after you know a line of credit and my bill is for Simon Sanchez High School and what you heard were students who came here begging for help protesting in the streets when they shouldn't have to. We should be doing our job. We should be finding funding to help rebuild a Simon Sanchez High School. So, thank you.

**SENATOR CHRISTOPHER M. DUEÑAS, CHAIRMAN:** *Si Yu'os Ma'ase'* Senator Sabrina Salas Matanane, the health chair as well. Well, it's been a long day, so I'll just have a few closing comments before we close out. You know, thank you Dr. Aguon for staying on. I want to be clear about what this legislature and thank you for thanking us and all of our colleagues, particularly your chair and others that when we first met for this current budget we're in under this 38th Guam legislature, we said to you, we are going to fund you at a level for your fixed costs that is more than you've ever been funded for. And it's true. We've taken you to a level now that is included with the pharmaceuticals fund over \$54 million. You used to see three 3.5 I think the highest before you started to increase in terms of general fund was \$7 million. That's where tens of millions of dollars more than. And I said that give us what your non-fixed cost, your projects that you have that are slated and we will prioritize them. And we did. Every single one of your projects now that you've worked on getting to the list of over 50 to be completed soon came from funding from this legislature. So now we're here and in this fiscal year, we did the same thing. We will fund your fixed costs and we have. Your budget is full to what was asked. We just had the CRER come out which is the monthly reconciliation against adopted revenue and GMH is marked for \$20 million in the close out of this fiscal year as promised by this legislature. You are slated for the first \$20 million of excess revenue going into fiscal year 2027. I cannot emphasize how much we have tried and lifted a heavy lift to work with GMH and we'll do it again. But I also want to make sure that I emphasize and as the chair said and others said here, we will see what is being exercised by the governor and others that are there in Washington or in San Francisco to plead to Washington that there are impacts associated with this buildup that we need help

with as well. Financing was what I said from time after time. GEDA is there. I said, let's put all these CIPs together that are critical like this system and not piecemeal it. Let's find out what we need going forward and fund it. So, that's what we're going to do. I'm going to ask you for a little bit of homework cause as we come in tomorrow, we're going to have to figure out exactly how we continue this session. So, I think there's been a couple of requests. Doc, I know you're over there abroad. But I think the staff here and you know Jesse and his team can handle this. But really what has been asked for I think at this point is a clearer vision of the spend plan, what the procurement looks like and how it starts here and goes out forward so we can deliberate that. So if you can start working on that we'll see how we deliberate tomorrow when we come in. As has been mentioned we have competing measures that we have to debate. But that would get us moving. That will get us moving other than just the theory of what the governor's put in here, but the actual process, how it kicks in, how it carries on, and what exactly this will do to get us underway. So, we'd appreciate that, and we appreciate your patience today. I know we have all the written testimony based on those who were signed up. That will all be in the record. And once again, we thank you for your time and being here today. This will conclude today's public hearing. The committee will continue to accept written testimony on bill 1 (11-S) within the next several days from today and if it needs to come in to myself other than what's been provided to Senator Chris Dueñas as Chairman of the Committee and we will also accept it by email into our committee and for that would be at [senator.duenas@guamlegislature.gov](mailto:senator.duenas@guamlegislature.gov). And so we are now adjourned and the time is 5:24. *Si Yu'os Ma'åse'* the committee is adjourned.

## **[COMMITTEE ADJOURNED]**

### **III. FINDINGS & RECOMMENDATIONS:**

The Committee *finds* Bill No. 1 (11-S) as heard.

The Committee on Finance and Government Operations recommends that Bill No. 1 (11-S) - Committee on Rules by request of *I Maga'hågan Guåhan*, the Governor of Guam, in accordance with the Organic Act of Guam - AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER, be reported out with the recommendation To Report Out Only.

***I MINA'TRENTAI OCHO NA LIHESLATURAN GUÅHAN***  
**2026 (ELEVENTH) Special Session**

**Bill No. 1 (11-S)**

Introduced by:

Committee on Rules   
by request of *I Maga'hågan*  
*Guåhan*, the Governor of  
Guam, in accordance with the  
Organic Act of Guam

