

I Mina'trentai Ocho Na Liheslaturan Guåhan
BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	FISCAL NOTES	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	NOTES
219-38 (COR)	Shelly V. Calvo	AN ACT TO <i>AMEND</i> SUBSECTION (K) OF §82A201 OF ARTICLE 2; TO <i>ADD</i> NEW §§ 82A402, 82A403, 82A404, 82A405, AND 82A406 TO ARTICLE 4; AND TO <i>AMEND</i> § 82A501 OF ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO EXPANDING AND SAFEGUARDING PETITIONING AUTHORITY FOR ASSISTED OUTPATIENT TREATMENT UNDER THE BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE "BABY ALEXYA LAW REFORM ACT OF 2025.	11/7/25 10:25 a.m. ^11/18/25 3:40 p.m.	11/20/25	Committee on Health and Veterans Affairs.	Request: 11/20/25 11/24/25	1/16/26 9:00 a.m.	3/3/26 8/17/26 As Amended. 9/18/26 Supplemental. As Amended and Substituted.	



Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

September 18, 2026

The Honorable Frank Blas Jr., Speaker
I Mina'trentai Ocho Na Liheslaturan Guåhan
163 Hagåtña, Guåhan
Chalan Santo Papa

VIA: **The Honorable V. Anthony Ada, Vice Speaker** 
Chairperson, Committee on Rules

RE: Supplemental Committee Report on [Bill No. 219-38 \(COR\)](#)- As amended and substituted by the Committee on Health and Veterans Affairs - AN ACT TO AMEND SUBSECTION (K) OF § 82A201 OF ARTICLE 2; TO ADD NEW §§ 82A402, 82A403, 82A404, 82A405, AND 82A406 TO ARTICLE 4; AND TO AMEND § 82A501 OF ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO EXPANDING AND SAFEGUARDING PETITIONING AUTHORITY FOR ASSISTED OUTPATIENT TREATMENT UNDER THE BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE "BABY ALEXYA LAW REFORM ACT OF 2025."

Håfa Adai Speaker Blas,

Transmitted herewith is the Supplemental Committee Report on [Bill No. 219-38 \(COR\)](#)- As amended and substituted by the Committee on Health and Veterans Affairs - AN ACT TO AMEND SUBSECTION (K) OF § 82A201 OF ARTICLE 2; TO ADD NEW §§ 82A402, 82A403, 82A404, 82A405, AND 82A406 TO ARTICLE 4; AND TO AMEND § 82A501 OF ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO EXPANDING AND SAFEGUARDING PETITIONING AUTHORITY FOR ASSISTED OUTPATIENT TREATMENT UNDER THE BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE "BABY ALEXYA LAW REFORM ACT OF 2025."

Committee votes are as follows:

 1 TO DO PASS
 TO NOT PASS
 5 TO REPORT OUT ONLY
 TO ABSTAIN
 TO PLACE IN INACTIVE FILE

Sincerely,



Senator Sabrina Salas Matanane
Chairwoman, Committee on Health and Veterans Affairs



COMMITTEE ON RULES

RECEIVED:

September 18, 2026 10:03 a.m.

Marie Crisostomo



Office of Legislative Secretary

SENATOR SABRINA SALAS MATANANE

I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

SUPPLEMENTAL COMMITTEE REPORT

Bill No. 219-38 (COR)- As amended and substituted by the Committee on Health and Veterans Affairs - AN ACT TO AMEND SUBSECTION (K) OF § 82A201 OF ARTICLE 2; TO ADD NEW §§ 82A402, 82A403, 82A404, 82A405, AND 82A406 TO ARTICLE 4; AND TO AMEND § 82A501 OF ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO EXPANDING AND SAFEGUARDING PETITIONING AUTHORITY FOR ASSISTED OUTPATIENT TREATMENT UNDER THE BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE “BABY ALEXYA LAW REFORM ACT OF 2025.”



Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

September 16, 2026

To: **ALL MEMBERS**
Committee on Health and Veterans Affairs

From: **Senator Sabrina Salas Matanane**
Chairwoman, Committee on Health and Veterans Affairs

Subject: Supplemental Committee Report on [Bill No. 219-38 \(COR\)](#)- As amended and substituted by the Committee on Health and Veterans Affairs - AN ACT TO AMEND SUBSECTION (K) OF § 82A201 OF ARTICLE 2; TO ADD NEW §§ 82A402, 82A403, 82A404, 82A405, AND 82A406 TO ARTICLE 4; AND TO AMEND § 82A501 OF ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO EXPANDING AND SAFEGUARDING PETITIONING AUTHORITY FOR ASSISTED OUTPATIENT TREATMENT UNDER THE BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE “BABY ALEXYA LAW REFORM ACT OF 2025.”

Transmitted herewith for your consideration is the Supplemental Committee Report on [Bill No. 219-38 \(COR\)](#)- As amended and substituted by the Committee on Health and Veterans Affairs- AN ACT TO AMEND SUBSECTION (K) OF § 82A201 OF ARTICLE 2; TO ADD NEW §§ 82A402, 82A403, 82A404, 82A405, AND 82A406 TO ARTICLE 4; AND TO AMEND § 82A501 OF ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO EXPANDING AND SAFEGUARDING PETITIONING AUTHORITY FOR ASSISTED OUTPATIENT TREATMENT UNDER THE BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE “BABY ALEXYA LAW REFORM ACT OF 2025.”

- Committee Vote Sheet
- Copy of Bill No. 219-38 (COR) As introduced
- Copy of Bill No. 219-38 (COR) As amended
- Copy of Bill No. 219-38 (COR) As amended and substituted by the Committee
- Copy of Bill No. 219-38 (COR) As amended and substituted by the Committee Markup

Please take appropriate action on the attached vote sheet. Your attention to this matter is greatly appreciated. Should you have any questions or concerns, please contact the Office of Senator Sabrina Salas Matanane.

Sincerely,

Senator Sabrina Salas Matanane
Chairwoman, Committee on Health and Veterans Affairs



Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

COMMITTEE VOTE SHEET

Bill No. 219-38 (COR)- As amended and substituted by the Committee on Health and Veterans Affairs - AN ACT TO AMEND SUBSECTION (K) OF § 82A201 OF ARTICLE 2; TO ADD NEW §§ 82A402, 82A403, 82A404, 82A405, AND 82A406 TO ARTICLE 4; AND TO AMEND § 82A501 OF ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO EXPANDING AND SAFEGUARDING PETITIONING AUTHORITY FOR ASSISTED OUTPATIENT TREATMENT UNDER THE BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE “BABY ALEXYA LAW REFORM ACT OF 2025.”

COMMITTEE MEMBERS	SIGNATURE AND DATE	TO DO PASS	TO NOT PASS	TO REPORT OUT ONLY	TO ABSTAIN	TO PLACE IN INACTIVE FILE
Senator Sabrina Salas Matanane Chairperson	E-vote 9.18.26 <i>Smatt</i>			X		
Vice Speaker V. Anthony Ada Vice Chair, Committee on Health	E-VOTE 9.17.26			X		
Senator Vincent A.V. Borja Vice Chair, Committee on Veterans Affairs						
Speaker Frank F. Blas, Jr. Member	E-VOTE 9.17.26			X		
Senator Jesse A. Lujan Member						
Senator Shelly V. Calvo Member	E-VOTE 9.17.26	X				
Senator Christopher M. Duenas Member	E-VOTE 9.17.26			X		
Senator Eulogio Shawn Gumataotao Member	E-VOTE 9.17.26			X		
Senator Tina Rose Muna Barnes Member						



Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

URGENT-Request for E-Vote: Bill No. 219-38 (COR) as amended

7 messages

Office of Legislative Secretary Senator Sabrina Salas MatananeThu, Sep 17, 2026 at
1:49 PM

<office.senatorbri@guamlegislature.gov>

To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>
Bcc: Ann San Nicolas <ann.sn@guamlegislature.gov>, senator.sabrina@guamlegislature.gov, john.mafnas@guamlegislature.gov, Sergio Salas <sergio.salas@guamlegislature.gov>

:Hafa Adai Committee Members:

Please see the attached Supplemental Committee report relative to Substitute [Bill NO. 219-38 \(COR\)](#)- AN ACT TO AMEND SUBSECTION (K) OF § 82A201 OF ARTICLE 2; TO ADD NEW §§ 82A402, 82A403, 82A404, 82A405, AND 82A406 TO ARTICLE 4; AND TO AMEND § 82A501 OF ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO EXPANDING AND SAFEGUARDING PETITIONING AUTHORITY FOR ASSISTED OUTPATIENT TREATMENT UNDER THE BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE "BABY ALEXYA LAW REFORM ACT OF 2025."

- TO DO PASS
- TO NOT PASS
- TO REPORT OUT ONLY
- TO ABSTAIN
- TO PLACE IN INACTIVE FILE

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.

Please contact our office if you have any questions or concerns.

--

Annie San Nicolas

Administrative Officer/Committee Director

**Office of Legislative Secretary****SENATOR SABRINA SALAS MATANANE***I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature*

Chairperson, Committee on Health and Veterans Affairs

163 W. Chalan Santo Papa, Hagåtña, Guam 96910

☎ office.senatorbri@guamlegislature.gov

📞 671-989-2572

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 **Supplemental Committee Report 219-38 - (2) copy.pdf**
1347K

Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>

Thu, Sep 17, 2026 at
2:07 PM

To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>
Cc: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

Hafa adai,

To do Pass

Respectfully,

Jacqueline Munoz



Office of the People | Senator Shelly V. Calvo

Majority Whip & Chairwoman

Committee on Child Welfare, Youth Affairs, Senior Citizens, Women's Affairs, Disability Services, the Arts, Culture, Historic Preservation & Hagåtña Restoration

38th Guam Legislature

163 Chalan Santo Papa, Hagåtña, Guam 96910

T +1 (671) 989-5682

E officeofsenatorshellycalvo@guamlegislature.gov

[Quoted text hidden]

Senator Chris Duenas <senator.duenas@guamlegislature.gov>

Thu, Sep 17, 2026 at 2:28 PM

To: Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>
Cc: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>, "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

To Report Out Only



Office of Senator Christopher M. Dueñas

Chairman, Committee on Finance and Government Operations

259 Martyr St., Hagatna, Guam 96910

senator.duenas@guamlegislature.gov

(671) 989-9554

[Quoted text hidden]

Vice Speaker V. Anthony Ada <vicespeakertonyada@guamlegislature.gov>

Thu, Sep 17, 2026 at 3:18 PM

To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>
Cc: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

TO REPORT OUT ONLY

On Thu, Sep 17, 2026 at 1:50 PM Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> wrote:

[Quoted text hidden]

--

**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

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Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>

Thu, Sep 17, 2026 at 3:30 PM

To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>
Cc: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

To Report Out Only

On Thu, Sep 17, 2026 at 1:50 PM Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> wrote:

[Quoted text hidden]

--

Office of Senator Eulogio Shawn Gumataotao
Chairman, Committee on Public Safety, Emergency Management, and Guam National Guard
38th Guam Legislature
[120 Father Duenas Avenue](#) Capitol Plaza Building, Suite 103, Hagåtña, Guam 96910
(671) 647-1409/1411

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov>

Thu, Sep 17, 2026 at 4:32 PM

To: Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>
 Cc: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

To Report Out Only



Speaker, Frank F. Blas, Jr.

