

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
169-38 (COR)	Therese M. Terlaje Sabrina Salas Matanane Sabina Flores Perez Chris Barnett Telo T. Taitague Joe S. San Agustin Frank F. Blas, Jr.	AN ACT TO <i>AMEND</i> ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.	<i>7/7/25</i> 3:53 p.m. <i>^</i> 9/26/25 9:07 a.m.	10/1/25	Committee on Health and Veterans Affairs.	Request: 10/1/25 10/9/25	12/16/25 9:30 a.m.	1/5/26 As Amended.	



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

December 30, 2025

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: **Committee Report on Public Hearing relative to Bill No. 169-38 (COR) As amended** – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – "AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY."

Håfa Adai Speaker Blas,

Transmitted herewith is the Committee Report on Public Hearing relative **Bill No. 169-38 (COR) As amended** – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – "AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY."

Committee votes are as follows:

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



COMMITTEE ON RULES

RECEIVED:

December 30, 2025 9:26 a.m.

Marie Crisostomo
Revisions Received:

December 31, 2025 2:47 p.m.

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 REPORT

Public Hearing

Bill No. 169-38 (COR) - As amended – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”



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

December 29, 2025

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

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

Subject: Committee Report relative to [Bill No. 169-38 \(COR\)](#) As amended – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Transmitted herewith for your consideration is the Committee Report on _____,
[Bill No. 169-38 \(COR\)](#) As amended – Therese M. Terlaje, Sabina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

- COR Referral Memorandum
- Notice of Hearing and Related Correspondence
- Hearing Agenda
- Hearing Sign in Sheet
- Submitted Testimonies and Supporting Documents
- Committee Vote Sheet
- Committee Report Digest
- Bill No. 169-38 (COR)
- Bill No. 169-38 (COR) As amended
- Bill No. 169-38 (COR) Markup
- Fiscal Note

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



COMMITTEE ON RULES

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

October 1, 2025

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

Attorney Darleen Hiton
Legislative Legal Counsel

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

Subject: **Referral of Bill No. 169-38 (COR)**

Håfa Adai,

As per my authority as Chairperson of the Committee on Rules and subject to §6.01(d)(1), Rule VI of our Standing Rules, I am forwarding the referral of **Bill No. 169-38 (COR)** – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Please ensure that the subject bill is referred to the Committee on Health and Veterans Affairs chaired by Senator Sabrina Salas Matanane. I also request that the same be copied to the Prime Sponsor of the subject bill and to Management Information Services (MIS) for posting on our website.

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

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





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

December 9, 2025

MEMORANDUM

To: All Senators, Stakeholders, Media

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

Subject: Notice of Public Hearing: Tuesday December 16, 2025, 9:30 A.M.

Håfa Adai! The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday, December 16, 2025, beginning at 9:30 A.M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

9:30 A.M.

38GL-25-1405 Office of the Governor of Guam – Appointment and Supporting Documents for Matthew E. Limtiaco, MS, CISSP, Member, Board of Trustees, Guam Memorial Hospital Authority.

Bill No. 169-38 (COR) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Bill No. 215-38 (COR) – Vince A.V. Borja, AN ACT TO ADD A NEW SUBSECTION (E) TO § 21103 OF CHAPTER 21, DIVISION 2, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO WAIVING SANITARY PERMIT FEES FOR STUDENT-LED FUNDRAISERS.

How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov. The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing.

Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at Office.SenatorBri@guamlegislature.gov or via voice call at (671) 989-2572.

Special Accommodations: In compliance with the Americans with Disabilities Act (ADA), individuals requiring assistance or accommodations should contact Annie San Nicolas, at the Office of Senator Sabrina Salas Matanane.



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

Watch Live/Record: The hearing will be broadcast on local television, GTA Channel 21, Docomo Channel 117, and streamed online via *I Liheslaturan Guåhan's* live feed on YouTube. After the hearing, a hearing recording will also be available online via Guam Legislature Media on YouTube.



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

First Notice of Public Hearing: Tuesday December 16, 2025, 9:30 A.M.

2 messages

Office of Legislative Secretary Senator Sabrina Salas Matanane

Tue, Dec 9, 2025 at 8:53 AM

<office.senatorbri@guamlegislature.gov>

To: Audio / Video <av@guamlegislature.gov>, mis@guamlegislature.gov, 38th Committee On Rules

<committeeonrules@guamlegislature.gov>, Ed Pocaigue <sgtarms@guamlegislature.gov>, phnotice@guamlegislature.gov

Bcc: Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>, Isaiah Aguon <isaiah.aguon@guamlegislature.gov>, ann.sn@guamlegislature.gov

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Bill No. 215-38 (COR) – Vince A.V. Borja, **AN ACT TO ADD A NEW SUBSECTION (E) TO § 21103 OF CHAPTER 21, DIVISION 2, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO WAIVING SANITARY PERMIT FEES FOR STUDENT-LED FUNDRAISERS.**

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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

163 W. *Chalan Santo Papa, Hagåtña*, Guam 96910

office.senatorbri@guamlegislature.gov

671-989-2572

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PH 12.5 First Notice 2025.12.15.pdf

377K

Ed Pocaigue <sgtarms@guamlegislature.gov>

Tue, Dec 9, 2025 at 9:34 AM

To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Hafa Adai,

posted on calendar.

[Quoted text hidden]

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

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



1-671-969-3514



sgtarms@guamlegislature.gov

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First Notice of Public Hearing: Tuesday December 16, 2025, 9:30 A.M.

 PRINT

**First Notice of Public Hearing: Tuesday
December 16, 2025, 9:30 A.M.**

PUBLIC HEARING



 **Posted on:** 12/09/2025 08:40 AM

 **Posted by:** Annie San Nicolas

 **Public Hearing Date:** 12/16/2025 09:30 AM

 **Department(s):**
GUAM LEGISLATURE (/notices?department_id=92)

 **Division(s):**
OFFICE OF SENATOR SABRINA SALAS MATANANE (/notices?
division_id=295)

 **Notice Topic(s):** PUBLIC HEARING (/notices?topic_id=74)

 **Types of Notice:** PUBLIC HEARING (/notices?type_id=7)

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

 **Share this notice**

Håfa Adai! The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday, December 16, 2025, beginning at 9:30 A.M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

9:30 A.M.

38GL-25-1405

([https://guamlegislature.gov/38th Guam Legislature/Mess Comms 38th/Doc.%20No.%2038GL-25-1405.pdf](https://guamlegislature.gov/38th%20Guam%20Legislature/Mess%20Comms%2038th/Doc.%20No.%2038GL-25-1405.pdf)) Office of the Governor of Guam – Appointment and Supporting Documents for Matthew E. Limtiaco, MS, CISSP, Member, Board of Trustees, Guam Memorial Hospital Authority.

Bill No. 169-38 (COR)

([https://guamlegislature.gov/38th Guam Legislature/Bills Introduced 38th/Bill%20No.%20169-38%20\(COR\)%20Referred%20Version.pdf](https://guamlegislature.gov/38th%20Guam%20Legislature/Bills%20Introduced%2038th/Bill%20No.%20169-38%20(COR)%20Referred%20Version.pdf)) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Bill No. 215-38 (COR)

([http://guamlegislature.gov/38th Guam Legislature/Bill History 38th/STATUS%20Bill%20No.%20215-38%20\(COR\).pdf](http://guamlegislature.gov/38th%20Guam%20Legislature/Bill%20History%2038th/STATUS%20Bill%20No.%20215-38%20(COR).pdf)) – Vince A.V. Borja, AN ACT TO ADD A NEW SUBSECTION (E) TO § 21103 OF CHAPTER 21, DIVISION 2, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO WAIVING SANITARY PERMIT FEES FOR STUDENT-LED FUNDRAISERS.

([http://guamlegislature.gov/38th Guam Legislature/Bills Introduced 38th/Bill%20No.%20215-38%20\(COR\).pdf](http://guamlegislature.gov/38th%20Guam%20Legislature/Bills%20Introduced%2038th/Bill%20No.%20215-38%20(COR).pdf))

How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov (<mailto:Office.SenatorBri@guamlegislature.gov>). The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing.

Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at Office.SenatorBri@guamlegislature.gov (<mailto:Office.SenatorBri@guamlegislature.gov>) or via voice call at (671) 989-2572.

Special Accommodations: In compliance with the Americans with Disabilities Act (ADA), individuals requiring assistance or accommodations should contact Annie San Nicolas, at the Office of Senator Sabrina Salas Matanane.

Watch Live/Record: The hearing will be broadcast on local television, GTA Channel 21, Docomo Channel 117, and streamed online via *I Liheslaturan Guåhan's* live feed on YouTube. After the hearing, a hearing recording will also be available online via Guam Legislature Media on YouTube.



**GUAM LEGISLATURE
AUDIO VISUAL DEPARTMENT
PUBLIC ANNOUNCEMENT REQUEST FORM**

Office Submitting Request: Senator Sabrina Salas

Matanane Date of Request: December 9, 2025

POINT OF CONTACT

Name: Annie San Nicolas

Contact #: [REDACTED]

Email: ann.sn@guamlegislature.gov

PUBLIC HEARING DETAILS

Notice Type: Public Hearing ☒ Informational Briefing ☐ Roundtable Discussion

Oversight Hearing ☐ Committee Meeting ☐ Other: _____

Notice Title / Bill(s) / Resolution(s) / Appointment:

Date of Event: Tuesday December 16, 2025 **Start Time:** 9:30 AM/PM

Run Dates: December 9, 2025 to December 15, 2025

Location: Guam Congress Building, Public Hearing Room

MEDIA HANDLING

Recording Format: ☒ MP4 ☐ MP3 ☐ Other: _____

Delivery Method: ☒ Email ☐ USB Drive ☐ Cloud Link ☐ Other: _____

CERTIFIED BY AV:

Name: *Romy Perez*

Posted on/Air Date: 12.9.25-12.15.25

Signature: *[Signature]*

SENATOR SABRINA SALAS MATANANE

COMMITTEE ON HEALTH AND VETERANS AFFAIRS



Notice of Public Hearing

Tuesday, December 16, 2025, 9:30 A.M.

The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday, December 16, 2025, beginning at 9:30 A.M., in the Public Hearing Room of the Guam Congress Building.

The purpose of this Public Hearing is to  and accept testimony on the following:

38GL-25-1405 Office of the Governor of Guam – Appointment and Supporting Documents for Matthew E. Limtiaco, MS, CISSP, Member, Board of Trustees, Guam Memorial Hospital Authority.

Bill No. 169-38 (COR) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Bill No. 215-38 (COR) – Vince A.V. Borja, AN ACT TO AMEND § 76102, § 76103, § 76104 ALL OF ARTICLE 1, AND CHAPTER 76, TITLE 21 GUAM CODE ANNOTATED, RELATIVE TO CLARIFYING THE ROLE OF THE GUAM HISTORIC RESOURCES DIVISION IN REVITALIZING AND PROMOTING PRESERVATION OF HISTORIC SITES AND CULTURAL LANDSCAPES OF GUÅHAN.