**AN ACT TO APPROPRIATE THE SUM OF NINETEEN  
MILLION EIGHT HUNDRED EIGHTY-FIVE  
THOUSAND THREE HUNDRED NINETY-FOUR  
DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX  
REVENUES RECEIVED IN EXCESS OF THE AMOUNT  
ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM  
MEMORIAL HOSPITAL AUTHORITY FOR THE  
ACQUISITION AND IMPLEMENTATION OF AN  
ELECTRONIC HEALTH RECORDS SYSTEM AND TO  
THE UNIVERSITY OF GUAM FOR THE  
DEVELOPMENT OF THE UOG BLUE ECONOMY  
INNOVATION CENTER.**

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

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds  
3 that continued investment in Guam's healthcare infrastructure is necessary to  
4 improve the delivery of care and strengthen coordination across the government's  
5 healthcare system. Guam residents receive healthcare through several government  
6 agencies that currently use separate systems for patient health information. A  
7 modern Electronic Health Records (EHR) system will improve continuity of care  
8 and provide a more effective means of managing patient health information across  
9 Guam's public healthcare system.

10 *I Liheslatura* further finds that Guam's heavy dependence on imported food  
11 leaves residents vulnerable to rising shipping costs and increasingly expensive

1 groceries. Expanding local food production is therefore vital to strengthening the  
2 island's food security and keeping more economic activity on Guam.

3 The 2022 Guam Aquaculture Feasibility Study found that Guam imports  
4 approximately ninety percent (90%) of its seafood, representing roughly Twenty  
5 Million Dollars (\$20,000,000) annually leaving the local economy. It also found that  
6 a local aquaculture industry could eventually supply up to twenty-five percent (25%)  
7 of Guam's seafood demand, produce approximately one million pounds of seafood  
8 annually, and create approximately one hundred (100) direct jobs.

9 *I Liheslatura* finds that the University of Guam Blue Economy Innovation  
10 Center at the Fadian Hatchery will help build the local capacity necessary to grow  
11 Guam's aquaculture industry. Investment in the facility will support increased local  
12 seafood production and create new economic opportunities for the people of Guam.

13 Therefore, it is the intent of *I Liheslaturan Guåhan* to appropriate Nineteen  
14 Million Eight Hundred Eighty-Five Thousand Three Hundred Ninety-Four Dollars  
15 (\$19,885,394) from Section 30 tax revenues received in excess of the amount  
16 adopted in Public Law 38-136 to make strategic investments in Guam's healthcare  
17 system and local food production. Of this amount, Fifteen Million Eight Hundred  
18 Eighty-Five Thousand Three Hundred Ninety-Four Dollars (\$15,885,394) shall  
19 support the acquisition and implementation of a modern electronic health record  
20 (EHR) system, and Four Million Dollars (\$4,000,000) shall support the University  
21 of Guam's development of the Blue Economy Innovation Center at the Fadian  
22 Hatchery and expansion of Guam's local aquaculture production capacity.

## 23 **Section 2. Appropriation.**

24 Notwithstanding any other provision of law, the sum of Nineteen Million  
25 Eight Hundred Eighty-Five Thousand Three Hundred Ninety-Four Dollars  
26 (\$19,885,394) is hereby appropriated from the Section 30 tax revenues received in  
27 excess of the amount adopted in Public Law 38-136, as follows:

1           (a)    The sum of Fifteen Million Eight Hundred Eighty-Five  
2           Thousand Three Hundred Ninety-Four Dollars (\$15,885,394) to the Guam  
3           Memorial Hospital Authority (GMHA) for the acquisition and  
4           implementation of an Electronic Health Records (EHR) system.

5           (b)    The sum of Four Million Dollars (\$4,000,000) to the University  
6           of Guam (UOG) for the development of the UOG Blue Economy Innovation  
7           Center at the Fadian Hatchery, including costs associated with the  
8           construction, rehabilitation, and modernization of the facility.

9   The funds appropriated pursuant to this Section shall be accounted for separately  
10   and shall not be expended for general operations. Such funds shall remain available  
11   for expenditure solely for the purposes specified in this Section until September 30,  
12   2028.

13           **Section 3.   Reporting Requirements.**

14           The Chief Executive Officer of the Guam Memorial Hospital Authority and  
15           the President of the University of Guam shall each submit quarterly reports to the  
16           Speaker of *I Liheslaturan Guåhan* and *I Maga'hågan Guåhan* on expenditures and  
17           the progress of the initiatives funded by this Act until their respective appropriations  
18           are fully expended.

19           **Section 4.   Severability.** If any provision of this Act or its application to any  
20           person or circumstance is found to be invalid or inorganic, such invalidity shall not  
21           affect other provisions or application, and to this end the provisions of this Act are  
22           severable.