I Mina'trentai Ocho na Liheslaturan Guahan 38th Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456

speakerblas@guamlegislature.gov

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[Quoted text hidden]

Office of Legislative Secretary Senator Sabrina Salas Matanane

<office.senatorbri@guamlegislature.gov>

Fri, Sep 18, 2026 at
9:32 AM

To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

To Report Out Only.

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Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

BILL NO. 219-38 (COR) — COMMITTEE FINDINGS AND RECOMMENDATIONS

I. Committee Findings

The Committee finds that Substitute **Bill No. 219-38 (COR)** is intended to strengthen Guam's Assisted Outpatient Treatment (AOT) framework under the Baby Alexa Law by allowing earlier intervention for individuals experiencing serious mental illness. The original bill proposed expanding the categories of persons who could petition for AOT and establishing procedures concerning the filing of petitions, service of notice, the right to counsel, and AOT hearings. The Committee Report reflects that the measure was intended to balance early intervention with clinical oversight, judicial review, due process, individual rights, and public safety.

The Committee further finds that testimony from the Guam Behavioral Health and Wellness Center (GBHWC) raised concerns that broadly expanding petitioning authority could generate more petitions than the existing AOT program has the resources to manage. GBHWC/JIBWICK indicated that each petition requires clinical review, psychiatric evaluation, coordination, case management, and follow-up, and recommended that any expansion be appropriately scaled to available resources or accompanied by additional staffing and resources.

The Committee also finds that the Judiciary identified the need for additional safeguards when petitioning authority is expanded to non-clinical individuals. These included standardized petitioner training, oversight of petitions, clarification of who may petition, protection against conflicts of interest, additional clinical review when an individual refuses examination, adequate notice, guaranteed counsel for indigent respondents, and clearer procedural protections.

II. Differences Between the Original and Amended Versions

Provision	Original Bill / Committee Report	Amended Bill
§ 82A201(k) – Petitioner	Expanded the categories of persons who could petition for AOT.	Narrows and restructures the petitioner categories and requires completion of standardized petitioner training. The amended language specifically identifies parents, spouses, siblings, adult children, caregivers, agency/treatment-facility directors, hospital directors, licensed mental-health providers, parole/probation officers, the Public Guardian, and qualified legal officers/attorneys.



Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

Provision	Original Bill / Committee Report	Amended Bill
§ 82A402 – Petition to Court	Established the petition process and required a clinical affirmation/affidavit from a qualified mental-health professional.	Adds an additional safeguard requiring review by a second licensed mental-health professional when the respondent refuses examination before the petition is filed.
§ 82A403 – Service	Established service of the petition.	Clarifies the parties who must receive notice and requires service at least 72 hours before the hearing , subject to a knowing and voluntary waiver after consultation with counsel.
§ 82A404 – Right to Counsel	Created a right to counsel.	Strengthens the provision by requiring appointment of counsel without cost when the respondent is financially unable to obtain counsel and provides counsel sufficient time and access to relevant records.
New § 82A405 – Training and Oversight	Not included in the original bill.	Creates standardized training for non-clinical petitioners, certification of training, emergency-filing provisions, de-identified data collection, annual reporting, and an advisory oversight group.
New § 82A406 – Evidentiary Standard; Duration; Review; Appeal	Not included in the original bill.	Establishes a clear and convincing evidence standard, limits an initial AOT order to six months, requires review at least every 90 days, permits motions to modify or terminate, and provides an appeal mechanism.
§ 82A501 – AOT Hearing	Addressed continuances of the assisted-treatment hearing.	Substantially expands the provision to establish hearing deadlines, notice requirements, adjournments, testimony, periodic review,



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I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

Provision	Original Bill / Committee Report	Amended Bill
		appeals/modification, and specific requirements for proceedings in the respondent's absence.

The original Committee Report Digest describes Bill No. 219-38 as amending § 82A201(k), adding §§ 82A402, 82A403 and 82A404, and amending § 82A501. The amended bill, by contrast, expressly adds **§§ 82A405 and 82A406**, demonstrating that these are new statutory provisions beyond the original bill's stated structure.

III. Committee Recommendations to Amend

Based on the testimony and the changes incorporated into the amended version, the Committee recommends that Bill No. 219-38 be amended to:

1. **Require standardized training for non-clinical petitioners** before they may file an AOT petition, with an exception for court-authorized emergency filings.
2. **Establish oversight and reporting requirements** through GBHWC, including collection of de-identified petition data, annual reporting, and an advisory oversight group.
3. **Maintain clinical safeguards** by requiring a qualified mental-health professional to support the petition and, when the respondent refuses examination, requiring review and affirmation by a second licensed mental-health professional.
4. **Strengthen due-process protections** by establishing specific service requirements and at least 72 hours' notice before the hearing, unless knowingly and voluntarily waived after consultation with counsel.
5. **Guarantee appointed counsel for indigent respondents** and provide counsel adequate time and access to relevant records.
6. **Establish a clear and convincing evidence standard** before an AOT order may be issued and require the court to determine that the treatment plan is medically appropriate, individualized, recovery-oriented, and the least restrictive available alternative.
7. **Limit the initial AOT order to six months**, require review at least every 90 days, and provide mechanisms for modification, termination, and appeal.



Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

8. **Clarify and strengthen the in-absentia hearing provision**, requiring documented reasonable efforts to obtain the respondent's attendance and a specific finding on the record that proceeding in the respondent's absence is necessary to prevent undue delay or substantial risk of harm.

IV. Committee's Overall Finding

The Committee finds that the underlying intent of Bill No. 219-38—to facilitate earlier access to Assisted Outpatient Treatment while addressing serious mental-health needs—is supported by the public hearing record. However, the Committee further finds that the expansion of petitioning authority should be accompanied by clear clinical, procedural, judicial, and due-process safeguards.

The Committee Report expressly concludes that the bill's intent is sound but requires refinement to balance clinical safeguards with judicial protections. It identifies the need to consider program capacity, medical justification, petitioner training and oversight, notice and hearing procedures, counsel for indigent respondents, and standards of proof.

Accordingly, the Committee recommends advancing Bill No. 219-38 (COR), as amended, with the foregoing safeguards and amendments incorporated.

The Committee on Health and Veterans Affairs hereby reports on Bill No. 219-38 (COR)- As amended and substituted by the Committee on Health and Veterans Affairs - AN ACT TO AMEND SUBSECTION (K) OF § 82A201 OF ARTICLE 2; TO ADD NEW §§ 82A402, 82A403, 82A404, 82A405, AND 82A406 TO ARTICLE 4; AND TO AMEND § 82A501 OF ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO EXPANDING AND SAFEGUARDING PETITIONING AUTHORITY FOR ASSISTED OUTPATIENT TREATMENT UNDER THE BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE “BABY ALEXYA with Recommendation To Report out Only.”

I MINA'TRENTAI OCHO NA LIHESLATURAN GUÅHAN
2025 (FIRST) Regular Session

Bill No. 219-38 (COR)

Introduced by:

Shelly Vargas Calvo 

AN ACT TO AMEND SUBSECTION (K) OF §82A201 OF ARTICLE 2; TO ADD NEW § 82A402, § 82A403, AND § 82A404 TO ARTICLE 4; AND TO AMEND § 82A501 OF ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO EXPANDING PETITIONING AUTHORITY FOR ASSISTED OUTPATIENT TREATMENT UNDER THE BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE “BABY ALEXYA LAW REFORM ACT OF 2025.

BE IT ENACTED BY THE PEOPLE OF GUAM:

SECTION 1. Short Title. This Act shall be cited as the “Baby Alexya Law Reform Act of 2025.”

SECTION 2. Legislative Findings and Intent. *I Liheslaturan Guåhan* affirms that Guam’s Baby Alexya Law, Public Law 33-71, was enacted in 2015 to prevent violence and protect public safety by enabling Assisted Outpatient Treatment (AOT) for individuals with serious, treatable mental illnesses. Nearly a decade later, a persistent procedural gap remains in Guam’s mental health framework: many individuals exhibiting clear signs of psychiatric crisis continue to enter the justice system before they are ever seen by behavioral health providers.

1 *I Liheslaturan Guåhan* notes that the current statute limits petitioning
2 authority to the Director of the Guam Behavioral Health and Wellness Center
3 (GBHWC), or their designee, in conjunction with the treating psychiatrist or
4 physician, creating delays in intervention and narrowing pathways for advocacy.

5 Consequently, *I Liheslaturan Guåhan* acknowledges that family members,
6 roommates, and the Public Guardian often have direct and sustained insight into a
7 person’s condition and can identify escalating behavior that warrants intervention
8 before tragedy occurs. Similarly, legal advocates such as the Attorney General and
9 Public Defender, along with parole and probation officers, frequently encounter
10 individuals with untreated mental illness and are uniquely positioned to advocate
11 for early, community-based outpatient care.

12 Accordingly, *I Liheslaturan Guåhan* appreciates the unique position of trusted
13 individuals and legal officers to identify these high-risk individuals and advocate for
14 early outpatient treatment. Involving these individuals and professionals in the
15 petitioning process can lead to earlier intervention, reduced cycles of incarceration or
16 hospitalization, and improved long-term outcomes for individuals and communities
17 alike.

18 *I Liheslaturan Guåhan* further finds that jurisdictions such as California, New
19 York, and Pennsylvania demonstrate the effectiveness of granting petitioning
20 authority to a diverse array of stakeholders, resulting in reduced hospitalization rates,
21 improved treatment adherence, and enhanced public safety. Specifically, New York’s
22 Kendra’s Law allows trusted individuals—such as family members, licensed mental
23 health providers, and law enforcement officers—to request the filing of AOT
24 petitions, fostering early, community-based responses to mental health crises.