SENATOR SABRINA SALAS MATANANE

COMMITTEE ON HEALTH AND VETERANS AFFAIRS



How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov. The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing.

Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at Office.SenatorBri@guamlegislature.gov or via voice call at (671) 989-2572.

Special Accommodations: In compliance with the Americans with Disabilities Act (ADA), individuals requiring assistance or accommodations should contact Annie San Nicolas, at the Office of Senator Sabrina Salas Matanane.

Watch Live/Record: The hearing will be broadcast on local television, GTA Channel 21, Docomo Channel 117, and streamed online via *I Liheslaturan Guåhan's* live feed on YouTube. After the hearing, a hearing recording will also be available online via Guam Legislature Media on YouTube.



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

December 11, 2025

MEMORANDUM

To: All Senators, Stakeholders, Media

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

Subject: Second Notice of Public Hearing: Tuesday December 16, 2025, 9:30 A.M.

Håfa Adai! The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday, December 16, 2025, beginning at 9:30 A. M., in the Public Hearing Room of the Guam Congress Building.

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9:30 A.M.

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Special Accommodations: In compliance with the Americans with Disabilities Act (ADA), individuals requiring assistance or accommodations should contact Annie San Nicolas, at the Office of Senator Sabrina Salas Matanane.



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

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

Second Notice of Public Hearing: Tuesday December 16, 2025, 9:30 A.M.

1 message

Office of Legislative Secretary Senator Sabrina Salas Matanane

Thu, Dec 11, 2025 at 8:16 AM

<office.senatorbri@guamlegislature.gov>

To: mis@guamlegislature.gov, 38th Committee On Rules <committeeonrules@guamlegislature.gov>, Audio / Video

<av@guamlegislature.gov>, Ed Pocaigue <sgtarms@guamlegislature.gov>, phnotice@guamlegislature.gov

Bcc: Isaiah Aguon <isaiah.aguon@guamlegislature.gov>, ann.sn@guamlegislature.gov

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**Office of Legislative Secretary****SENATOR SABRINA SALAS MATANANE***I Mina'trentai Ocho Na Liheslaturan Guahan | 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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**PH 12.11 Second Notice 2025.12.16.pdf**

375K

Second Notice of Public Hearing: Tuesday December 16, 2025, 9:30 A.M.

 PRINT

**Second Notice of Public Hearing: Tuesday
December 16, 2025, 9:30 A.M.**

PUBLIC HEARING



 **Posted on:** 12/12/2025 08:09 AM

 **Posted by:** Annie San Nicolas

 **Public Hearing Date:** 12/16/2025 09:30 AM

 **Department(s):**
GUAM LEGISLATURE (/notices?department_id=92)

 **Division(s):**
OFFICE OF SENATOR SABRINA SALAS MATANANE (/notices?
division_id=295)

 **Notice Topic(s):** PUBLIC HEARING (/notices?topic_id=74)

 **Types of Notice:** PUBLIC HEARING (/notices?type_id=7)

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

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Håfa Adai! The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday, December 16, 2025, beginning at 9:30 A. M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

9:30 A.M.

38GL-25-1405

([https://guamlegislature.gov/38th Guam Legislature/Mess Comms 38th/Doc.%20No.%2038GL-25-1405.pdf](https://guamlegislature.gov/38th%20Guam%20Legislature/Mess%20Comms%2038th/Doc.%20No.%2038GL-25-1405.pdf)) Office of the Governor of Guam – Appointment and Supporting Documents for Matthew E. Limtiaco, MS, CISSP, Member, Board of Trustees, Guam Memorial Hospital Authority.

Bill No. 169-38 (COR)

([https://guamlegislature.gov/38th Guam Legislature/Bills Introduced 38th/Bill%20No.%20169-38%20\(COR\)%20Referred%20Version.pdf](https://guamlegislature.gov/38th%20Guam%20Legislature/Bills%20Introduced%2038th/Bill%20No.%20169-38%20(COR)%20Referred%20Version.pdf)) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Bill No. 215-38 (COR)

([https://guamlegislature.gov/38th Guam Legislature/Bills Introduced 38th/Bill%20No.%20215-38%20\(COR\).pdf](https://guamlegislature.gov/38th%20Guam%20Legislature/Bills%20Introduced%2038th/Bill%20No.%20215-38%20(COR).pdf)) – Vincent A.V. Borja. – “AN ACT TO ADD A NEW SUBSECTION (E) TO § 21103 OF CHAPTER 21, DIVISION 2, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO WAIVING SANITARY PERMIT FEES FOR STUDENT-LED FUNDRAISERS.”

How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov (<mailto:Office.SenatorBri@guamlegislature.gov>). The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing.

Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at Office.SenatorBri@guamlegislature.gov

at Office.SenatorBri@guamlegislature.gov

(<mailto:Office.SenatorBri@guamlegislature.gov>) or via voice call at (671) 989-2572.

Special Accommodations: In compliance with the Americans with Disabilities Act (ADA), individuals requiring assistance or accommodations should contact Annie San Nicolas, at the Office of Senator Sabrina Salas Matanane.

Watch Live/Record: The hearing will be broadcast on local television, GTA Channel 21, Docomo Channel 117, and streamed online via *I Liheslaturan Guåhan's* live feed on YouTube. After the hearing, a hearing recording will also be available online via Guam Legislature Media on YouTube.



**GUAM LEGISLATURE
AUDIO VISUAL DEPARTMENT
PUBLIC ANNOUNCEMENT REQUEST FORM**

Office Submitting Request: Senator Sabrina Salas

Matanane Date of Request: December 9, 2025

POINT OF CONTACT

Name: Annie San Nicolas

Contact #: [REDACTED]

Email: ann.sn@guamlegislature.gov

PUBLIC HEARING DETAILS

Notice Type: Public Hearing ☒ Informational Briefing ☐ Roundtable Discussion

Oversight Hearing ☐ Committee Meeting ☐ Other: _____

Notice Title / Bill(s) / Resolution(s) / Appointment:

Date of Event: Tuesday December 16, 2025 **Start Time:** 9:30 AM/PM

Run Dates: December 9, 2025 to December 15, 2025

Location: Guam Congress Building, Public Hearing Room

MEDIA HANDLING

Recording Format: ☒ MP4 ☐ MP3 ☐ Other: _____

Delivery Method: ☒ Email ☐ USB Drive ☐ Cloud Link ☐ Other: _____

CERTIFIED BY AV:

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Posted on/Air Date: 12.9.25-12.15.25

Signature: *[Signature]*

SENATOR SABRINA SALAS MATANANE

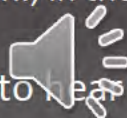
COMMITTEE ON HEALTH AND VETERANS AFFAIRS



Notice of Public Hearing

Tuesday, December 16, 2025, 9:30 A.M.

The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday, December 16, 2025, beginning at 9:30 A.M., in the Public Hearing Room of the Guam Congress Building.



The purpose of this Public Hearing is to hear and accept testimony on the following:

38GL-25-1405 Office of the Governor of Guam – Appointment and Supporting Documents for Matthew E. Limtiaco, MS, CISSP, Member, Board of Trustees, Guam Memorial Hospital Authority.

Bill No. 169-38 (COR) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Bill No. 215-38 (COR) – Vince A.V. Borja, AN ACT TO AMEND § 76102, § 76103, § 76104 ALL OF ARTICLE 1, AND CHAPTER 76, TITLE 21 GUAM CODE ANNOTATED, RELATIVE TO CLARIFYING THE ROLE OF THE GUAM HISTORIC RESOURCES DIVISION IN REVITALIZING AND PROMOTING PRESERVATION OF HISTORIC SITES AND CULTURAL LANDSCAPES OF GUÅHAN.

SENATOR SABRINA SALAS MATANANE

COMMITTEE ON HEALTH AND VETERANS AFFAIRS



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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

December 10, 2025,

TRANSMITTED VIA EMAIL:

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Superintendent, Guam Department of Education
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Subject: Invitation to Public Hearing on Tuesday December 16, 2025, at 9:30 A.M.

Håfa Adai,

The Committee on Health and Veterans Affairs has scheduled a Public Hearing on Tuesday, December 16, 2025, beginning at 9:30 A.M., in the Public Hearing Room of the Guam Congress Building. Your attendance is requested to provide insights on the following agenda items:

38GL-25-1405 Office of the Governor of Guam – Appointment and Supporting Documents for Matthew E. Limtiaco, MS, CISSP, Member, Board of Trustees, Guam Memorial Hospital Authority.

Bill No. 169-38 (COR) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

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The Committee requests that all written testimony and presentations be submitted forty-eight (48) hours prior to the hearing. Additionally, you are welcome to invite other officials who may be able to contribute to the discussion.

If your office requires any assistance or accommodation that can be provided by my office or the 38th Guam Legislature, please contact my office via email or voice call.



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

Should you have any questions or concerns, you may contact my office at 671-989-2572 or email office.senatorbri@guamlegislature.gov.

Smat

Senator Sabrina Salas Matanane
38th Guam Legislature

Cc:

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

Invitation to Public Hearing on Tuesday December 16, 2025, at 9:30 A.M.

4 messages

Office of Legislative Secretary Senator Sabrina Salas Matanane

Thu, Dec 11, 2025 at 10:38 AM

<office.senatorbri@guamlegislature.gov>

To: Breanna Sablan <breanna.sablan@dphss.guam.gov>, "Theresa C. Arriola" <theresa.c.arriola@dphss.guam.gov>, Ricardo Eusebio <ricardo.eusebio@gmha.org>, "Aguon, Joleen, MD" <joleen.aguon@gmha.org>, judith.wonpat@guam.gov
Cc: theresa.obispo@gmha.org, michael.um@gmha.org, teresa.borja@gmha.org, sharon.davis@gmha.org, sonia.siliang@gmha.org, antoinette.kleiner@gmha.org, edgar.aguilar@gmha.org, suzanne.lobaton@gmha.org, Justine Camacho <justine.camacho@gmha.org>, Zaldy Tugade <zaldy.tugade@gmha.org>, jesse.quenga@gmha.org, Rodalyn Gerardo <rodalyn.gerardo@gmha.org>, phid@dphss.guam.gov, Abraham.Mora@dphss.guam.gov
Bcc: Isaiah Aguon <isaiah.aguon@guamlegislature.gov>, ann.sn@guamlegislature.gov, senator.sabrina@guamlegislature.gov

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If your office requires any assistance or accommodation that can be provided by my office or the 38th Guam Legislature, please contact my office via email or voice call.

Should you have any questions or concerns, you may contact my office at 671-989-2572 or email office.senatorbri@guamlegislature.gov.