23           **Section 5.   Effective Date.** This Act shall be effective upon enactment.



**OFFICE OF FINANCE AND BUDGET**  
*I MINA'TRENTAI OCHO NA LIHESLATURAN GUÅHAN*

September 15, 2026

**MEMORANDUM**

To: Senator Christopher M. Duenas  
*Chairman, Committee on Finance and Government Operations.*

From: Stephen J. Guerrero  
*Director, Office of Finance and Budget*

Re: Funding Availability Note: Bill No. 1 (11-S)

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*Håfa Adai* Chairman Duenas,

Pursuant to the Standing Rules of the 38<sup>th</sup> Guam Legislature, the Committee on Finance and Government Operations and/or the Office of Finance and Budget (OFB) shall determine in writing if the funding source cited in Appropriation or Authorization for Appropriations bills are sufficient.

The Office has received Bill No. 1 (11-S), AN ACT TO APPROPRIATE THE SUM OF NINETEEN MILLION EIGHT HUNDRED EIGHTY-FIVE THOUSAND THREE HUNDRED NINETY-FOUR DOLLARS (\$19,885,394) FROM THE SECTION 30 TAX REVENUES RECEIVED IN EXCESS OF THE AMOUNT ADOPTED IN PUBLIC LAW 38-136 TO THE GUAM MEMORIAL HOSPITAL AUTHORITY FOR THE ACQUISITION AND IMPLEMENTATION OF AN ELECTRONIC HEALTH RECORDS SYSTEM AND TO THE UNIVERSITY OF GUAM FOR THE DEVELOPMENT OF THE UOG BLUE ECONOMY INNOVATION CENTER.

The proposed bill appropriates Nineteen Million Eight Hundred Eighty-Five Thousand Three Hundred Ninety-Four Dollars (\$19,885,394) from Section 30 tax revenues received in excess of the amount adopted in Public Law 38-136. Of this amount, Fifteen Million Eight Hundred Eighty-Five Thousand Three Hundred Ninety-Four Dollars (\$15,885,394) is appropriated to the Guam Memorial Hospital Authority (GMHA) for the acquisition and implementation of an Electronic Health Records (EHR) system, and Four Million Dollars (\$4,000,000) is appropriated to the University of Guam (UOG) for the development of the Blue Economy Innovation Center at the Fadian Hatchery, including the construction, rehabilitation, and modernization of the facility.

The proposed appropriations are contingent upon the availability of Section 30 tax revenues received in excess of the amount adopted in Public Law 38-136. However, in the Bureau of Budget and Management Research's fiscal note for Bill No. 357-38 (COR), it states that the Section 30 tax revenues are still subject to reconciliation. Therefore, the amount of Section 30 revenues available for appropriation cannot be definitively determined at this time. Accordingly, the availability of sufficient Section 30 revenues to

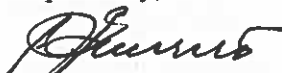


**OFFICE OF FINANCE AND BUDGET**  
*I MINA TRENTAI OCHO NA LIHESLATURAN GUÅHAN*

fully support the proposed \$19,885,394 appropriation remains subject to reconciliation and confirmation of the actual revenues received.

It should also be noted that the proposed bill may result in future recurring costs for GMHA and UOG. Such costs may include EHR system maintenance, licensing, technical support, cybersecurity, training, facility operations and maintenance, utilities, staffing, and other expenses associated with sustaining the funded initiatives after the appropriations are exhausted. The amount of any future recurring fiscal impact cannot be determined based on the information provided in the proposed bill.

Respectfully,

  
Stephen J. Guerrero



**OFFICE OF FINANCE AND BUDGET**  
*I MINA TRENTAI OCHO NA LIHESLATURAN GUAHAN*

**Funding Availability Checklist on Bill No. 1 (11-S)**

- 1. Does the Bill contain appropriations or authorizations for appropriations from any fund sources?**

*Check all that apply.*

☒ YES

☐ NO

- 2. Does the Bill contain an authorization to expend government funds?**

*Check all that apply.*

☒ YES

☐ NO

- 3. Does the Bill contain Provisions that have POTENTIAL fiscal impacts on the government of Guam's budget?**

*Check all that apply.*

☒ YES

☐ NO

- 4. Completed by: (Name, Date and Time)**

*\*Vanessa Valencia, September 15, 2026, 9:30am*

☒ Approved

☐ Disapproved

  
\_\_\_\_\_  
Stephen J. Guerrero, Director