25 It is therefore the intent of *I Liheslaturan Guåhan* to expand the petitioning
26 authority under Guam’s Baby Alexya Law, Chapter 82A of Title 10, GGA, to
27 include designated individuals such as adult family members, roommates, licensed

1 mental health professionals, agency directors, hospital administrators, legal officers,
2 peace officers, parole and probation officers, and the Guam Public Guardian.

3 Furthermore, it is also the intent of *I Liheslaturan Guåhan* to ensure that all
4 petitions filed by new authorized entities are accompanied by current psychiatric
5 evaluations and clinical affirmations of treatment necessity, maintaining alignment
6 with medical best practices. This safeguard fosters greater inter-agency collaboration
7 among behavioral health professionals, legal advocates, and judicial authorities to
8 holistically address the intersection of untreated mental illness and public safety.
9 Thus, the process ensures that individuals are not denied potentially life-saving
10 treatment due to procedural limitations while preserving the due process and clinical
11 integrity of the AOT framework.

12 Correspondingly, *I Liheslaturan Guåhan* emphasizes the importance of a clear
13 and structured petition filing process, including the requirement for an affirmation or
14 affidavit of a treating professional and the conditions under which the petition can be
15 filed. The petitioner must also provide written notice of the petition to the subject of
16 the petition and other relevant parties. In addition, the subject of the petition shall
17 have the right to be represented by counsel and a prompt hearing to contest the
18 petition.

19 Lastly, *I Liheslaturan Guåhan* finds that enhancing judicial flexibility is
20 essential in ensuring timely intervention. In cases where the subject of an AOT
21 petition has received proper notice yet fails to appear despite reasonable efforts to
22 elicit attendance, the court may proceed with the hearing in the subject's absence.
23 Such in absentia proceedings shall be authorized only when the court finds, and sets
24 forth on record, the factual basis for conducting the hearing without the individual
25 present.

26 By creating an inclusive and responsive AOT framework that reflects the
27 realities of Guam's justice and healthcare systems and empowers qualified

1 individuals to act in the interest of safety and recovery, *I Liheslaturan Guåhan*
2 reaffirms its commitment to preventing avoidable harm, supporting vulnerable
3 residents, and strengthening Guam’s behavioral health continuum.

4 **SECTION 3.** § 82A201(k) of Article 2, Chapter 82A, Title 10, Guam
5 Code Annotated, is hereby *amended* as follows:

6 “(k) Petitioner shall ~~only mean the Director of the Guam Behavioral~~
7 ~~Health and Wellness Center or his or her designee, in conjunction with the~~
8 ~~treating psychiatrist or physician who has examined the respondent and who~~
9 ~~shall file the petition:~~

10 ~~(1) *Respondent* means the person who is the subject of a~~
11 ~~petition or certificate~~

12 ~~(1) A person eighteen (18) years of age or older with whom the~~
13 ~~person who is the subject of the petition resides;~~

14 ~~(2) A person who is the parent, spouse, or sibling or child~~
15 ~~eighteen (18) years of age or older of the person who is the subject of~~
16 ~~the petition;~~

17 ~~(3) The director of a public or private agency, treatment facility,~~
18 ~~charitable organization, or licensed residential care facility providing~~
19 ~~mental health services to the person who is the subject of the petition~~
20 ~~in whose institution the subject of the petition resides;~~

21 ~~(4) The director of a hospital in which the person who is the~~
22 ~~subject of the petition is hospitalized;~~

23 ~~(5) A licensed mental health treatment provider who is either~~
24 ~~supervising the treatment of, or treating for a mental illness, the~~
25 ~~person who is the subject of the petition;~~

26 ~~(6) A peace officer, parole officer, or probation officer assigned~~
27 ~~to supervise the person who is the subject of the petition;~~

1 (7) The Guam Public Guardian, acting pursuant to Chapter 72
2 of Title 15, GCA, or any other lawful appointment;

3 (8) A judge before whom the person who is the subject of the
4 petition appears;

5 (9) The Attorney General of Guam, upon establishing probable
6 cause that the individual poses a significant threat to public safety due
7 to untreated mental illness; or

8 (10) A licensed attorney acting as a public defender, guardian
9 ad litem, or other court-appointed legal representative, upon
10 establishing that AOT would serve the best interests of the individual
11 and community.

12 **SECTION 4.** A new § 82A402 of Article 4, Chapter 82A, Title 10, Guam
13 Code Annotated, is hereby *added* to read as follows:

14 **“§ 82A402. Petition to the Court.**

15 (a) A petition for an order authorizing assisted outpatient
16 treatment (AOT) may be filed in the Superior Court of Guam.

17 (b) The petition shall state:

18 (1) each of the criteria for AOT as set forth in § 82A401
19 of this Chapter;

20 (2) facts which support the petitioner’s belief that the
21 subject of the petition meets each criterion, provided that the
22 hearing on the petition need not be limited to the stated facts;
23 and

24 (3) that the subject of the petition is present, or is
25 reasonably believed to be present, in Guam.

26 (c) The petition shall include a clinical affirmation or affidavit
27 that AOT is medically appropriate, with supporting documentation,

1 from a qualified mental health professional, who shall not be the
2 petitioner, stating either that:

3 (1) such licensed professional has personally examined
4 the subject of the petition no more than seven (7) days prior to
5 the submission of the petition, recommends AOT for the
6 subject of the petition, and is willing and able to testify at the
7 hearing on the petition; or

8 (2) no more than seven (7) days prior to the filing of the
9 petition, such licensed professional, or his or her designee, has
10 made appropriate attempts but has not been successful in
11 eliciting the cooperation of the subject of the petition to submit
12 to an examination, such professional has reason to suspect that
13 the subject of the petition meets the criteria for AOT, and such
14 professional is willing and able to examine the subject of the
15 petition and testify at the hearing on the petition.

16 **SECTION 5.** A new § 82A403 of Article 4, Chapter 82A, Title 10, Guam
17 Code Annotated, is hereby *added* to read as follows:

18 **“§ 82A403. Service.**

19 The petitioner shall cause written notice of the petition to be given to
20 the subject of the petition and a copy thereof to be given personally or by
21 mail to:

22 (a) the respondent;

23 (b) the respondent’s legal guardian or conservator, if known;

24 (c) the qualified mental health professional whose affirmation or
25 affidavit accompanied the petition; and

26 (d) the Director of the Guam Behavioral Health and Wellness Center,
27 or his or her designee.

1 **SECTION 6.** A new § 82A404 of Article 4, Chapter 82A, Title 10, Guam
2 Code Annotated, is hereby *added* to read as follows:

3 **“§ 82A404. Right to Counsel.**

4 The subject of the petition shall have the right to be represented by
5 counsel. In the event that the subject is unable to afford legal representation,
6 counsel shall be appointed for them in accordance with applicable law. ”

7 **SECTION 7.** § 82A501 of Article 5, Chapter 82A, Title 10, Guam Code
8 Annotated, is hereby *amended* to read as follows:

9 ~~“§ 82A501. Continuance~~ **Assisted Treatment Hearing.**

10 (a) Upon receipt of the petition, the court shall fix the date for a
11 hearing. Such date shall be no later than three (3) days from the date such
12 petition is received by the court, excluding Saturdays, Sundays and holidays.

13 (b) Adjournments shall be permitted only for good cause shown. In
14 granting adjournments, the court shall consider the need for further
15 examination by a licensed professional or the potential need to provide
16 assisted outpatient treatment expeditiously. The court may, for good cause,
17 order a continuance of up to forty-eight (48) hours or, if this period ends on
18 a Saturday, Sunday or holiday, to the end of the next day on which the court
19 is open. The continuance shall extend the emergency treatment/observation
20 period or any temporary treatment order until the time of the hearing.

21 (c) The court shall cause the subject of the petition, any other person
22 receiving notice as set forth in § 82A403 of this Chapter, the petitioner, the
23 qualified mental health professional whose affirmation or affidavit
24 accompanied the petition, and such other persons as the court may determine
25 to be advised of such date. Upon such date, or upon such other date to which
26 the proceeding may be adjourned, the court shall hear testimony and, if it be

1 deemed advisable and the subject of the petition is available, examine the
2 subject of the petition in or out of court.

3 (d) If the subject of the petition does not appear at the hearing, and
4 appropriate attempts to elicit the attendance of the subject have failed, the
5 court may conduct the hearing in the subject's absence. In such case, the
6 court shall set forth the factual basis for conducting the hearing without the
7 presence of the subject of the petition."

8 **SECTION 8. Effective Date.** This Act shall become effective upon
9 enactment.

10 **SECTION 9. Severability.** If any provision of this Act or its application to
11 any person or circumstance is found to be invalid or inorganic, such invalidity shall
12 not affect other provisions or applications of this Act that can be given effect
13 without the invalid provision or application, and to this end the provisions of this
14 Act are severable.

I MINA'TRENTAI OCHO NA LIHESLATURAN GUÅHAN
2025 (FIRST) Regular Session

Bill No. 219-38 (COR)

As Amended by the Committee on Health and Veterans Affairs

Introduced by:

Shelly Vargas Calvo

AN ACT TO *AMEND* SUBSECTION (K) OF §82A201 OF ARTICLE 2; TO *ADD* NEW §§ 82A402, 82A403, 82A404, 82A405, AND 82A406 TO ARTICLE 4; AND TO *AMEND* § 82A501 OF ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO EXPANDING AND SAFEGUARDING PETITIONING AUTHORITY FOR ASSISTED OUTPATIENT TREATMENT UNDER THE BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE “BABY ALEXYA LAW REFORM ACT OF 2025.

BE IT ENACTED BY THE PEOPLE OF GUAM:

SECTION 1. Short Title. This Act shall be cited as the “Baby Alexya Law Reform Act of 2025.”

SECTION 2. Legislative Findings and Intent. *I Liheslaturan Guåhan* affirms that Guam’s Baby Alexya Law, Public Law 33-71, was enacted in 2015 to prevent violence and protect public safety by enabling Assisted Outpatient Treatment (AOT) for individuals with serious, treatable mental illnesses. Nearly a decade later, a persistent procedural gap remains in Guam’s mental health framework: many

1 individuals exhibiting clear signs of psychiatric crisis continue to enter the justice
2 system before they are ever seen by behavioral health providers.