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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

163 W. Chalan Santo Papa, Hagåtña, Guam 96910

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671-989-2572

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Thu, Dec 11, 2025 at 10:41 AM

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jM@dphss.guam.gov
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To: Breanna Sablan <breanna.sablan@dphss.guam.gov>, "Theresa C. Arriola"
<theresa.c.arriola@dphss.guam.gov>, Ricardo Eusebio
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To: Breanna Sablan <breanna.sablan@dphss.guam.gov>, "Theresa C. Arriola" <theresa.c.arriola@dphss.guam.gov>, Ricardo Eusebio <ricardo.eusebio@gmha.org>, "Aguon, Joleen, MD" <joleen.aguon@gmha.org>, <judith.wonpat@guam.gov>
Cc: <theresa.obispo@gmha.org>, <michael.um@gmha.org>, <teresa.borja@gmha.org>, <sharon.davis@gmha.org>, <sonia.siliang@gmha.org>, <antoinette.kleiner@gmha.org>, <edgar.aguilar@gmha.org>, <suzanne.lobaton@gmha.org>, Justine Camacho <justine.camacho@gmha.org>, Zaldy Tugade <zaldy.tugade@gmha.org>, <jesse.quenga@gmha.org>, Rodalyn Gerardo <rodalyn.gerardo@gmha.org>, <phid@dphss.guam.gov>, <Abraham.Mora@dphss.guam.gov>
Bcc:
Date: Thu, 11 Dec 2025 10:38:00 +1000
Subject: Invitation to Public Hearing on Tuesday December 16, 2025, at 9:30 A.M.

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Håfa Aдай,

The Committee on Health and Veterans Affairs has scheduled a Public Hearing on Tuesday, December 16, 2025, beginning at 9:30 A.M., in the Public Hearing Room of the Guam Congress Building. Your attendance is requested to provide insights on the following agenda items:

38GL-25-1405 Office of the Governor of Guam Appointment and Supporting Documents for Matthew E. Limtiaco, MS, CISSP, Member, Board of Trustees, Guam Memorial Hospital Authority.

Bill No. 169-38 (COR) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Bill No. 215-38 (COR) – Vincent A.V. Borja. – “AN ACT TO ADD A NEW SUBSECTION (E) TO § 21103 OF CHAPTER 21, DIVISION 2, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO WAIVING SANITARY PERMIT FEES FOR STUDENT-LED FUNDRAISERS.”

The Committee requests that all written testimony and presentations be submitted forty-eight (48) hours prior to the hearing. Additionally, you are welcome to invite other officials who may be able to contribute to the

discussion.

If your office requires any assistance or accommodation that can be provided by my office or the 38th Guam Legislature, please contact my office via email or voice call.

Should you have any questions or concerns, you may contact my office at 671-989-2572 or email office.senatorbri@guamlegislature.gov.

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Office of Legislative Secretary Senator Sabrina Salas Matanane

Thu, Dec 11, 2025 at 1:28 PM

<office.senatorbri@guamlegislature.gov>

To: Breanna Sablan <breanna.sablan@dphss.guam.gov>, "Theresa C. Arriola" <theresa.c.arriola@dphss.guam.gov>, Ricardo Eusebio <ricardo.eusebio@gmha.org>, "Aguon, Joleen, MD" <joleen.aguon@gmha.org>, judith.wonpat@guam.gov
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Should you have any questions or concerns, you may contact my office at 671-989-2572 or email office.senatorbri@guamlegislature.gov.

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 **Invitation PH 2025.12.16.pdf**
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Thu, Dec 11, 2025 at 1:28 PM

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From: Office of Legislative Secretary Senator Sabrina Salas Matanane
<office.senatorbri@guamlegislature.gov>
Date: Thu, 11 Dec 2025 13:28:03 +1000

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Subject: Re: Invitation to Public Hearing on Tuesday December 16, 2025, at 9:30 A.M.

To: Breanna Sablan <breanna.sablan@dphss.guam.gov>, "Theresa C. Arriola" <theresa.c.arriola@dphss.guam.gov>, Ricardo Eusebio <ricardo.eusebio@gmha.org>, "Aguon, Joleen, MD" <joleen.aguon@gmha.org>, <judith.wonpat@guam.gov>

CC: <theresa.obispo@gmha.org>, <michael.um@gmha.org>, <teresa.borja@gmha.org>, <sharon.davis@gmha.org>, <sonia.siliang@gmha.org>, <antoinette.kleiner@gmha.org>, <edgar.aguilar@gmha.org>, <suzanne.lobaton@gmha.org>, Justine Camacho <justine.camacho@gmha.org>, Zaldy Tugade <zaldy.tugade@gmha.org>, <jesse.quenga@gmha.org>, Rodalyn Gerardo <rodalyn.gerardo@gmha.org>, <phid@dphss.guam.gov>, <Abraham.Mora@dphss.guam.gov>

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To: Breanna Sablan <breanna.sablan@dphss.guam.gov>, "Theresa C. Arriola" <theresa.c.arriola@dphss.guam.gov>, Ricardo Eusebio <ricardo.eusebio@gmha.org>, "Aguon, Joleen, MD" <joleen.aguon@gmha.org>, <judith.wonpat@guam.gov>
Cc: <theresa.obispo@gmha.org>, <michael.um@gmha.org>, <teresa.borja@gmha.org>, <sharon.davis@gmha.org>, <sonia.siliang@gmha.org>, <antoinette.kleiner@gmha.org>, <edgar.aguilar@gmha.org>, <suzanne.lobaton@gmha.org>, Justine Camacho <justine.camacho@gmha.org>, Zaldy Tugade <zaldy.tugade@gmha.org>, <jesse.quenga@gmha.org>, Rodalyn Gerardo <rodalyn.gerardo@gmha.org>, <phid@dphss.guam.gov>, <Abraham.Mora@dphss.guam.gov>
Bcc:
Date: Thu, 11 Dec 2025 13:28:03 +1000
Subject: Re: Invitation to Public Hearing on Tuesday December 16, 2025, at 9:30 A.M.

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Håfa Adai,

The Committee on Health and Veterans Affairs has scheduled a Public Hearing on Tuesday, December 16, 2025, beginning at 9:30 A.M., in the Public Hearing Room of the Guam Congress Building. Your attendance is requested to provide insights on the following agenda items:

38GL-25-1405 Office of the Governor of Guam Appointment and Supporting Documents for Matthew E. Limtiaco, MS, CISSP, Member, Board of Trustees, Guam Memorial Hospital Authority.

Bill No. 169-38 (COR) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Bill No. 215-38 (COR) – Vincent A.V. Borja. – “AN ACT TO ADD A NEW SUBSECTION (E) TO § 21103 OF CHAPTER 21, DIVISION 2, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO WAIVING SANITARY PERMIT FEES FOR STUDENT-LED FUNDRAISERS.”

The Committee requests that all written testimony and presentations be submitted forty-eight (48) hours prior to the hearing. Additionally, you are welcome to invite other officials who may be able to contribute to the discussion.

If your office requires any assistance or accommodation that can be provided by my office or the 38th Guam Legislature, please contact my office via email or voice call.

Should you have any questions or concerns, you may contact my office at 671-989-2572 or email office.senatorbri@guamlegislature.gov.

On Thu, Dec 11, 2025 at 10:38 AM Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> wrote:

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Office of Legislative Secretary
SENATOR SABBINA 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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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

Public Hearing

Tuesday December 16, 2025 9:30 AM
Public Hearing Room, Guam Congress Building

Agenda

38GL-25-1405 Office of the Governor of Guam – Appointment and Supporting Documents for Matthew E. Limtiaco, MS, CISSP, Member, Board of Trustees, Guam Memorial Hospital Authority.

Bill No. 169-38 (COR) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

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This Public Hearing will broadcast on local television, GTA Channel 21, Docomo Channel 117 and stream online via I Liheslaturan Guahan’s live feed.



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

PUBLIC HEARING

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 Public Hearing Room, Guam Congress Building

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Check all that apply. Please provide staff with written testimony for photocopying.

Name (Please Print)	Agency /Organization	Contact	Bill No./Doc No.	Participation	Stance
PEY EDROSA	GCITC		169-38 (COR) ✓ 38GL-25-1405 215-38 (COR)	☐ Observing ☐ Written ☐ Verbal	☒ In Support ☐ Not In Support
Danielo Rapadas	BOG		169-38 (COR) 38GL-25-1405 ✓ 215-38 (COR)	☒ Observing ☐ Written ☐ Verbal	☒ In Support ☐ Not In Support
Matt Limtiaco	BOG		169-38 (COR) 38GL-25-1405 215-38 (COR)	☐ Observing ☐ Written ☒ Verbal	☐ In Support ☐ Not In Support
Jesse Quern	GMHA		169-38 (COR) 38GL-25-1405 215-38 (COR)	☒ Observing ☒ Written ☐ Verbal	☒ In Support ☐ Not In Support
Rodahyn Gerardo	GMHA		169-38 (COR) 38GL-25-1405 215-38 (COR)	☒ Observing ☒ Written ☐ Verbal	☒ In Support ☐ Not In Support
Manny Griedel	GMHA		169-38 (COR) 38GL-25-1405 215-38 (COR)	☒ Observing ☐ Written ☐ Verbal	☒ In Support ☐ Not In Support
Charlie Balbastro	GYC		169-38 (COR) ✓ 38GL-25-1405 ✓ 215-38 (COR) ✓	☐ Observing ☐ Written ☒ Verbal	☒ In Support ☐ Not In Support
			169-38 (COR) 38GL-25-1405 215-38 (COR)	☐ Observing ☐ Written ☐ Verbal	☐ In Support ☐ Not In Support



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SENATOR SABRINA SALAS MATANANE
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 Chairwoman, Committee on Health and Veterans Affairs

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Bill No. 169-38 (COR) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Bill No. 215-38 (COR) – Vince A.V. Borja, AN ACT TO ADD A NEW SUBSECTION (E) TO § 21103 OF CHAPTER 21, DIVISION 2, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO WAIVING SANITARY PERMIT FEES FOR STUDENT-LED FUNDRAISERS.

Check all that apply. Please provide staff with written testimony for photocopying.

Name (Please Print)	Agency /Organization	Bill No./Doc No.	Participation	Stance
Kai Akinoto	Chalan Ante	169-38 (COR) 38GL-25-1405 215-38 (COR)	☐ Observing ☐ Written ☒ Verbal	☒ In Support ☐ Not In Support
Ethan Guntastus	Chalan Ante	169-38 (COR) 38GL-25-1405 215-38 (COR)	☐ Observing ☐ Written ☒ Verbal	☒ In Support ☐ Not In Support
Mason Caldwell	Chalan Ante	169-38 (COR) 38GL-25-1405 215-38 (COR)	☐ Observing ☐ Written ☒ Verbal	☒ In Support ☐ Not In Support
Leilani Navanu	DPHSS	169-38 (COR) 38GL-25-1405	☒ Observing ☐ Written	☐ In Support ☐ Not In Support
Shermain Pineda	DPHSS			☒ In Support ☐ Not In Support
Keana Ardiente	CGA	169-38 (COR) 38GL-25-1405 215-38 (COR)	☐ Observing ☒ Written ☒ Verbal	☒ In Support ☐ Not In Support
Anthony Sean Montero	FNSMD DOG	169-38 (COR) 38GL-25-1405 215-38 (COR)	☐ Observing ☐ Written ☒ Verbal	☐ In Support ☐ Not In Support
Melissa Savarez	GCHE Board	169-38 (COR) 38GL-25-1405 215-38 (COR)	☐ Observing ☐ Written ☒ Verbal	☒ In Support ☐ Not In Support



The Office of the Legislative Secretary
SENATOR SABRINA SALAS MATANANE
 8th Guam Legislature
 Chairwoman, Committee on Health and Veterans Affairs

PUBLIC HEARING

Tuesday December 16, 2025, 9:30 A.M.
 Public Hearing Room, Guam Congress Building

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Bill No. 215-38 (COR) – Vince A.V. Borja, AN ACT TO ADD A NEW SUBSECTION (E) TO § 21103 OF CHAPTER 21, DIVISION 2, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO WAIVING SANITARY PERMIT FEES FOR STUDENT-LED FUNDRAISERS.