3 *I Liheslaturan Guåhan* notes that the current statute limits petitioning
4 authority to the Director of the Guam Behavioral Health and Wellness Center
5 (GBHWC), or their designee, in conjunction with the treating psychiatrist or
6 physician, creating delays in intervention and narrowing pathways for advocacy.

7 Consequently, *I Liheslaturan Guåhan* acknowledges that family members,
8 roommates, and the Public Guardian often have direct and sustained insight into a
9 person's condition and can identify escalating behavior that warrants intervention
10 before tragedy occurs. Similarly, legal advocates such as the Attorney General and
11 Public Defender, along with parole and probation officers, frequently encounter
12 individuals with untreated mental illness and are uniquely positioned to advocate for
13 early, community-based outpatient care.

14 Accordingly, *I Liheslaturan Guåhan* appreciates the unique position of trusted
15 individuals and legal officers to identify these high-risk individuals and advocate for
16 early outpatient treatment. Involving these individuals and professionals in the
17 petitioning process can lead to earlier intervention, reduced cycles of incarceration or
18 hospitalization, and improved long-term outcomes for individuals and communities
19 alike.

20 *I Liheslaturan Guåhan* further finds that jurisdictions such as California, New
21 York, and Pennsylvania demonstrate the effectiveness of granting petitioning authority
22 to a diverse array of stakeholders, resulting in reduced hospitalization rates, improved
23 treatment adherence, and enhanced public safety. Specifically, New York's Kendra's
24 Law allows trusted individuals—such as family members, licensed mental health
25 providers, and law enforcement officers—to request the filing of AOT petitions,
26 fostering early, community-based responses to mental health crises.

1 It is therefore the intent of *I Liheslaturan Guåhan* to expand the petitioning
2 authority under Guam’s Baby Alexya Law, Chapter 82A of Title 10, GGA, to include
3 designated individuals such as adult family members, roommates, licensed mental
4 health professionals, agency directors, hospital administrators, legal officers, peace
5 officers, parole and probation officers, and the Guam Public Guardian.

6 Furthermore, it is also the intent of *I Liheslaturan Guåhan* to ensure that all
7 petitions filed by new authorized entities are accompanied by current psychiatric
8 evaluations and clinical affirmations of treatment necessity, maintaining alignment
9 with medical best practices. This safeguard fosters greater inter-agency collaboration
10 among behavioral health professionals, legal advocates, and judicial authorities to
11 holistically address the intersection of untreated mental illness and public safety. Thus,
12 the process ensures that individuals are not denied potentially life-saving treatment due
13 to procedural limitations while preserving the due process and clinical integrity of the
14 AOT framework.

15 Correspondingly, *I Liheslaturan Guåhan* emphasizes the importance of a clear
16 and structured petition filing process, including the requirement for an affirmation or
17 affidavit of a treating professional and the conditions under which the petition can be
18 filed. The petitioner must also provide written notice of the petition to the subject of
19 the petition and other relevant parties. In addition, the subject of the petition shall have
20 the right to be represented by counsel and a prompt hearing to contest the petition.

21 Lastly, *I Liheslaturan Guåhan* finds that enhancing judicial flexibility is
22 essential in ensuring timely intervention. In cases where the subject of an AOT petition
23 has received proper notice yet fails to appear despite reasonable efforts to elicit
24 attendance, the court may proceed with the hearing in the subject’s absence. Such in
25 absentia proceedings shall be authorized only when the court finds, and sets forth on
26 record, the factual basis for conducting the hearing without the individual present.

1 By creating an inclusive and responsive AOT framework that reflects the
2 realities of Guam's justice and healthcare systems and empowers qualified individuals
3 to act in the interest of safety and recovery, *I Liheslaturan Guåhan* reaffirms its
4 commitment to preventing avoidable harm, supporting vulnerable residents, and
5 strengthening Guam's behavioral health continuum.

6 **SECTION 3.** § 82A201(k) and (l) of Article 2, Chapter 82A, Title 10,
7 Guam Code Annotated, is hereby *amended* as follows:

8 “(k) Petitioner shall only mean ~~the Director of the Guam Behavioral~~
9 ~~Health and Wellness Center or his or her designee, in conjunction with the~~
10 ~~treating psychiatrist or physician who has examined the respondent and who~~
11 ~~shall file the petition~~ a person who has completed any standardized petitioner
12 training required under §82A405 of this Chapter and who is one of the
13 following:

14 (1) A person eighteen (18) years of age or older who resides in
15 the same household as the person who is the subject of the petition and
16 who has regular, direct, and sustained knowledge of other person's
17 condition and recent behavior ~~with whom the person who is the subject~~
18 ~~of the petition resides;~~

19 (2) A parent, spouse, sibling, or child eighteen (18) years of age
20 or older of the person who is the subject of the petition;

21 (3) The director of a public or private agency, treatment facility,
22 charitable organization, or licensed residential care facility providing
23 mental health services to the person who is the subject of the petition in
24 whose institution the subject of the petition resides;

25 (4) The director of a hospital in which the person who is the
26 subject of the petition is hospitalized;

1 (5) A licensed mental health treatment provider who is either
2 supervising the treatment of, or treating for a mental illness, the person
3 who is the subject of the petition;

4 (6) A peace officer or probation officer assigned to supervise the
5 person who is the subject of the petition;

6 (7) The Guam Public Guardian, acting pursuant to Chapter 72 of
7 Title 15, GCA, or any other lawful appointment; or

8 (8) A legal officer or licensed attorney who is not involved in
9 adjudicating, prosecuting, or defending the person who is the subject
10 of the petition in the same proceeding and who has lawful
11 professional basis to believe that AOT may be appropriate.

12 ~~(1) *Respondent* means the person who is the subject of a~~
13 ~~petition or certificate~~

14 **SECTION 4.** A new § 82A402 of Article 4, Chapter 82A, Title 10, Guam
15 Code Annotated, is hereby *added* to read as follows:

16 **“§ 82A402. Petition to the Court.**

17 (a) A petition for an order authorizing assisted outpatient
18 treatment (AOT) may be filed in the Superior Court of Guam.

19 (b) The petition shall state:

20 (1) each of the criteria for AOT as set forth in § 82A401
21 of this Chapter;

22 (2) facts which support the petitioner’s belief that the
23 subject of the petition meets each criterion, provided that the
24 hearing on the petition need not be limited to the stated facts; and

25 (3) that the subject of the petition is present, or is
26 reasonably believed to be present, in Guam.

1 (c) The petition shall include a clinical affirmation or affidavit
2 that AOT is medically appropriate, with supporting documentation,
3 from a qualified mental health professional, who shall not be the
4 petitioner, stating either that:

5 (1) such licensed professional has personally examined the
6 subject of the petition no more than seven (7) days prior to the
7 submission of the petition, recommends AOT for the subject of
8 the petition, and is willing and able to testify at the hearing on
9 the petition; or

10 (2) no more than seven (7) days prior to the filing of the
11 petition, such licensed professional, or his or her designee, has
12 made appropriate attempts but has not been successful in
13 eliciting the cooperation of the subject of the petition to submit
14 to an examination, such professional has reason to suspect that
15 the subject of the petition meets the criteria for AOT, and such
16 professional is willing and able to examine the subject of the
17 petition and testify at the hearing on the petition.

18 **SECTION 5.** A *new* § 82A403 of Article 4, Chapter 82A, Title 10, Guam
19 Code Annotated, is hereby *added* to read as follows:

20 **“§ 82A403. Service.**

21 The petitioner shall cause written notice of the petition to be served
22 upon the respondent and shall cause a copy thereof to be served personally or
23 by certified mail upon:

24 (a) the respondent;

25 (b) the respondent’s legal guardian or conservator, if known;

26 (c) the qualified mental health professional whose affirmation or
27 affidavit accompanied the petition; and

1 (d) the Director of the Guam Behavioral Health and Wellness Center,
2 or his or her designee.

3 (e) any other person the court directs. Notice shall be

4 **SECTION 6.** A new § 82A404 of Article 4, Chapter 82A, Title 10, Guam
5 Code Annotated, is hereby *added* to read as follows:

6 **“§ 82A404. Right to Counsel.**

7 The subject of the petition shall have the right to be represented by
8 counsel at every critical stage of the proceeding. If the subject is financially
9 unable to obtain counsel, the court shall appoint counsel without cost to the
10 subject. Counsel shall be provided sufficient time and access to relevant
11 records, consistent with applicable confidentiality law, to prepare for the
12 hearing.”

13 **SECTION 7.** A new § 82A405 of Article 4, Chapter 82A, Title 10, Guam Code
14 Annotated, is hereby *added* to read as follows:

15 **“§ 82A405. Petitioner Training and Oversight.**

16 (a) The Guam Behavioral Health and Wellness Center, in consultation
17 with the Superior Court of Guam, the Office of the Public Defender, the Office
18 of the Attorney General, and qualified consumer and family advocates, shall
19 develop a standardized training program for non-clinical petitioners. The
20 training shall address the statutory criteria for AOT, the distinction between
21 dangerousness and nonconforming behavior, confidentiality, cultural
22 competency, least restrictive care, recovery-oriented treatment, conflicts of
23 interest, and the prohibition against using AOT for punishment, coercion,
24 retaliation, or convenience.

25 (b) Before filing a petition, a non-clinical petitioner shall certify
26 completion of the standardized training, except that the court may permit an

1 emergency filing upon a showing of good cause and require completion
2 thereafter.

3 (c) GBHWC shall maintain de-identified data regarding petitions filed,
4 petitioner categories, dispositions, order duration, renewals, and demographic
5 information sufficient to identify disparities while protecting confidentiality.
6 GBHWC shall submit an annual report to *I Maga'hågan Guåhan* and the
7 Speaker of *I Liheslaturan Guåhan* and shall convene an advisory oversight
8 group that includes clinical, legal, consumer, family, and civil-rights
9 representatives to review implementation and recommend corrective action.”

10 **SECTION 8.** *A new* § 82A406 of Article 4, Chapter 82A, Title 10, Guam Code
11 Annotated, is hereby *added* to read as follows:

12 “§ 82A406. Evidentiary Standard; Duration; Review; and Appeal.

13 (a) The court may order AOT only upon clear and convincing evidence
14 that the respondent meets every criterion set forth in § 82A401 and that the
15 proposed treatment plan is medically appropriate, individualized, recovery-
16 oriented, and the least restrictive available alternative reasonably capable of
17 meeting the respondent’s treatment needs and protecting the respondent or the
18 public.

19 (b) An initial AOT order shall not exceed six (6) months. The court
20 shall review the order at least once every ninety (90) days. Continuation or
21 renewal shall require a new finding, by clear and convincing evidence, that
22 the statutory criteria remain satisfied and that less restrictive alternatives
23 remain insufficient.

24 (c) The respondent, respondent’s counsel, legal guardian, or treating
25 qualified mental health professional may move at any time for modification
26 or termination of the order based on changed circumstances, treatment

1 progress, the availability of a less restrictive alternative, or failure to provide
2 the services required by the treatment plan.

3 (d) A respondent may appeal an order granting, renewing, or materially
4 modifying AOT in the same manner as permitted for other final civil orders.
5 Unless otherwise ordered by the appellate court, the filing of an appeal does
6 not automatically stay an order, but expedited review shall be available.”

7 **SECTION 9.** § 82A501 of Article 5, Chapter 82A, Title 10, Guam Code
8 Annotated, is hereby *amended* to read as follows:

9 **“§ 82A501.-Continuance Assisted Treatment Hearing.**

10 ~~The court may, for good cause, order a continuance of up to forty-eight (48)~~
11 ~~hours or, if this period ends on a Saturday, Sunday or holiday, to the end of the next day~~
12 ~~on which the court is open. The continuance shall extend the emergency~~
13 ~~treatment/observation period or any temporary treatment order until the time of the~~
14 ~~hearing.~~

15 (a) Upon receipt of the petition, the court shall fix the date for a hearing.
16 Such date shall be no later than seven (7) days from the date such petition is
17 received by the court, excluding Saturdays, Sundays and holidays and shall
18 occur no earlier than seventy-two (72) hours after service unless the
19 respondent, after consultation with counsel, knowingly and voluntarily wave
20 the notice period.

21 (b) Adjournments shall be permitted only for good cause shown. In
22 granting adjournments, the court shall consider the need for further
23 examination by a licensed professional or the potential need to provide
24 assisted outpatient treatment expeditiously. The court may, for good cause,
25 order a continuance of up to forty-eight (48) hours or, if this period ends on a
26 Saturday, Sunday or holiday, to the end of the next day on which the court is

1 open. The continuance shall extend the emergency treatment/observation
2 period or any temporary treatment order until the time of the hearing.

3 (c) The court shall cause the subject of the petition, any other person
4 receiving notice as set forth in § 82A403 of this Chapter, the petitioner, the
5 qualified mental health professional whose affirmation or affidavit
6 accompanied the petition, and such other persons as the court may determine
7 to be advised of such date. Upon such date, or upon such other date to which
8 the proceeding may be adjourned, the court shall hear testimony and, if it be
9 deemed advisable and the subject of the petition is available, examine the
10 subject of the petition in or out of court.

11 (d) An in absentia hearing may proceed only after the court finds that
12 documented, reasonable efforts to contact the subject and secure the subject's
13 attendance have failed and that proceeding without the subject is necessary to
14 prevent undue delay or substantial risk of harm. The court shall state for the
15 record the specific efforts made and the factual basis supporting the finding
16 of necessity."

17 **SECTION 10. Effective Date.** This Act shall become effective upon
18 enactment.

19 **SECTION 11. Three-Year Legislative Review.** No later than three (3) years
20 after the effective date of this Act, GBHWC shall submit to *I Maga'hågan Guåhan*
21 and the Speaker of *I Liheslaturan Guåhan* a comprehensive implementation report
22 evaluating petition volume, petitioner training, case outcomes, treatment access,
23 disparities, due-process compliance, order duration and renewal, adverse events, and
24 recommendations for amendment or continuation. The appropriate standing
25 committee of *I Liheslaturan Guåhan* shall conduct a public oversight hearing on the
26 report.

1 **SECTION 12. Severability.** If any provision of this Act or its application to
2 any person or circumstance is found to be invalid or inorganic, such invalidity shall
3 not affect other provisions or applications of this Act that can be given effect without
4 the invalid provision or application, and to this end the provisions of this Act are
5 severable.

I MINA'TRENTAI OCHO NA LIHESLATURAN GUÅHAN
2025 (FIRST) Regular Session

Bill No. 219-38 (COR)

As amended; and substituted by the
Committee on Health and Veterans Affairs.

Introduced by:

Shelly V. Calvo

**AN ACT TO *AMEND* OF § 82A201(k) OF ARTICLE 2; TO
ADD NEW §§ 82A402, 82A403, 82A404, 82A405, AND
82A406 TO ARTICLE 4; AND TO *AMEND* § 82A501 OF
ARTICLE 5; ALL OF CHAPTER 82A, TITLE 10, GUAM
CODE ANNOTATED, RELATIVE TO EXPANDING AND
SAFEGUARDING PETITIONING AUTHORITY FOR
ASSISTED OUTPATIENT TREATMENT UNDER THE
BABY ALEXYA LAW; AND TO CITE THIS ACT AS THE
“BABY ALEXYA LAW REFORM ACT OF 2025.**

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Short Title. This Act shall be cited as the “Baby Alexya Law Reform Act of 2025.”

Section 2. Legislative Findings and Intent. *I Liheslaturan Guåhan* affirms that Guam’s Baby Alexya Law, Public Law 33-71, was enacted in 2015 to prevent violence and protect public safety by enabling Assisted Outpatient Treatment (AOT) for individuals with serious, treatable mental illnesses. Nearly a decade later, a persistent procedural gap remains in Guam’s mental health framework: many individuals exhibiting clear signs of psychiatric crisis continue to enter the justice system before they are ever seen by behavioral health providers.

I Liheslatura notes that the current statute limits petitioning authority to the Director of the Guam Behavioral Health and Wellness Center (GBHWC), or their

1 designee, in conjunction with the treating psychiatrist or physician, creating delays in
2 intervention and narrowing pathways for advocacy.

3 Consequently, *I Liheslatura* acknowledges that adult family members,
4 household members and direct knowledge of the individual's condition, and the
5 Public Guardian may be able to identify escalating behavior that warrants intervention
6 before tragedy occurs. Similarly, parole and probation officers, agency directors,
7 hospital administrators, licensed mental health professionals, and legal officers who
8 are not involved in adjudicating or defending the subject in the same proceeding may
9 be positioned to request early, community-based outpatient care.

10 Accordingly, *I Liheslatura* appreciates the unique position of trusted individuals
11 and legal officers to identify these high-risk individuals and advocate for early
12 outpatient treatment. Involving these individuals and professionals in the petitioning
13 process can lead to earlier intervention, reduced cycles of incarceration or
14 hospitalization, and improved long-term outcomes for individuals and communities
15 alike.

16 *I Liheslatura* further finds that jurisdictions such as California, New York, and
17 Pennsylvania demonstrate the effectiveness of granting petitioning authority to a
18 diverse array of stakeholders, resulting in reduced hospitalization rates, improved
19 treatment adherence, and enhanced public safety. Specifically, New York's *Kendra's*
20 *Law* allows trusted individuals—such as family members, licensed mental health
21 providers, and law enforcement officers—to request the filing of AOT petitions,
22 fostering early, community-based responses to mental health crises.

23 It is therefore the intent of *I Liheslaturan Guåhan* to expand the petitioning
24 authority under Guam's Baby Alexya Law, Chapter 82A of Title 10, GGA, to include
25 designated adult family members, qualifying household members, licensed mental
26 health professionals, agency directors, hospital administrators, parole and probation
27 officers, the Guam Public Guardian, and limited legal officers or attorneys who have

1 no conflict of interest in the same proceeding.

2 Furthermore, it is also the intent of *I Liheslatura* to ensure that all petitions filed
3 by new authorized entities are accompanied by current psychiatric evaluations and
4 clinical affirmations of treatment necessity, maintaining alignment with medical best
5 practices. This safeguard fosters greater inter-agency collaboration among behavioral
6 health professionals, legal advocates, and judicial authorities to holistically address the
7 intersection of untreated mental illness and public safety. Thus, the process ensures that
8 individuals are not denied potentially life-saving treatment due to procedural limitations
9 while preserving the due process and clinical integrity of the AOT framework.

10 Correspondingly, *I Liheslatura* emphasizes the importance of a clear and
11 structured petition filing process, including the requirement for an affirmation or
12 affidavit of a treating professional and the conditions under which the petition can be
13 filed. The petitioner must also provide written notice of the petition to the subject of the
14 petition and other relevant parties. In addition, the subject of the petition shall have the
15 right to be represented by counsel and a prompt hearing to contest the petition.

16 Lastly, *I Liheslatura* finds that enhancing judicial flexibility is essential in
17 ensuring timely intervention. In cases where the subject of an AOT petition has received
18 proper notice yet fails to appear despite reasonable efforts to elicit attendance, the court
19 may proceed with the hearing in the subject's absence. Such in absentia proceedings
20 shall be authorized only when the court finds, and sets forth on record, the factual basis
21 for conducting the hearing without the individual present.

22 By creating an inclusive and responsive AOT framework that reflects the
23 realities of Guam's justice and healthcare systems and empowers qualified individuals
24 to act in the interest of safety and recovery, *I Liheslatura* reaffirms its commitment to
25 preventing avoidable harm, supporting vulnerable residents, and strengthening Guam's
26 behavioral health continuum. Assisted outpatient treatment shall be ordered and
27 implemented in a manner consistent with the principles of least restrictive care,

1 individualized treatment, recovery-oriented practice, and respect for the dignity and
2 legal rights of the respondent.

3 **Section 3.** § 82A201(k) of Article 2, Chapter 82A, Title 10, Guam Code
4 Annotated, is hereby *amended* as follows:

5 “(k) *Petitioner* shall only mean ~~the Director of the Guam Behavioral~~
6 ~~Health and Wellness Center or his or her designee, in conjunction with the~~
7 ~~treating psychiatrist or physician who has examined the respondent and who~~
8 ~~shall file the petition~~ a person who has completed any standardized
9 petitioner training required under §82A405 of this Chapter and who is
10 one of the following:

11 (1) A parent, spouse, sibling, or child eighteen (18) years of
12 age or older of the person who is the subject of the petition;;

13 (2) The director of a public or private agency, treatment
14 facility, charitable organization, or licensed residential care facility
15 providing mental health services to the person who is the subject of the
16 petition in whose institution the subject of the petition resides;

17 (3) The director of a hospital in which the person who is the
18 subject of the petition is hospitalized;

19 (4) A licensed mental health treatment provider who is either
20 supervising the treatment of, or treating for a mental illness, the person
21 who is the subject of the petition;

22 (5) A parole officer, or probation officer assigned to supervise
23 the person who is the subject of the petition;

24 (6) The Guam Public Guardian, acting pursuant to Chapter 72
25 of Title 15, GCA, or any other lawful appointment;

26 (7) A legal officer or licensed attorney who is not involved in
27 adjudicating, prosecuting, or defending the person who is the subject of

1 the petition in the same proceeding and who has a lawful professional
2 basis to believe that AOT may be appropriate.”