Check all that apply. Please provide staff with written testimony for photocopying.

Name (Please Print)	Agency /Organization	Contact Information	Bill No./Doc No.	Participation	Stance
RIANNA KAMA	SIFA LACS		169-38 (COR)	☐ Observing	☐ In Support
			215-38 (COR)	☐ Written	☐ Not In Support
			169-38 (COR)	☐ Verbal	
<i>ANNA SAGACA</i>	<i>CHC</i>		169-38 (COR)	☐ Observing	☐ In Support
				☐ Written	☐ Not In Support
				☐ Verbal	
Catherine P. Anacru	DPHSS		169-38 (COR)	☒ Observing	☒ In Support
			38GL-25-1405	☐ Written	☐ Not In Support
			215-38	☐ Verbal	
Theresa Arrola	DPHSS		169-38 (COR)	☐ Observing	☒ In Support
			38GL-25-1405	☒ Written	☐ Not In Support
			215-38 (COR)	☐ Verbal	
			169-38 (COR)	☐ Observing	☐ In Support
			38GL-25-1405	☐ Written	☐ Not In Support
			215-38 (COR)	☐ Verbal	
			169-38 (COR)	☐ Observing	☐ In Support
			38GL-25-1405	☐ Written	☐ Not In Support
			215-38 (COR)	☐ Verbal	
			169-38 (COR)	☐ Observing	☐ In Support
			38GL-25-1405	☐ Written	☐ Not In Support
			215-38 (COR)	☐ Verbal	

Honorable Chairperson and Members of the 38th Guam Legislature:

Håfa Adai. My name is Joshrick Tedtaotao Sablan, a son of the island of Guam, and I am currently a second-year medical student at The Ohio State University College of Medicine. I respectfully submit this written testimony in strong support of Bill No. 169-38 (COR), which establishes the Guam Community Health Centers as an autonomous agency.

Prior to medical school, I spent three years working within Los Angeles County's safety-net health system, primarily with Wesley Health Centers / the JWCH Institute, one of Southern California's largest Federally Qualified Health Centers (FQHCs). JWCH operates more than 36 clinical sites and delivers a full scope of services including primary care, mental health, substance use treatment, HIV care, dental services, optometry, and pharmacy. The organization is nationally recognized as a leader in homeless health care, operating recuperative care programs and a 24/7 psychiatric urgent care center on Skid Row.

In my role, I worked directly with the Chief Medical Officer and was involved in nearly every aspect of executive-level clinical operations. I led our quality improvement program and its initiatives and prepared federal, state, and health-plan level reporting, most notably those required by the Health Resources and Services Administration (HRSA) to maintain FQHC designation, Patient-Centered Medical Home (PCMH) recognition, and Federal Tort Claims Act (FTCA) coverage. These experiences directly inform my support for this bill and my belief that autonomy is essential to the effective, compliant, and patient-centered operation of community health centers.

Bill No. 169-38 (COR) appropriately recognizes that Guam's community health centers require modernized governance, clearer accountability, and alignment with federal health center standards in order to continue serving the island's most vulnerable populations. The bill's findings emphasize the need for an organizational structure that supports compliance with federal requirements, safeguards access to funding, and ensures patient-centered oversight.

My reasons for supporting the full autonomous nature of the community health centers is as follows:

- **Alignment with Federal FQHC Governance and Compliance Standards**

The bill acknowledges the importance of aligning Guam's community health centers with HRSA Health Center Program requirements. In practice, compliance with these standards is essential to maintaining federal grant funding, enhanced reimbursement, and FTCA malpractice coverage. Autonomy allows leadership to directly oversee compliance, quality improvement, and reporting without competing administrative priorities that can jeopardize federal standing.

- **Patient-Majority Governing Board and Community Accountability**

Federally qualified health centers are required to maintain a governing board in which at least 51% of members are active patients of the health center. This model ensures that decisions regarding clinical services, access, and resource allocation are driven by the lived experiences of the community served. Bill No. 169-38 (COR) reinforces the importance of this governance structure, ensuring that patient voices remain central and that community needs - not political considerations - guide operations.

- **Preservation of Local Control While Reducing Bureaucratic Barriers**

The bill's intent to establish the community health centers as an autonomous entity protects them from excessive bureaucratic constraints that can delay hiring, procurement, service expansion, and quality initiatives. In safety-net medicine, agility is critical. Autonomous governance enables

timely responses to public health emergencies, workforce shortages, and emerging behavioral health and substance use needs.

- **Protection and Maximization of Federal Funding Opportunities**

The legislation recognizes that autonomy strengthens the ability to secure, administer, and sustain federal funding. HRSA grants, workforce development programs, and capital funding are contingent upon strict governance and operational requirements. Failure to meet these standards risks funding interruptions that would directly harm patient access to care. Autonomy provides the structural clarity needed to responsibly steward these federal resources.

- **Strengthened Clinical Quality, Workforce Stability, and Continuity of Care**

An independent governance structure allows community health centers to recruit and retain mission-driven clinicians, implement evidence-based care models, and sustain long-term quality improvement efforts. Clear leadership and accountability reduce turnover, improve morale, and ultimately enhance continuity and quality of care for patients.

As a future physician with deep ties to Guam and direct experience working in one of the nation's most complex safety-net health systems, I strongly support Bill No. 169-38 (COR). Federally Qualified Health Centers serve as a cornerstone of primary care delivery across island communities, often acting as the first, and sometimes only, point of access to comprehensive, preventive, and continuous care. By strengthening the autonomy and governance of Guam's Community Health Centers, this legislation modernizes oversight, protects federal funding, centers patient voices, and reinforces the critical role these centers play in improving population health, reducing preventable illness, and strengthening the overall health and resilience of our community members.

I respectfully urge the members of the Legislature to support and pass this bill.

Si Yu'os Ma'åse' for the opportunity to submit this testimony.

Respectfully submitted,

Joshrick Tedtaotao Sablan
Second-Year Medical Student
The Ohio State University College of Medicine



Testimony

Strengthening Guam's Health System
Through **Community Health Centers**

Contact

chalanamte.org



About Chålan Åmte

Chålan Åmte is a group of 30+ medical trainees committed to developing Guam & Micronesia's physician workforce.

We support:

- High school & Undergraduate Pre-Meds
 - Medical Students
 - Residents/Trainees
- seeking **on-island opportunities** and **advising**.

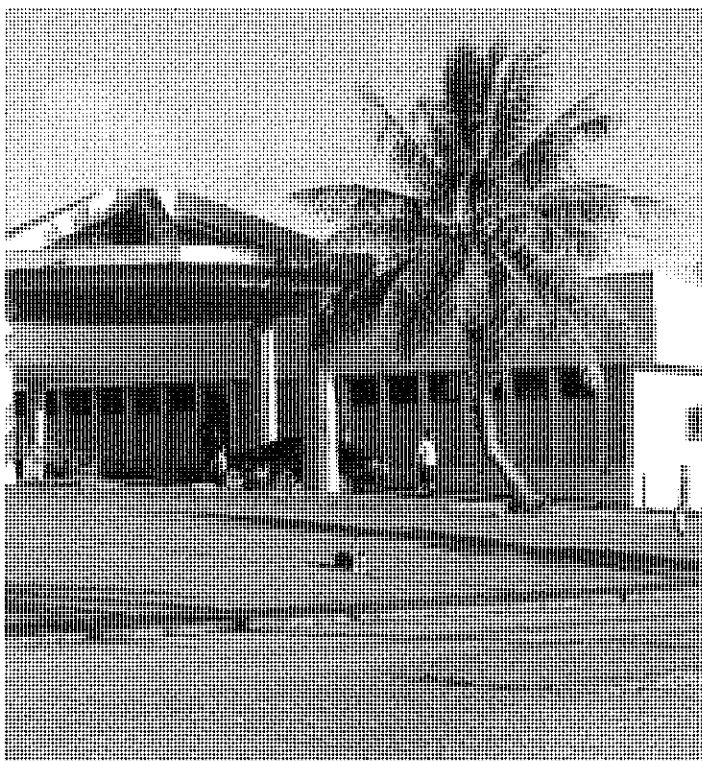
Our goal:

To build a system where future physicians



CHC

Education & Workforce



Teaching Health Center Graduate Medical Education (THCGME): Expanding the Primary Care Workforce

The Teaching Health Center Graduate Medical Education (THCGME) Program helps communities grow their health workforce by training physicians and dentists in community-based settings with a focus on rural and underserved communities.

This unique training model changes the physician training paradigm by providing the majority of training in community-based outpatient settings where most people receive their health care.

The program aims to:

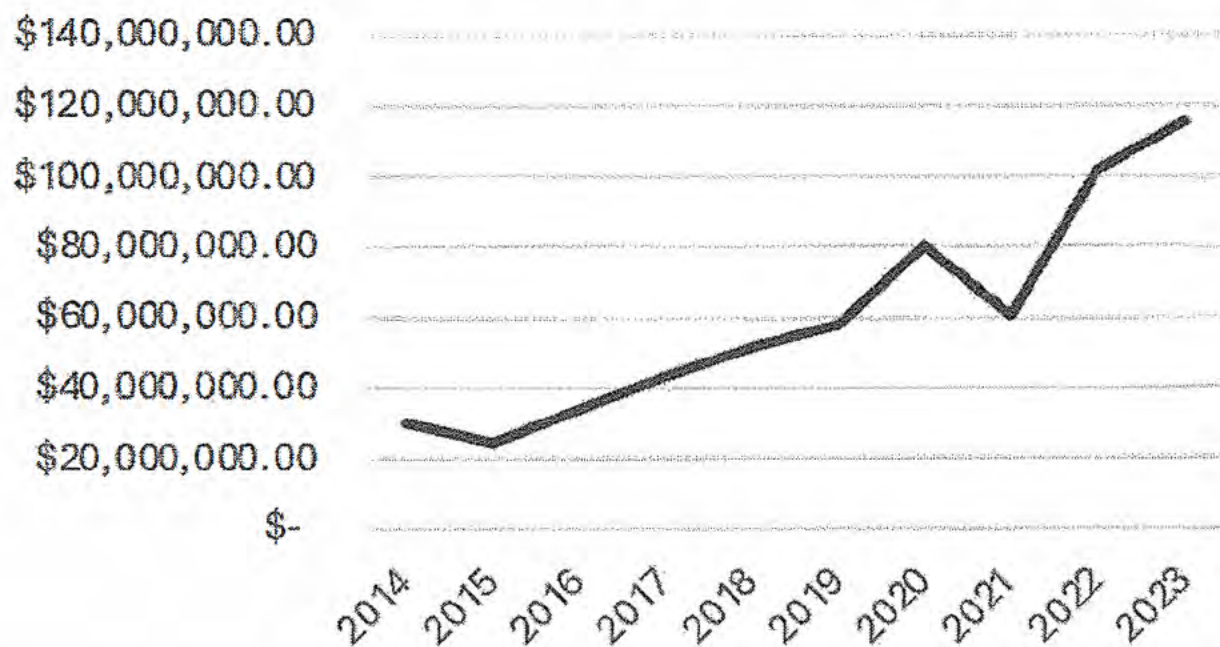
- Increase physicians and dentists trained in community-based settings
- Improve health outcomes for members of underserved communities
- Expand health care access in underserved and rural areas