3 **Section 4.** A new § 82A402 of Article 4, Chapter 82A, Title 10, Guam Code
4 Annotated, is hereby *added* to read as follows:

5 **“§ 82A402. Petition to the Court.**

6 (a) A petition for an order authorizing assisted outpatient treatment
7 (AOT) may be filed in the Superior Court of Guam.

8 (b) The petition shall state:

9 (1) each of the criteria for AOT as set forth in § 82A401 of this
10 Chapter;

11 (2) facts which support the petitioner’s belief that the subject of
12 the petition meets each criterion, provided that the hearing on the petition
13 need not be limited to the stated facts; and

14 (3) that the subject of the petition is present, or is reasonably
15 believed to be present, in Guam.

16 (c) The petition shall include a clinical affirmation or affidavit that
17 AOT is medically appropriate, with supporting documentation, from a
18 qualified mental health professional, who shall not be the petitioner, stating
19 either that:

20 (1) such licensed professional has personally examined the
21 subject of the petition no more than seven (7) days prior to the submission
22 of the petition, recommends AOT for the subject of the petition, and is
23 willing and able to testify at the hearing on the petition; or

24 (2) no more than seven (7) days prior to the filing of the petition,
25 such licensed professional, or his or her designee, has made appropriate
26 attempts but has not been successful in eliciting the cooperation of the
27 subject of the petition to submit to an examination, such professional has

1 reason to suspect that the subject of the petition meets the criteria for AOT,
2 and such professional is willing and able to examine the subject of the
3 petition and testify at the hearing on the petition.”

4 (d) If the subject of the petition refuses examination, a second licensed
5 mental health professional must review the petition and affirm the necessity of
6 the assisted outpatient treatment before filing. This additional review would
7 provide an important check in cases when direct examination is not possible.”

8 **Section 5.** A new § 82A403 of Article 4, Chapter 82A, Title 10, Guam Code
9 Annotated, is hereby *added* to read as follows:

10 **“§ 82A403. Service.**

11 The petitioner shall cause written notice of the petition to be served upon
12 the respondent and shall cause a copy thereof to be served personally or by
13 certified mail upon:

14 (a) the respondent;

15 (b) the respondent’s legal guardian or conservator, if known;

16 (c) the qualified mental health professional whose affirmation or
17 affidavit accompanied the petition; and

18 (d) the Director of the Guam Behavioral Health and Wellness Center,
19 or his or her designee.

20 (e) any other person the court directs.

21 Notice shall be served at least seventy-two (72) hours before the
22 hearing, unless the respondent, after consultation with counsel, knowingly and
23 voluntarily waives the notice period.”

24 **Section 6.** A new § 82A404 of Article 4, Chapter 82A, Title 10, Guam Code
25 Annotated, is hereby *added* to read as follows:

26 **“§ 82A404. Right to Counsel.**

1 The subject of the petition shall have the right to be represented by counsel
2 at every critical stage of the proceeding. If the subject is financially unable to
3 obtain counsel, the court shall appoint counsel without cost to the subject.
4 Counsel shall be provided sufficient time and access to relevant records,
5 consistent with applicable confidentiality law, to prepare for the hearing.”

6 **Section 7.** A new § 82A405 of Article 4, Chapter 82A, Title 10, Guam Code
7 Annotated, is hereby added to read as follows:

8 **“§ 82A405. Petitioner Training and Oversight.**

9 (a) The Guam Behavioral Health and Wellness Center, in
10 consultation with the Superior Court of Guam, the Office of the Public
11 Defender, the Office of the Attorney General, and qualified consumer and
12 family advocates, shall develop a standardized training program for non-
13 clinical petitioners. The training shall address the statutory criteria for AOT,
14 the distinction between dangerousness and nonconforming behavior,
15 confidentiality, cultural competency, least restrictive care, recovery-oriented
16 treatment, conflicts of interest, and the prohibition against using AOT for
17 punishment, coercion, retaliation, or convenience.

18 (b) Before filing a petition, a non-clinical petitioner shall certify
19 completion of the standardized training, except that the court may permit an
20 emergency filing upon a showing of good cause and require completion
21 thereafter.

22 (c) GBHWC shall maintain de-identified data regarding petitions
23 filed, petitioner categories, dispositions, order duration, renewals, and
24 demographic information sufficient to identify disparities while protecting
25 confidentiality. GBHWC shall submit an annual report to *I Maga’hågan*
26 *Guåhan* and the Speaker of *I Liheslaturan Guåhan* and shall convene an
27 advisory oversight group that includes clinical, legal, consumer, family, and

1 civil-rights representatives to review implementation and recommend
2 corrective action.”

3 **Section 8.** A new § 82A406 of Article 4, Chapter 82A, Title 10, Guam Code
4 Annotated, is hereby *added* to read as follows:

5 **“§ 82A406. Evidentiary Standard; Duration; Review; and Appeal.**

6 (a) The court may order AOT only upon clear and convincing
7 evidence that the respondent meets every criterion set forth in § 82A401 and
8 that the proposed treatment plan is medically appropriate, individualized,
9 recovery-oriented, and the least restrictive available alternative reasonably
10 capable of meeting the respondent’s treatment needs and protecting the
11 respondent or the public.

12 (b) An initial AOT order shall not exceed six (6) months. The court
13 shall review the order at least once every ninety (90) days. Continuation or
14 renewal shall require a new finding, by clear and convincing evidence, that
15 the statutory criteria remain satisfied and that less restrictive alternatives
16 remain insufficient.

17 (c) The respondent, respondent’s counsel, legal guardian, or treating
18 qualified mental health professional may move at any time for modification
19 or termination of the order based on changed circumstances, treatment
20 progress, the availability of a less restrictive alternative, or failure to provide
21 the services required by the treatment plan.

22 (d) A respondent may appeal an order granting, renewing, or
23 materially modifying AOT in the same manner as permitted for other final
24 civil orders. Unless otherwise ordered by the appellate court, the filing of an
25 appeal does not automatically stay an order, but expedited review shall be
26 available.”

1 **Section 9.** § 82A501 Assisted Treatment Hearing of Article 5, Chapter 82A,
2 Title 10, Guam Code Annotated, is hereby *amended* to read as follows:

3 **“§ 82A501. ~~Continuance~~ Assisted Treatment Hearing.**

4 ~~The court may, for good cause, order a continuance of up to forty-eight~~
5 ~~(48) hours or, if this period ends on a Saturday, Sunday or holiday, to the end of~~
6 ~~the next day on which the court is open. The continuance shall extend the~~
7 ~~emergency treatment/observation period or any temporary treatment order until~~
8 ~~the time of the hearing.~~

9 (a) Upon receipt of the petition, the court shall fix the date for a
10 hearing. The hearing shall be scheduled no later than seven (7) days from the
11 date the petition is received by the court, excluding Saturdays, Sundays, and
12 holidays, and shall occur no earlier than seventy-two (72) hours after service
13 unless the respondent, after consultation with counsel, knowingly and voluntarily
14 waives the notice period.

15 (b) Adjournments shall be permitted only for good cause shown. In
16 granting adjournments, the court shall consider the need for further examination
17 by a licensed professional or the potential need to provide assisted outpatient
18 treatment expeditiously. The court may, for good cause, order a continuance of
19 up to forty-eight (48) hours or, if this period ends on a Saturday, Sunday or
20 holiday, to the end of the next day on which the court is open. The continuance
21 shall extend the emergency treatment/observation period or any temporary
22 treatment order until the time of the hearing.

23 (c) The court shall cause the subject of the petition, any other person
24 receiving notice as set forth in § 82A403 of this Chapter, the petitioner, the
25 qualified mental health professional whose affirmation or affidavit accompanied
26 the petition, and such other persons as the court may determine to be advised of
27 such date. Upon such date, or upon such other date to which the proceeding may

1 be adjourned, the court shall hear testimony and, if it be deemed advisable and
2 the subject of the petition is available, examine the subject of the petition in or
3 out of court.

4 (1) The court shall determine, based on each of the criteria
5 pursuant to § 82A401 of this Chapter that the subject of the petition meets,
6 the duration of an AOT order.

7 (2) The court shall establish guidelines for periodic review of
8 the AOT order on a quarterly basis by a qualified mental health
9 professional, to ensure that AOT remains medically appropriate for the
10 subject of the petition.

11 (3) Within thirty (30) days of the adjournment of the hearing,
12 the subject of the petition or their counsel may appeal an AOT order or
13 request modification of the order.

14 (i) The court shall fix the date for a rehearing and a
15 review of the proceedings already had no later than seven (7) days
16 from the date such appeal or request is received by the court,
17 excluding Saturdays, Sundays, and holidays.

18 (ii) New evidence and/or arguments, including but not
19 limited to, medical records, medical examination, supporting
20 documentation, and testimony by the qualified mental health
21 professional supervising the treatment of the person who is the
22 subject of the petition, may be presented during rehearing.

23 (iii) If the court finds that there is probable cause for such
24 appeal or request for modification, the court shall make appropriate
25 or reasonable modifications to the AOT order or its duration, order
26 a new AOT plan, or repeal the AOT order.

1 (iv) If the court finds that there is no probable cause for
2 such appeal or request for modification, the court shall certify that
3 fact and authorize the continuance of the AOT order. The
4 certification shall be filed with the public or private agency,
5 treatment facility, charitable organization, or licensed residential
6 care facility providing mental health services to the person who is
7 the subject of the petition and in which the subject resides.

8 (d) An in absentia hearing may proceed only after the court finds that
9 documented, reasonable efforts to contact the subject and secure the subject's
10 attendance have failed and that proceeding without the subject is necessary to
11 prevent undue delay or substantial risk of harm. The court shall state for the
12 record the specific efforts made and the factual basis supporting the finding of
13 necessity."

14 **Section10. Effective Date.** This Act shall become effective upon enactment.

15 **Section 11. Three-Year Legislative Review.** No later than three (3) years
16 after the effective date of this Act, GBHWC shall submit to *I Maga'hågan Guåhan*
17 and the Speaker of *I Liheslaturan Guåhan* a comprehensive implementation report
18 evaluating petition volume, petitioner training, case outcomes, treatment access,
19 disparities, due-process compliance, order duration and renewal, adverse events, and
20 recommendations for amendment or continuation. The appropriate standing
21 committee of *I Liheslaturan Guåhan* shall conduct a public oversight hearing on the
22 report.

23 **Section 12. Severability.** If any provision of this Act or its application to any
24 person or circumstance is found to be invalid or inorganic, such invalidity shall not
25 affect other provisions or applications of this Act that can be given effect without the
26 invalid provision or application, and to this end the provisions of this Act are severable.

I MINA'TRENTAI OCHO NA LIHESLATURAN GUÅHAN
2025 (FIRST) Regular Session

Bill No. 219-38 (COR)—

As amended; further amended; and substituted
by the
Committee on Health and Veterans Affairs.

~~As Amended by the Committee on Health and Veterans Affairs~~

Introduced by: _____

Shelly V. Calvo _____

**AN ACT TO ~~AMEND SUBSECTION (K) OF § 82A201-(k)~~
OF ARTICLE 2; TO ~~ADD NEW §§ 82A402, § 82A403,~~
~~AND § 82A404, 82A405, AND 82A406 TO ARTICLE 4; AND~~
TO ~~AMEND § 82A501 OF ARTICLE 5; ALL OF CHAPTER~~
82A, TITLE 10, GUAM CODE ANNOTATED, RELATIVE
TO EXPANDING AND SAFEGUARDING PETITIONING
AUTHORITY FOR ASSISTED OUTPATIENT
TREATMENT UNDER THE BABY ALEXYA LAW; AND
TO CITE THIS ACT AS THE “BABY ALEXYA LAW
REFORM ACT OF 2025.**

Commented [RM1]: CR reflect.

BE IT ENACTED BY THE PEOPLE OF GUAM:

~~**SECTION**~~ **Section** **1.- Short Title.** This Act shall be cited as the “Baby
Alexya Law Reform Act of 2025.”

~~**SECTION**~~ **Section** **2. -Legislative Findings and Intent.** *I Liheslaturan*
~~*Guåhan*~~ *Guåhan* affirms that Guam’s Baby Alexya Law, Public Law 33-71, was
enacted in 2015 to prevent violence and protect public safety by enabling Assisted
Outpatient Treatment (AOT) for individuals with serious, treatable mental illnesses.
Nearly a decade later, a persistent procedural gap remains in Guam’s mental health

1 framework: many individuals exhibiting clear signs of psychiatric crisis continue to
2 enter the justice system before they are ever seen by behavioral health providers.

3 *I Liheslatura* notes that the current statute limits petitioning authority to the
4 Director of the Guam Behavioral Health and Wellness Center (GBHWC), or their
5 designee, in conjunction with the treating psychiatrist or physician, creating delays in
6 intervention and narrowing pathways for advocacy.

7 Consequently, *I Liheslatura* acknowledges that adult family members,
8 ~~roommates, and the Public Guardian, often have direct and sustained insight into a~~
9 ~~person's condition and can~~ household members and direct knowledge of the
10 individual's condition, and the Public Guardian may be able to identify escalating
11 behavior that warrants intervention before tragedy occurs. Similarly, ~~legal advocates~~
12 ~~such as the Attorney General and Public Defender, along with parole and probation~~
13 ~~officers, frequently encounter individuals with untreated mental illness and are uniquely~~
14 ~~positioned to advocate for early, community-based outpatient care.~~ parole and
15 probation officers, agency directors, hospital administrators, licensed mental health
16 professionals, and legal officers who are not involved in adjudicating or defending
17 the subject in the same proceeding may be positioned to request early, community-
18 based outpatient care.

Commented [RM2]: SUB Language

Commented [RM3]: SUB Language

19
20 Accordingly, *I Liheslatura* appreciates the unique position of trusted individuals
21 and legal officers to identify these high-risk individuals and advocate for early
22 outpatient treatment. Involving these individuals and professionals in the petitioning
23 process can lead to earlier intervention, reduced cycles of incarceration or
24 hospitalization, and improved long-term outcomes for individuals and communities
25 alike.

26 *I Liheslatura* further finds that jurisdictions such as California, New York, and
27 Pennsylvania demonstrate the effectiveness of granting petitioning authority to a

1 diverse array of stakeholders, resulting in reduced hospitalization rates, improved
2 treatment adherence, and enhanced public safety. Specifically, New York’s *Kendra’s*
3 *Law* allows trusted individuals—such as family members, licensed mental health
4 providers, and law enforcement officers—to request the filing of AOT petitions,
5 fostering early, community-based responses to mental health crises.

6 It is therefore the intent of *I Liheslaturan Guåhan* to expand the petitioning
7 authority under Guam’s Baby Alexya Law, Chapter 82A of Title 10, GGA, to include
8 designated ~~individuals such as adult family members, roommates, licensed mental~~
9 ~~health professionals, agency directors, hospital administrators, legal officers, peace~~
10 ~~officers, parole and probation officers, and the Guam Public Guardian.~~ adult family
11 members, qualifying household members, licensed mental health professionals, agency
12 directors, hospital administrators, parole and probation officers, the Guam Public
13 Guardian, and limited legal officers or attorneys who have no conflict of interest in the
14 same proceeding.

Commented [RM4]: SUB Language

15 Furthermore, it is also the intent of *I Liheslatura* to ensure that all petitions filed
16 by new authorized entities are accompanied by current psychiatric evaluations and
17 clinical affirmations of treatment necessity, maintaining alignment with medical best
18 practices. This safeguard fosters greater inter-agency collaboration among behavioral
19 health professionals, legal advocates, and judicial authorities to holistically address the
20 intersection of untreated mental illness and public safety. Thus, the process ensures that
21 individuals are not denied potentially life-saving treatment due to procedural limitations
22 while preserving the due process and clinical integrity of the AOT framework.

23 Correspondingly, *I Liheslatura* emphasizes the importance of a clear and
24 structured petition filing process, including the requirement for an affirmation or
25 affidavit of a treating professional and the conditions under which the petition can be
26 filed. The petitioner must also provide written notice of the petition to the subject of the
27 petition and other relevant parties. In addition, the subject of the petition shall have the

1 right to be represented by counsel and a prompt hearing to contest the petition.

2 Lastly, *I Liheslatura* finds that enhancing judicial flexibility is essential in
3 ensuring timely intervention. In cases where the subject of an AOT petition has received
4 proper notice yet fails to appear despite reasonable efforts to elicit attendance, the court
5 may proceed with the hearing in the subject's absence. Such in absentia proceedings
6 shall be authorized only when the court finds, and sets forth on record, the factual basis
7 for conducting the hearing without the individual present.

8 By creating an inclusive and responsive AOT framework that reflects the
9 realities of Guam's justice and healthcare systems and empowers qualified individuals
10 to act in the interest of safety and recovery, *I Liheslatura* reaffirms its commitment to
11 preventing avoidable harm, supporting vulnerable residents, and strengthening Guam's
12 behavioral health continuum. Assisted outpatient treatment shall be ordered and
13 implemented in a manner consistent with the principles of least restrictive care,
14 individualized treatment, recovery-oriented practice, and respect for the dignity and
15 legal rights of the respondent.

Commented [RM5]: SUB Language

16 ~~SECTION~~Section -3. § 82A201(k) of Article 2, Chapter 82A, Title 10,
17 Guam Code Annotated, is hereby *amended* as follows:

18 “(k) Petitioner shall only mean the Director of the Guam Behavioral
19 Health and Wellness Center or his or her designee, in conjunction with the
20 treating psychiatrist or physician who has examined the respondent and who
21 shall file the petition ~~the Director of the Guam Behavioral Health and~~
22 ~~Wellness Center or his or her designee, in conjunction with the treating~~
23 ~~psychiatrist or physician who has examined the respondent and who shall file~~
24 ~~the petition~~ a person who has completed any standardized petitioner training
25 required under §82A405 of this Chapter and who is one of the following:

26 (1) A person eighteen (18) years of age or older who resides in the same
27 household as the person who is the subject of the petition and who has regular,

1 ~~direct, and sustained knowledge of other person's condition and recent~~
2 ~~behavior with whom the person who is the subject of the petition resides;~~

3 ~~(2-1)-~~ A parent, spouse, sibling, or child eighteen (18) years of
4 age or older of the person who is the subject of the petition;:

5 ~~(3-2)-~~ The director of a public or private agency, treatment
6 facility, charitable organization, or licensed residential care facility
7 providing mental health services to the person who is the subject of the
8 petition in whose institution the subject of the petition resides;

9 ~~((4-3)-)~~ The director of a hospital in which the person who
10 is the subject of the petition is hospitalized;

11 ~~(5-4)-~~ A licensed mental health treatment provider who is either
12 supervising the treatment of, or treating for a mental illness, the person
13 who is the subject of the petition;

14 ~~(6-5)-~~ A ~~peace officer,~~ parole officer, or probation officer
15 assigned to supervise the person who is the subject of the petition;

Commented [RM6]: SUB Language

16 ~~(7-6)-~~ The Guam Public Guardian, acting pursuant to Chapter 72
17 of Title 15, GCA, or any other lawful appointment;

18 ~~(8-7) A judge before whom the person who is the subject of the~~
19 ~~petition appears;~~

20 ~~((9-78)-~~ A legal officer or licensed attorney who is not
21 involved in adjudicating, prosecuting, or defending the person who is
22 the subject of the petition in the same proceeding and who has a lawful
23 professional basis to believe that AOT may be appropriate.”

24 ~~(1) Respondent means the person who is the subject of a petition~~
25 ~~or certificate~~

Commented [RM7]: SUB Language

26 **SECTION** ~~Section~~ 4-. ___ A new § 82A402 of Article 4, Chapter 82A, Title 10,

27 Guam Code Annotated, is hereby *added* to read as follows:

1 **“§ 82A402-. Petition to the Court.**

2 ~~(a)-~~ A petition for an order authorizing assisted outpatient treatment
3 (AOT) may be filed in the Superior Court of Guam.

4 ~~(b)-~~ The petition shall state:

5 ~~(1)-~~ each of the criteria for AOT as set forth in § 82A401 of this
6 Chapter;

7 ~~(2)-~~ facts which support the petitioner’s belief that the subject of
8 the petition meets each criterion, provided that the hearing on the petition
9 need not be limited to the stated facts; and

10 ~~(3)-~~ that the subject of the petition is present, or is reasonably
11 believed to be present, in Guam.