CHC

Hospital Benefit

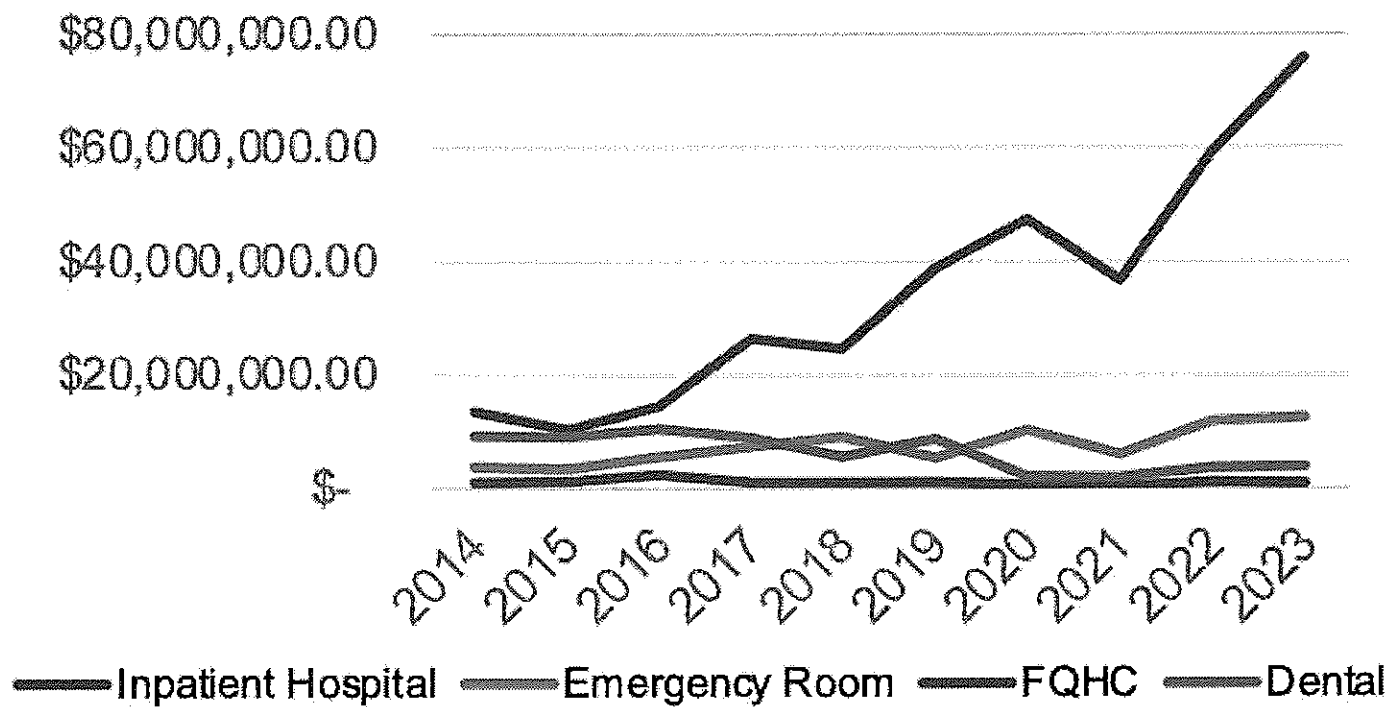
Overall Medicaid Spending 2014-2023



CHC

Hospital Benefit

Spending by Medicaid Service 2014-2023





Call To Action

- Bill 169 -38 gives the CHC the flexibility it needs to grow
 - It is an important first step!
- Continued **support for primary care** will be needed
- Strengthening primary care helps **support the hospital**



Si Yu'os Ma'åse

Contact

chalanamte@gmail.com

Representative Charlie Balbastro

38th Guam Legislature

Public Hearing - Committee on Health and Veterans Affairs

16 December 2025

Testimony - Bill No. 169-38 (COR)

Good Morning and Hafa Adai, members of the 38th Guam Legislature, our fellow participants, and fellow audience members. I'm Representative Charlie B. Balbastro from the 35th Guam Youth Congress, and as I'm always proud to say, a former JROTC cadet. I stand here again to speak on Bill No. 169-38 (COR) introduced by Senator Therese M. Terlaje from the 38th Guam Legislature - an Act to amend Article 8 of Chapter 3, Title 10 Guam Code Annotated relative to establishing Guam Community Health Centers as an autonomous agency.

I show my full support for Senator Terlaje's bill regarding healthcare services and the establishment of Guam Community Health Centers in general. As a patient from the Southern Regional Community Health Center, I also want to express my full support for this bill idea, as it'll take larger steps to provide proper healthcare to the people of Guam with medical needs, such as those with flu, people diagnosed with cognitive and mental health disorders, people with disabilities, and diseases. Getting proper healthcare isn't easy for some due to their limited eligibility, but the essential help and communication are on the way. Seeking healthcare for medical needs never stops.

Lots of people put their desire and commitment to help to gather hands in the community to seek proper medical help from their respective providers, as well as the community health centers managed by the Government of Guam. Maintaining proper cooperation and instrumentality to serve the people of Guam does take a big role in caring about others and getting the important needs that they must have. Healthcare is a priority to the people; getting people better is also a priority, because our lives are on the line. Establishing the Guam Community Health Centers will surely fulfill our medical needs physically, mentally, and cognitively - and it will have a strong buildup to do all things necessary and contrary to getting proper medical care.

Sometimes, medical needs are a problem for some people in the island due to ineligibility and unavailability - we must seek help today to prevent the problem and give them the assistance to seek further guidance for more healthcare services being provided in the island of Guam. Medical personnel had put their lives on the line to serve the people every day, 24/7, to keep our beloved people of Guam safe and in good health, to help better live our lives freely again.

Again, I just want to extend my support for Bill No. 169-38 with my sincere written testimony, and I appreciate all that has been accomplished within this legislation and, hopefully, the healthcare community. Thank you and Si Yu'os Ma'ase!!



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



LOURDES A. LEON GUERRERO
MAGA' HAGA' GUAIAN
GOVERNOR OF GUAM

JOSHUA F. TENORIO
SEGUNDO MAGA' LAIBEN GUAIAN
LT. GOVERNOR OF GUAM

THERESA C. ARRIOLA, MBA
DIRECTOR

PETERJOHN D. CAMACHO, MPH
DEPUTY DIRECTOR

AMANDA LEE SHELTON, MPA
DEPUTY DIRECTOR

December 16, 2025

Senator Sabrina Salas Matanane
Chairperson, Health Committee, 38th Guam Legislature
Guam Congress Building
Hagatna Guam, 96910

RE: Legislative Testimony on Bill 169-38 (COR)

Hafa Adai Chairwoman Sabrina Salas Matanane, Committee on Health of the 38th Guam Legislature and members of the 38th Guam Legislature. Thank you for the opportunity to provide testimony in support of Bill 169-38, "An Act to Amend Article 8 of Chapter 3, Title 10 Guam Code Annotated Relative to Establishing Guam Community Health Centers as an Autonomous Agency", authored by Senator Therese Terlaje.

Currently, the Guam Community Health Centers (GCHC) is part of the Department of Public Health and Social Services (DPHSS) under the Division of Public Health (DPH). GCHC are a vital part of our island's healthcare system, serving more than 8,500 unduplicated patients each year and nearly 2,000 encounters each month. These are families, seniors, migrants, uninsured individuals, pregnant women, and people living with chronic disease who rely on the CHC not only for treatment when they are sick but also for long-term preventive care. The CHC is a medical home for thousands, and it plays a central role in stabilizing Guam's overall health system.

Bill 169-38 proposes to make the GCHC semi-autonomous. I want to state clearly that DPHSS supports this direction. Currently, the GCHC are in the last remaining 5% of FQHCs that are not independent across the United States. Autonomy offers long-term benefits: more flexibility in decision-making, the ability to recruit competitively, fewer administrative delays, and a structure that is more aligned with how community health centers operate across the United States. However, autonomy is not a simple organizational shift. It is the creation of a new entity with its own administrative systems, regulatory frameworks, operational structures, staffing capacity, and financial independence. If we move too quickly, we risk disrupting services that our community relies on every single day.

A responsible transition requires a phased and strategic approach over the next three to four years. This includes a full financial readiness assessment, workforce modeling, pay scale

development, legal and regulatory mapping, IT and cybersecurity planning, EHR transition work, and clear decisions about facility ownership, maintenance, utilities, and security. Autonomy means the GCHC would need to handle its own Human Resources, procurement, finance, compliance, and administrative structures, all of which are currently supported by DPHSS. These functions are not minor—they are the backbone of day-to-day operations.

Kindly allow me to acknowledge and thank Division of Public Health programs that have contributed to the health center's success. These include:

- **The Immunization Program**, which has provided five (5) nurses to support GCHC services.
- **The Bureau of Communicable Disease Control (BNCD)**, which supported GCHC by:
 - Preparing the initial rollout of the Mobile Clinic, supplying two laptops, complete sets of PPE (gloves, gowns, head covers, masks), and fuel for operations—support that continues today.
 - Providing staffing for the TB Program and Nursing Program over a six-month period, with BNCD covering labor and fringe costs.
 - Developing two radio and TV commercials for GCHC: one for the **2024 Liberation Day** and another for **2024 National Community Health Centers Week**.
- **The Preventive Health and Health Services** program which provided educational materials on cholesterol, hypertension, diabetes and chronic pain.
- **The TB Program** which share their portable x-ray machine and radiology technician with the health centers.

We must also take into consideration the reality of the current funding environment. The GCHC relies on several federal revenue streams—its HRSA grant, 340B pharmacy program savings, and Medicaid reimbursements—all of which are facing significant changes. There are major 340B rule changes beginning January 1st. Medicaid reforms are anticipated in 2026. HRSA is preparing to modify compliance requirements, which will likely increase reporting and audit demands. As a territory, Guam continues to experience challenges in accessing certain federal competitive grants; the recent \$50 billion Rural Health Transformation grant that did not include the territories. If the GCHC becomes autonomous, it will need to have its own EIN, and HRSA will consider it a new applicant. That means we must time this transition carefully to avoid any disruption in federal funding.

Workforce readiness is another major concern. Guam already faces a shortage of physicians, nurses, midwives, and behavioral health professionals. Autonomy will not fix this unless GCHC also establishes competitive pay scales, sustainable recruitment strategies, training pipelines, and clear retention plans. At the same time, questions about infrastructure must be resolved early: Who will own the buildings? How will utilities, security, maintenance, and facility operations be handled? What resources will transfer from DPHSS, and what will need to be rebuilt from scratch? These details matter, because any misstep will directly affect patient care.

It is also important to recognize that GCHC currently benefits from being part of DPHSS. Procurement support, HR and payroll processing, accounting functions, shared utilities and security, and emergency coordination during typhoons all help stabilize daily operations. Once

GCHC becomes autonomous, it will need to replace these supports independently, and that transition must be planned and funded.

While autonomy is being evaluated and prepared, I strongly recommend that Bill 169-38 include protection for GCHC program income. Program income is generated by the GCHC through patient visits, pharmacy operations, and services. These funds are essential for meeting HRSA requirements, supporting staffing, purchasing equipment and supplies, funding outreach, and ensuring continuity of care. To protect the GCHC during this transition period, the bill should clearly state that program income cannot be redirected, reprogrammed, or used for any purpose other than GCHC operations. Without this safeguard, the GCHC will not have the financial stability needed to plan for autonomy.

There are important steps we can take now. A formal assessment and transition roadmap should begin immediately. The formal transition period will begin immediately after enactment of the law. The Guam Community Health Center Board of Directors may extend the transition period as long as necessary at the board's discretion. Local funding support will be essential to build administrative capacity and provide a buffer against federal uncertainties. Strengthening workforce pipelines, including recruitment incentives and training partnerships, is critical. System modernization—particularly the EHR transition—must stay on track, as these systems will form the foundation of future independent agency. Additionally, a joint transition task force involving the Legislature, DPHSS, GCHC leadership BBMR, DOA, and the Attorney General's office would help ensure transparency and coordinated decision-making.

As you consider this bill, I ask that you keep the human impact at the center of the discussion. The GCHC is where a mother brings her child for immunizations. It is where our elderly manage diabetes and hypertension. It is where migrants and underserved families find a medical home. It reduces the strain on GMH, supports our emergency response system, and strengthens the island's resilience. If the GCHC stumbles during this transition, the entire health system will feel the consequences.

Autonomy may very well be the right long-term direction, but it must be done responsibly, strategically, and with the resources required to succeed. I ask for your partnership in supporting a responsible transition—one that protects program income, secures local funding, strengthens the workforce, and ensures continuity of care. Our community depends on the strength of its health centers, and I am committed to working with you to ensure that, when autonomy happens, it is done in a way that protects patients and strengthens Guam's health system for the future.

Thank you for your time and for your continued commitment to the health of our island.

Un Dangkulu na si Yu'us ma'åse'



THERESA C. ARRIOLA, MBA



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. 169-38 (COR) As Amended by the Committee on Health and Veterans Affairs – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. SanAgustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

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	EVOTE - 12/29/25 <i>Smat</i>	X				
Vice Speaker V. Anthony Ada Vice Chair, Committee on Health	EVOTE 12/30/25			X		
Senator Vincent A.V. Borja Vice Chair, Committee on Veterans Affairs	EVOTE - 12/29/25	X				
Speaker Frank F. Blas, Jr. Member	EVOTE - 12/29/25	X				
Senator Jesse A. Lujan Member	EVOTE - 12/29/25			X		
Senator Shelly V. Calvo Member				X		
Senator Christopher M. Duenas Member	EVOTE - 12/29/25			X		
Senator Eulogio Shawn Gumataotao Member	EVOTE - 12/29/25			X		
Senator Tina Rose Muna Barnes Member						



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

URGENT: Request for e-vote: Committee Reptot relative to Bill No. 169-38 (COR)

10 messages

Office of Legislative Secretary Senator Sabrina Salas Matanane

Mon, Dec 29, 2025 at

<office.senatorbri@guamlegislature.gov>

10:57 AM

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

Hafa Adai Committee Members:

Please see attached Committee Report relative to **Bill No. 169-38 (COR)** Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. "AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY."

Please indicate your preferred action, based on the following options:

- 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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Committee Report 169-38 vote.pdf
14455K

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

Mon, Dec 29, 2025 at 11:28 AM

To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

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

Hafa adai,

TO REPORT OUT ONLY

Si Yu'os ma'åse!

[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>

Mon, Dec 29, 2025 at 11:46 AM

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>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>

To Do Pass



Speaker, Frank F. Blas, Jr.

I Mina'trentai Ocho na Liheslaturan Guåhan 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 Senator Vince Borja <contact@senatorvinceborja.com>

Mon, Dec 29, 2025 at 1:12 PM

Reply-To: Office of Senator Vince Borja <contact@senatorvinceborja.com>

To: office.senatorbri@guamlegislature.gov

Cc: vicespeakertonyada@guamlegislature.gov, speakerblas@guamlegislature.gov, senator.duenas@guamlegislature.gov, office.senatorshawn@guamlegislature.gov, officeofsenatorshellycalvo@guamlegislature.gov, senator.lujan@guamlegislature.gov, senator.munabarnes@guamlegislature.gov, office.senatorbri@guamlegislature.gov

To Do Pass

Respectfully,



Office of Senator Vincent A.V. Borja

Committee on Education, Libraries, & Public Broadcasting

38th Guam Legislature

Suite 502, DNA Bldg. 238 Archbishop Flores St.

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E contact@senatorvinceborja.com

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

Mon, Dec 29, 2025 at 2:21 PM

To: Office of Senator Vince Borja <contact@senatorvinceborja.com>

Cc: office.senatorbri@guamlegislature.gov, vicespeakertonyada@guamlegislature.gov, speakerblas@guamlegislature.gov, senator.duenas@guamlegislature.gov, office.senatorshawn@guamlegislature.gov, senator.lujan@guamlegislature.gov, senator.munabarnes@guamlegislature.gov

To do pass

Respectfully,



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

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

Mon, Dec 29, 2025 at 2:29 PM

To: Office of Senator Vince Borja <contact@senatorvinceborja.com>

Cc: office.senatorbri@guamlegislature.gov, vicespeakertonyada@guamlegislature.gov, speakerblas@guamlegislature.gov, senator.duenas@guamlegislature.gov, office.senatorshawn@guamlegislature.gov, senator.lujan@guamlegislature.gov, senator.munabarnes@guamlegislature.gov

Hafa Adai,

Correction for Senator Calvo's vote.

TO REPORT OUT ONLY.

Thank you

Respectfully,

**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

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Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

Mon, Dec 29, 2025 at 2:40 PM

To: Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>Cc: Office of Senator Vince Borja <contact@senatorvinceborja.com>, office.senatorbri@guamlegislature.gov, vicespeakertonyada@guamlegislature.gov, speakerblas@guamlegislature.gov, senator.duenas@guamlegislature.gov, office.senatorshawn@guamlegislature.gov, senator.munabarnes@guamlegislature.gov

To report out only.

Happy Holidays!

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**Office of Majority Leader Jesse A. Lujan***Chairman, Committee on Transportation, Tourism, Customs, Utilities and Federal & Foreign Affairs***259 Martyr St., Hagatna, Guam 96910**senator.lujan@guamlegislature.gov

(671) 969-6525

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

Mon, Dec 29, 2025 at 3:02 PM

To: Senator Jesse Lujan <senator.lujan@guamlegislature.gov>Cc: Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Office of Senator Vince Borja <contact@senatorvinceborja.com>, office.senatorbri@guamlegislature.gov, vicespeakertonyada@guamlegislature.gov, speakerblas@guamlegislature.gov, office.senatorshawn@guamlegislature.gov, senator.munabarnes@guamlegislature.gov

To report out only

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**Office of Senator Christopher M. Dueñas***Chairman, Committee on Government Finance and Operations***259 Martyr St., Hagatna, Guam 96910**senator.duenas@guamlegislature.gov

(671) 989-9554

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Office of Legislative Secretary Senator Sabrina Salas Matanane

Mon, Dec 29, 2025 at 3:59 PM

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

To Do Pass.

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

Tue, Dec 30, 2025 at 2:39 AM

To: office.senatorbri@guamlegislature.gov

Cc: contact@senatorvinceborja.com, "Frank Blas Speaker Jr." <speakerblas@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, officeofsenatorshellycalvo@guamlegislature.gov, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>

to report out only

On Dec 28, 2025, at 11:59 PM, Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> wrote:

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

COMMITTEE REPORT DIGEST

I. OVERVIEW:

The Committee on Health and Veterans Affairs conducted a Public Hearing on Tuesday December 16, 2025, scheduled to begin at 9:30 A.M., in the Public Hearing Room of the Guam Congress Building.

Among other items, on the agenda for discussion was [Bill No. 169-38 \(COR\)](#) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Public Notice Requirements

In accordance with Open Government Law, the public notice for this public hearing was disseminated via email to all senators and main media broadcasting outlets on December 9, 2025, and December 12, 2025. This public notice was also posted on the Guam Legislature website and the Public Notice Portal.

Senators Present

Senator Sabrina Salas Matanane, Chairperson of the Committee on Health and Veterans Affairs
Senator Shawn Gumataotao
Senator Telo T. Taitague
Senator Therese M. Terlaje
Senator Chris Barnett
Senator Vince Borja

Appearing before the Committee:

Matthew Limtiaco
Jason Salas
Theres Arriola
Kai Akimoto
Melissa Savares
Keana Ardiente
Charlie Balbastro
Rey Edrosa
Ethan Gumataotao
Mason Caldwell
Anthony Sean Monterto
Catherine Angoco

II. SUMMARY OF TESTIMONY AND DISCUSSION:

This Public Hearing was called to order at 930 A.M.

SENATOR SABRINA SALAS MATANANE

Committee Report Digest: Public Hearing [Bill No. 169-38 \(COR\)](#) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

Tuesday December 16, 2025, at 9:30 A.M.

Public Hearing Room, Guam Congress Building

BUENAS AND Hafa Adai. The Committee on Health and Veterans Affairs is now called to order. The time is 9:30 and today is Tuesday, December 16th, 2025. Thank you all for joining us, whether you're here in person or tuning in online. This morning, we're holding both a confirmation and a public hearing on the following items. First, the Governor's appointment of Matthew Limtiaco to the Guam Memorial Hospital Board of Trustees. Mr. Limtiaco holds a Master of Science degree and is a certified information systems security professional. Next on our agenda is Bill 169-38 COR introduced by Senator Therese Terlaje. It is an act to amend Article 8 of Chapter 3 Title 10 Guam Code Annotated relative to establishing Guam Community Health Centers as an autonomous agency. And finally, Bill 21538 COR introduced by Senator Vince Borja, an act to add a new subsection E to subsection 21103 of Chapter 21 Division 2 Title 10 Guam Code Annotated relative to waving sanitary permit fees for student-led fundraisers. Notice of today's hearing was provided to senators and stakeholders in full compliance with the Open Government Law. Notice was also posted on the Guam Legislature website and the public notice portal. All materials were uploaded to the committee drive and are available in print upon request. A recording of today's hearing will be accessible on Guam Legislature media YouTube channel. Before we proceed, I want to recognize the committee members that are present, Senator Vince Borja, as well as Senator Therese Terlaje and Senator Chris Barnett. For today's hearing, the rules are simple. Colleagues, you each have five minutes for questions. Members of the public, please speak clearly into the microphone and state your name and who you are representing. We'll begin with the Governor's appointment of Mr. Matt Limtiaco. If there is anyone here to provide testimony in support or in opposition to his appointment, please come forward at this time and have a seat at the table. We will start to my left. Please state your name. Speak closely into the microphone and who you're representing.