12 ~~(c)-~~ The petition shall include a clinical affirmation or affidavit that
13 AOT is medically appropriate, with supporting documentation, from a
14 qualified mental health professional, who shall not be the petitioner, stating
15 either that:

16 ~~(1)-~~ such licensed professional has personally examined the
17 subject of the petition no more than seven (7) days prior to the submission
18 of the petition, recommends AOT for the subject of the petition, and is
19 willing and able to testify at the hearing on the petition; or

20 ~~(2)-~~ no more than seven (7) days prior to the filing of the petition,
21 such licensed professional, or his or her designee, has made appropriate
22 attempts but has not been successful in eliciting the cooperation of the
23 subject of the petition to submit to an examination, such professional has
24 reason to suspect that the subject of the petition meets the criteria for AOT,
25 and such professional is willing and able to examine the subject of the
26 petition and testify at the hearing on the petition.”

1 ~~(d-)~~ If the subject of the petition refuses examination, a second licensed
2 mental health professional must review the petition and affirm the necessity of
3 the assisted outpatient treatment before filing. This additional review would
4 provide an important check in cases when direct examination is not possible.”

5 ~~SECTION~~Section -5. -A new § 82A403 of Article 4, Chapter 82A, Title 10,
6 Guam Code Annotated, is hereby *added* to read as follows:

7 “§ 82A403. -Service.

8 The petitioner shall cause written notice of the petition to be served upon
9 the respondent and shall cause a copy thereof to be served personally or by
10 certified mail upon:

11 ~~(a-)~~ the respondent;

12 ~~(b-)~~ the respondent’s legal guardian or conservator, if known;

13 ~~(c-)~~ the qualified mental health professional whose affirmation or
14 affidavit accompanied the petition; and

15 ~~(d)~~ -the Director of the Guam Behavioral Health and Wellness Center,
16 or his or her designee.

17 ~~(e)~~ -any other person the court directs.

18 Notice shall be served at least seventy-two (72) hours before the
19 hearing, unless the respondent, after consultation with counsel, knowingly and
20 voluntarily waives the notice period.”

21 ~~SECTION~~Section 6. -A new § 82A404 of Article 4, Chapter 82A, Title 10,
22 Guam Code Annotated, is hereby *added* to read as follows:

23 “§ 82A404. -Right to Counsel.

24 The subject of the petition shall have the right to be represented by counsel
25 at every critical stage of the proceeding. If the subject is financially unable to
26 obtain counsel, the court shall appoint counsel without cost to the subject.

1 Counsel shall be provided sufficient time and access to relevant records,
2 consistent with applicable confidentiality law, to prepare for the hearing.”
3

4 **SECTION 7.** A new § 82A405 of Article 4, Chapter 82A, Title
5 10, Guam Code Annotated, is hereby added to read as follows:

6 **“§ 82A405. Petitioner Training and Oversight.**

7 (a) The Guam Behavioral Health and Wellness Center, in
8 consultation with the Superior Court of Guam, the Office of the Public
9 Defender, the Office of the Attorney General, and qualified consumer and
10 family advocates, shall develop a standardized training program for non-
11 clinical petitioners. The training shall address the statutory criteria for AOT,
12 the distinction between dangerousness and nonconforming behavior,
13 confidentiality, cultural competency, least restrictive care, recovery-oriented
14 treatment, conflicts of interest, and the prohibition against using AOT for
15 punishment, coercion, retaliation, or convenience.

16 (b) Before filing a petition, a non-clinical petitioner shall certify
17 completion of the standardized training, except that the court may permit an
18 emergency filing upon a showing of good cause and require completion
19 thereafter.

20 (c) GBHWC shall maintain de-identified data regarding petitions
21 filed, petitioner categories, dispositions, order duration, renewals, and
22 demographic information sufficient to identify disparities while protecting
23 confidentiality. GBHWC shall submit an annual report to *I Maga'hågan*
24 *Guåhan* and the Speaker of *I Liheslaturan Guåhan* and shall convene an
25 advisory oversight group that includes clinical, legal, consumer, family, and
26 civil-rights representatives to review implementation and recommend
27 corrective action.”

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2 ~~10, Guam Code Annotated, is hereby added to read as follows:~~

3 **“§ 82A406. Evidentiary Standard; Duration; Review; and Appeal.**

4 ~~(a)-~~ The court may order AOT only upon clear and convincing
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6 that the proposed treatment plan is medically appropriate, individualized,
7 recovery-oriented, and the least restrictive available alternative reasonably
8 capable of meeting the respondent’s treatment needs and protecting the
9 respondent or the public.

10 ~~(b)-~~ An initial AOT order shall not exceed six (6) months. The court
11 shall review the order at least once every ninety (90) days. Continuation or
12 renewal shall require a new finding, by clear and convincing evidence, that
13 the statutory criteria remain satisfied and that less restrictive alternatives
14 remain insufficient.

15 ~~(c)~~ -The respondent, respondent’s counsel, legal guardian, or
16 treating qualified mental health professional may move at any time for
17 modification or termination of the order based on changed circumstances,
18 treatment progress, the availability of a less restrictive alternative, or failure
19 to provide the services required by the treatment plan.

20 ~~(d)~~ -A respondent may appeal an order granting, renewing, or
21 materially modifying AOT in the same manner as permitted for other final
22 civil orders. Unless otherwise ordered by the appellate court, the filing of an
23 appeal does not automatically stay an order, but expedited review shall be
24 available.”

25
26 ~~SECTION~~**Section 9.** ~~§ 82A501 Assisted Treatment Hearing of Article 5,~~
27 ~~Chapter 82A, Title 10, Guam Code Annotated, is hereby amended to read as follows:~~

1 **“§ 82A501. ~~Continuance~~ Assisted Treatment Hearing.**

2 ~~The court may, for good cause, order a continuance of up to forty-eight~~
3 ~~(48) hours or, if this period ends on a Saturday, Sunday or holiday, to the end of~~
4 ~~the next day on which the court is open. The continuance shall extend the~~
5 ~~emergency treatment/observation period or any temporary treatment order until~~
6 ~~the time of the hearing.~~

7 ~~(a-)~~ Upon receipt of the petition, the court shall fix the date for a
8 hearing. ~~Such date shall be no later than three (3) days from the date such petition~~
9 ~~is received by the court, excluding Saturdays, Sundays and holidays.~~ The hearing
10 shall be scheduled no later than seven (7) days from the date the petition is
11 received by the court, excluding Saturdays, Sundays, and holidays, and shall
12 occur no earlier than seventy-two (72) hours after service unless the respondent,
13 after consultation with counsel, knowingly and voluntarily waives the notice
14 period.

15
16 ~~(b-)~~ Adjournments shall be permitted only for good cause shown. In
17 granting adjournments, the court shall consider the need for further examination
18 by a licensed professional or the potential need to provide assisted outpatient
19 treatment expeditiously. The court may, for good cause, order a continuance of
20 up to forty-eight (48) hours or, if this period ends on a Saturday, Sunday or
21 holiday, to the end of the next day on which the court is open. The continuance
22 shall extend the emergency treatment/observation period or any temporary
23 treatment order until the time of the hearing.

24 ~~(c-)~~ The court shall cause the subject of the petition, any other person
25 receiving notice as set forth in § 82A403 of this Chapter, the petitioner, the
26 qualified mental health professional whose affirmation or affidavit accompanied
27 the petition, and such other persons as the court may determine to be advised of

1 such date. Upon such date, or upon such other date to which the proceeding may
2 be adjourned, the court shall hear testimony and, if it be deemed advisable and
3 the subject of the petition is available, examine the subject of the petition in or
4 out of court.

5 (1~~+~~) The court shall determine, based on each of the criteria
6 pursuant to § 82A401 of this Chapter that the subject of the petition meets,
7 the duration of an AOT order.

8 (2)- The court shall establish guidelines for periodic review of
9 the AOT order on a quarterly basis by a qualified mental health
10 professional, to ensure that AOT remains medically appropriate for the
11 subject of the petition.

12 (3) -Within thirty (30) days of the adjournment of the hearing,
13 the subject of the petition or their counsel may appeal an AOT order or
14 request modification of the order.

Commented [RM8]: SUB Language

15 (i) -The court shall fix the date for a rehearing and a
16 review of the proceedings already had no later than seven (7) days
17 from the date such appeal or request is received by the court,
18 excluding Saturdays, Sundays, and holidays.

19 (ii) -New evidence and/or arguments, including but not
20 limited to, medical records, medical examination, supporting
21 documentation, and testimony by the qualified mental health
22 professional supervising the treatment of the person who is the
23 subject of the petition, may be presented during rehearing.

24 (iii) -If the court finds that there is probable cause for such
25 appeal or request for modification, the court shall make appropriate
26 or reasonable modifications to the AOT order or its duration, order
27 a new AOT plan, or repeal the AOT order.

(iv) -If the court finds that there is no probable cause for such appeal or request for modification, the court shall certify that fact and authorize the continuance of the AOT order. The certification shall be filed with the public or private agency, treatment facility, charitable organization, or licensed residential care facility providing mental health services to the person who is the subject of the petition and in which the subject resides.²⁹

Commented [RM9]: SUB Language

(d) -An in absentia hearing may proceed only after the court finds that documented, reasonable efforts to contact the subject and secure the subject's attendance have failed and that proceeding without the subject is necessary to prevent undue delay or substantial risk of harm. The court shall state for the record the specific efforts made and the factual basis supporting the finding of necessity."

~~SECTION 8.~~ ~~SECTION~~ Section 10. **-Effective Date.** This Act shall become effective upon enactment.

~~SECTION~~ Section 11. **-Three-Year Legislative Review.** No later than three (3) years after the effective date of this Act, GBHWC shall submit to *I Maga'hågan Guåhan* and the Speaker of *I Liheslaturan Guåhan* a comprehensive implementation report evaluating petition volume, petitioner training, case outcomes, treatment access, disparities, due-process compliance, order duration and renewal, adverse events, and recommendations for amendment or continuation. The appropriate standing committee of *I Liheslaturan Guåhan* shall conduct a public oversight hearing on the report.

~~SECTION 9.~~ ~~Section~~ SECTION 12. **-Severability.** If any provision of this Act or its application to any person or circumstance is found to be invalid or inorganic, such invalidity shall not affect other provisions or applications of this Act that can be

1 given effect without the invalid provision or application, and to this end the provisions
2 of this Act are severable.