CHARLIE BALBASTRO

Buenas, YAN Hafa Adai members of the 38th Guam Legislature, our fellow participants testifying and our fellow audience members watching live. This is Representative Charlie Bruce Balbastro from the 35th Guam Youth Congress and as I'm always proud to say a former JROTC cadet. I stand here today to speak on behalf of Document Number 26GL-25-1405 which appoints Matthew E. Limtiaco to

Committee Report Digest: Public Hearing [Bill No. 169-38 \(COR\)](#) – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.”

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SERVE WITH COMMITMENT AS A MEMBER OF THE BOARD OF TRUSTEES OF THE GUAM MEMORIAL HOSPITAL AUTHORITY. SERVING ON THE BOARD OF TRUSTEES IS SURELY AN HONOR AND A PRIVILEGE. AND BEING NOMINATED TO THIS POSITION REQUIRES HARD WORK, DEDICATION, AND THE HIGHEST DEGREE OF LEADERSHIP EXCELLENCE TO ENSURE EVERY TASK IS COMPLETED WITHIN THE AGENCY AND THROUGHOUT THE INDIVIDUAL'S JOB AND LEADERSHIP EXPERIENCE. FULFILLING A ROLE THAT REQUIRES EFFORT, INTEGRITY, INITIATIVE, CRITICAL THINKING, LOGISTICS, PLANNING, AND SHORT-TERM DUTY COMES INTO PLAY WITH THE SKILLS BEING TAUGHT AND APPLIED TO THE POSITION THAT HE OR SHE HAS BEEN NOMINATED FOR. ON BEHALF OF MATTHEW E. LIMTIACO, I WISH HIM THE VERY BEST IN ALL HE DOES FOR GMH. GOOD LUCK IN ALL YOU DO AS A WHOLE TO KEEP THE HOSPITAL RUNNING IN A SMOOTHER ENVIRONMENT AND STRIVING TO CONTINUE TO KEEP THE PATIENTS, FRONTLINERS, AND EMPLOYEES WORKING FOR GMH SAFE, HEALTHY, AND SECURE TO HELP BETTER SERVE THE COMMUNITY OF GUAM. SI YU'OS MA'ASE.

SENATOR SABRINA SALAS MATANANE

THANK YOU, MR. BALBASTRO. MR. SALAS. PLEASE. IS YOUR MICROPHONE ON AND COULD YOU PLEASE SPEAK CLOSELY INTO IT?

JASON SALAS

AH, IT'S THAT BUTTON. OKAY. YOU THINK AT THIS POINT IN MY CAREER, I WOULDN'T GOT USED TO THAT BY NOW. ALL RIGHT. BOTH. THANK YOU, HONORABLE SENATORS AND HAPPY HOLIDAYS TO YOU AND YOUR FAMILIES. THANK YOU FOR ALLOWING ME TO SPEAK THIS MORNING. BUENAS AND HAFADA, HONORABLE SENATORS, AND I AM VERY HONORED AND PRIVILEGED THAT YOU WOULD ALLOW ME TO SUBMIT MY CONSIDERATION OF MY TESTIMONY IN SUPPORT OF MR. LIMTIACO'S APPOINTMENT TO THE GMH BOARD OF TRUSTEES. MATT IS SOMEONE I'VE KNOWN AND BEEN ABLE TO CALL AN ATHLETIC TEAMMATE, PROFESSIONAL COLLEAGUE, TECHNICAL COLLABORATOR, ADVISER, AND FRIEND FOR MORE THAN 30 YEARS. BY THIS MERIT, I BELIEVE THAT I'M ABLE TO QUALIFY HIS CHARACTER AND WHY HIS UNIQUE SKILL SET AND PERSONALITY WOULD LEND WELL TO THE OUTSTANDING COMPOSITION OF OUR HOSPITAL'S BOARD, PARTICULARLY WITH THE PERSPECTIVE THAT HE WILL BRING TO THE TABLE WITH IMPLEMENTING PROPER TECHNICAL MEASURES FOR OUR BILLING, MEDICAL RECORDS, AND CYBER SECURITY. THESE ARE AREAS OF TECHNOLOGY THAT IN CONTEMPORARY TIMES ARE CONSIDERED TO BE DARK ARTS ONLY FOR THE ESOTERICALLY GIFTED, ARE ATTACK VECTORS FOR WOULD BE SNOOPERS WHO WISH TO HARM OR THE OUTRIGHT OBLITERATION OF THE SYSTEMS THAT GMH HAS WORKED SO HARD TO DEVELOP, AND UNDOUBTEDLY ARE ESSENTIAL

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COMPONENTS OF A MODERN MEDICAL FACILITY FOR TOO LONG HAVE NOT BEEN GIVEN THEIR DUE ATTENTION. MATT HAS ALWAYS HAD OUR ISLAND COMMUNITY'S BEST INTEREST AT HEART AND INDICATIVE OF HIS TRAINING AS AN ENGINEER. RATHER THAN JUST COMPLAIN OR COMMENT ABOUT THE STATE OF THINGS, HE WISHES TO JUMP IN TO SOLVE THE PROBLEM DIRECTLY. MATT IS A PROUD GUAMMANIAN, BEING THE SON OF A LIFELONG CIVIL SERVANT WITH HIS LATE FATHER HAVING BEEN AN INSPECTOR AT THE DEPARTMENT OF LABOR. EVEN AFTER RETURNING HOME TO WORK IN TELECOMMUNICATIONS, HE THEN WENT BACK TO THE MAINLAND FOR SEVERAL YEARS TO SEEK EXPERIENCE AT THE HIGHEST LEVELS OF TECHNOLOGY WITH THE ULTIMATE INTENT THAT HE WOULD APPLY THAT KNOWLEDGE BACK HERE AT HOME. HE'S WORKED HARD AT AND WITH AN IMPRESSIVE ARRAY OF BRANDS, INCLUDING IBM, DISNEY, AND BIOTECH GIANT AMGEN, DEVELOPING SYSTEMS WHERE STABILITY, SECURITY, AND SCALABILITY AREN'T JUST ASPIRATIONAL GOALS. THEY ARE MISSION CRITICAL COMPONENTS THAT ENSURE THE SAFETY AND VALIDITY OF DATA THAT IS ULTRA-SENSITIVE. IN THESE AREAS, HE'S A NOTED EXPERT AND HIS INTELLECT AND CANDOR AND TEAM ATTITUDE ALLOWS HIM TO DIALOGUE WITH ORGANIZATIONS TO APPLY THESE SYSTEMS THAT ARE STATE-OF-THE-ART AND ALSO TO OUR PUBLIC SECTOR COST CONSCIOUS. HE'S A NOTED EXPERT IN THE CONTEXT OF THE PEOPLE, PROCESSES, DEVELOPMENT LIFE CYCLE, CRISIS MANAGEMENT, CONTRACTUAL RELATIONSHIPS, AND TECHNICAL IMPLEMENTATION THAT'S SO NEEDED FOR HIGH PERFORMANCE SYSTEMS CAPABLE OF HANDLING THE RIGORS OF TODAY'S VERY CHALLENGING CYBER SECURITY ARENA. MATT HAS ALWAYS HAD A FIRM HANDSHAKE THAT YOU'LL GUARANTEED TO FEEL 30 MINUTES AFTER MEETING HIM AND A SIGNATURE LAUGH THAT YOU CAN HEAR THREE VILLAGES AWAY. HE'S ALSO PROVEN HIMSELF AS A COMPETENT EXECUTIVE. I ALSO CHALLENGE YOU TO TEST THAT THEORY. HE'S NOW A COMPETENT EXECUTIVE BEING CHIEF TECHNOLOGY OFFICER FOR A MAJOR LOCAL BANK FOR SEVERAL YEARS BEING A STRATEGIC THINKER AND LEADER IN THE EQUALLY SPECIFIC FINANCIAL SERVICES SPACE. AGAIN, AN ENVIRONMENT WHERE AIRTIGHT SYSTEMS ARE NOT THE EXCEPTION, THEY'RE THE RULE. HE HAS SHOWN THEM A BETTER PATH. AND IT'S THIS INSIGHT THAT HE BRINGS TO GMH AND HIS ABILITY TO WORK FLUIDLY WITH OTHER HIGH LEVEL EXECUTIVES IS OF IMMENSE VALUE AND IMMEDIATE IMPACT. HONORABLE SENATORS, I ALSO CONSIDER IT A PRIVILEGE TO COME BEFORE YOU TODAY TO ENDORSE MATT BECAUSE OF THE DEBT OF GRATITUDE THAT I HAVE FOR OUR HOSPITAL

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AND HOW THE INSTITUTION CONSISTENTLY CARED FOR MY LATE FATHER, THE FORMER TWO-TERM SENATOR, DR. JOHN SALAS. WHEN MY DAD'S HEALTH WAS IN RAPID DECLINE AND GMH TRIPS TO GMH BECAME MORE FREQUENT AND IN THE FINAL YEARS OF HIS LIFE, THE CONDITIONS OF THE HOSPITAL'S FACILITIES MAY NOT HAVE BEEN SHIP SHAPE AND TECHNICAL SYSTEMS MAY HAVE BEEN SLIGHTLY OUT OF DATE. BUT AT NO TIME AND IN NO FACET DID ANY OF OUR HUMAN RESOURCES, PHYSICIANS, NURSES, NIGHT WATCHMEN, HOUSEKEEPERS, ADMINISTRATIVE STAFF, EVERYONE DOWN THE LINE, NEVER DID THEY WAVER IN THEIR COMPASSION TO IMPROVE THE QUALITY OF MY DAD'S LIFE OR EASE HIS SUFFERING. THE AUTHENTICITY OF THAT DEDICATION TO THE JOB IS GMH'S CALLING CARD AND SOMETHING THAT I'VE NEVER FORGOTTEN. AND I CONSIDER MYSELF HUMBLLED TO USE THIS OPPORTUNITY TO GIVE BACK IN SOME SMALL WAY TO AN INSTITUTION THAT GAVE SO MUCH TO MINE AND SO MANY OTHER FAMILIES IN OUR TIME OF GREATEST NEED. I ASK YOU TO CONSIDER MY SUPPORT OF MR. LIMTIACO BECAUSE HIS CONTRIBUTIONS WILL BE POSITIVELY ADDITIVE TO THE TEAM OF OTHER TRUSTEES A WELL-ROUNDED ASSEMBLY OF PROFESSIONALS AND TALENT. SIMPLY STATED HE MAKES OUR HOSPITAL BETTER. THANK YOU AND SI YU'OS MA'ASE.

SENATOR SABRINA SALAS MATANANE

THANKS JACE. WE WILL NOW CALL THE IS THERE ANYONE ELSE HERE WHO WOULD LIKE TO TESTIFY ON HIS NOMINATION? THANKS, JASON. THANKS, CHARLIE. IF WE COULD CALL THE NOMINEE FORWARD, THANK YOU MATT FOR ACCEPTING THIS NOMINATION. IF YOU WOULD LIKE TO PROVIDE YOUR TESTIMONY ON ACCEPTING IT.

MATTHEW LIMTIACO

YEAH, YOU KNOW, I'M A LIFELONG GUAMANIAN, PROUD CHAMORRO. CHAMORRO IS MY FIRST LANGUAGE. NOT A LOT OF PEOPLE KNOW THAT. BUT YOU KNOW, I NEVER ASPIRED TO BE ON THE BOARD OF TRUSTEES. THAT'S NOT ONE OF THOSE THINGS WHERE YOU SAY, "OKAY, WHEN YOU GROW UP AND YOU'RE 10 YEARS OLD, YOU SAY, "I'M GOING TO BE ON THE GMH BOARD OF TRUSTEES." HOWEVER, WHEN THERE'S OPPORTUNITY FOR YOU TO SERVE YOUR COMMUNITY AND IT COMES TO YOU, I FEEL THAT THAT'S SOMETHING THAT IT'S AN HONORABLE THING AND I HAD NO HESITATION IN ACCEPTING THAT NOMINATION. I GREW UP IN BARRIGADA. I CURRENTLY LIVE IN YONA. I'M A PROUD SON OF JUAN LIMTIACO AND MARIA C. LIMTIACO. MY DAD'S FROM ASAN. MY MOM WAS FROM BARRIGADA. I WAS BORN IN DEDEDO BUT RAISED IN BARRIGADA AND I'M A PROUD REPRESENTATIVE OF BARRIGADA. ALTHOUGH NOW I LIVE IN YONA AND RIGHT CHRIS YONA RULES. BUT YOU KNOW I ACCEPT THIS OPPORTUNITY. ESPECIALLY IN LIGHT OF YOU KNOW A LOT OF THE FLACK THAT THE HOSPITAL HAS BEEN GIVEN OVER THE YEARS. MY SON WAS BORN AT

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GMH AND I WAS SHOCKED WHEN I, YOU KNOW, WHEN WE WERE GOING THROUGH THE EXPERIENCE BECAUSE I DID NOT EXPERIENCE ANY CONTROVERSY. I DID NOT EXPERIENCE ANY SORT OF LACK OF CARE. AND YOU KNOW, MY WIFE AND I, WE JUST KIND OF LOOKED AROUND IN THE ROOMS LIKE WHAT'S GOING ON HERE? BECAUSE THERE'S THE WHAT WE'RE EXPERIENCING IS FAR FROM WHAT WE HEAR IN THE MEDIA AND IN THE NEWS. AND I YOU KNOW THE GOVERNOR OFF ASKED ME TO STEP INTO THIS FOR MY IT EXPERIENCE AND JASON ATTESTED TO THAT AND ALSO FOR MY CYBER SECURITY EXPERIENCE GIVEN THE FACT THAT THE HOSPITAL EXPERIENCED AN INCIDENT WITHIN THE LAST YEAR. AND I FEEL THAT I CAN BRING TO BEAR A LOT OF THE THINGS THAT I CAN CONTRIBUTE TO THE HOSPITAL HELP THE HOSPITAL. FOR THE LAST 30 YEARS I'VE BEEN IN IT. AND SPECIFICALLY IN THE LAST 20 YEARS I'VE BEEN KIND OF A FIXER OF THINGS. WHEN I STARTED MY CAREER IN THE STATES, I A LOT OF TIMES HAD TO GO INTO VERY HOT SITUATIONS WHERE THINGS WERE BROKEN AND THEY SAID, "YOU HAVE ONE WEEK TO FIX STUFF." AND SO, YEAH, IT'S A LITTLE DAUNTING, YOU KNOW, WHEN YOU HAVE TO FLY HALFWAY ACROSS THE COUNTRY AND YOUR PRIMARY JOB IS TO FIX SOMETHING THAT'S BROKEN AND YOU HAVE A WEEK TO DO IT. BUT YEAH, I THINK THAT, I ACCEPT THIS OPPORTUNITY. I'M WILLING TO HELP THE HOSPITAL AND HELP THE COMMUNITY IN ANY WAY THAT I CAN. AND YOU KNOW I THINK OF MY UNCLE WHO WAS ACTUALLY SORT OF LIKE MY GRANDFATHER AND HE ALWAYS TOLD ME HE GOES IF THERE'S EVER AN OPPORTUNITY FOR YOU TO SERVE THE COMMUNITY YOU'D NEVER TURN THOSE THINGS DOWN. AND IT'S SOMETHING LIKE YOU KNOW WHEN YOU BE WHEN YOU'RE ASKED TO BE A NINO FOR SOMETHING THAT'S NOT SOMETHING YOU TURN DOWN RIGHT SO I WELCOME THIS OPPORTUNITY.

SENATOR SABRINA SALAS MATANANE

THANK YOU MATT. AND I WANT WE'LL GET INTO QUESTIONS NOW, BUT I WANTED TO ACKNOWLEDGE THE PRESENCE AND PARTICIPATION OF MY COLLEAGUES SENATOR TELO TAITAGUE AND SENATOR SHAWN GUMATAOTAO. I'LL START WITH A QUESTION THAT I HAVE FOR YOU AND YOU KIND OF TOUCHED ON IT A LITTLE BIT. CYBER SECURITY FAILURES IN A HOSPITAL ARE NOT JUST IT ISSUES. THEY ARE PATIENT SAFETY, PRIVACY, AND CONTINUITY OF CARE ISSUES. IF CONFIRMED, WHAT WOULD BE YOUR TOP THREE IMMEDIATE PRIORITIES TO REDUCE RISK TO PATIENT DATA AND HOSPITAL OPERATIONS? AND HOW WOULD YOU ENSURE THE BOARD IS ACTIVELY MONITORING, NOT JUST RECEIVING IT COMPLIANCE AND UPDATES?

MATTHEW LIMTIACO

WELL, YOU KNOW, CYBER SECURITY IS NOT JUST YOU MENTIONED IT, IT'S NOT JUST AN IT PROBLEM. IT'S A PROBLEM OR IT'S AN ISSUE THAT EVERYBODY HAS

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TO ADDRESS. YOU KNOW, IN MY CAPACITY AT THE BANK, ONE OF THE THINGS THAT WE ALWAYS DO IS WE ALWAYS TRAIN OUR EMPLOYEES AND IT STARTS THERE. YOU KNOW, NO MORE IS IT AN ISSUE OF HACKERS TRYING TO BREAK THROUGH THE BARRIER. THEY JUST GET TO AN UNASSUMING EMPLOYEE AND THEN THEY GET IN. THAT'S IT'S SIMPLE, RIGHT? SO, IT STARTS AT THE BOTTOM LINE, RIGHT? IT STARTS WITH THE FRONT LINE RATHER. WITH EVERYBODY HAVING AN AWARENESS OF CYBER SECURITY AND IMPLEMENTING TRAINING PROGRAMS THAT ARE CONSISTENT, THAT ARE MANAGEABLE, THAT ARE ATTAINABLE, AND THAT ARE SUSTAINABLE. ONE OF THE THINGS WE QUICKLY LEARNED IS THAT IT'S MUCH MORE DIFFICULT TO HAVE SOMEBODY SIT IN FRONT OF A TRAINING PROGRAM FOR 1 HOUR THAN IT IS TO HAVE SHORT 5 MINUTE BURSTS OF TRAINING QUICKLY. THEY CALL MICROLEARNING, RIGHT? AND HAVE IT EVEN AVAILABLE AT YOUR FINGERTIPS. SO, YOU DON'T HAVE TO SIT IN FRONT OF A COMPUTER. IF YOU CAN DO MICROLEARNING WITH IN FRONT OF YOUR MOBILE DEVICE, THAT SATISFIES IT AS WELL. AND IT HITS HOME FURTHER THAN TO JUST HAVE SOMEBODY SIT FOR AN HOUR IN FRONT OF A COMPUTER SCREEN TO GET TRAINING. THERE ALSO WITHIN THOSE TRAINING PROGRAMS, THERE ARE COMPLIANCE DIRECTIVES THAT WE MUST UPHOLD. AND I'M SURE IT'S THE SAME THING FOR THE HOSPITAL. SO THAT'S ONE OF THE THINGS THAT I'D LIKE TO DO IS JUST START AT THE FRONT LINE WITH IMPLEMENTING CYBER SECURITY TRAINING, MICRO TRAINING FOR EVERYBODY AT THE FRONT LINE.

SENATOR SABRINA SALAS MATANANE

HAVE YOU HAD AN OPPORTUNITY TO MEET WITH GMH MANAGEMENT TO DISCUSS SOME OF THEIR IT ISSUES AND PROBLEMS?

MATTHEW LIMTIACO

I HAVE NOT. YEAH.

SENATOR SABRINA SALAS MATANANE

OKAY. SO YOU'RE NOT FAMILIAR WITH THIS EPIC SYSTEM THAT THEY ARE INTERESTED IN?

MATTHEW LIMTIACO

I AM NOT. BUT I, YOU KNOW, I'VE MADE IT A CAREER OF LEARNING THINGS ON THE FLY AND YOU KNOW, QUICKLY TURNING THINGS AROUND. AGAIN, I'VE HAD MY CAREER WHERE, YOU KNOW, YOU HAVE ONE WEEK TO FIX THINGS AND WHEN YOU WALK INTO THESE THINGS THAT YOU NEED TO FIX, NINE TIMES OUT OF 10, YOU DON'T KNOW WHAT YOU'RE FIXING UNTIL YOU GET THERE. I KIND OF HAVE A KNACK FOR FIGURING THINGS OUT PRETTY QUICKLY. SO, I DON'T THINK THAT THIS IS GOING TO BE ANY DIFFERENT. BUT I DO WELCOME THE OPPORTUNITY.

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SENATOR SABRINA SALAS MATANANE

YOU KNOW THE GUAM MEMORIAL HOSPITAL HAS FACED DOCUMENTED DEFICIENCIES AND FEDERAL SCRUTINY. I BELIEVE THEY WERE SANCTIONED BY HHS RELATED TO ITS IT AND CYBER SECURITY SYSTEMS. BASED ON YOUR BACKGROUND AS A CISSP AND TECHNOLOGY EXECUTIVE, WHAT DO YOU BELIEVE ARE THE MOST LIKELY GOVERNANCE LEVEL FAILURES THAT LED TO THESE SANCTIONS? AND WHAT SPECIFIC QUESTIONS SHOULD THE BOARD OF TRUSTEES HAVE BEEN ASKING SOONER?

MATTHEW LIMTIACO

IT'S HUMAN. A LOT OF THESE THINGS ARE HUMAN ERROR, HUMAN, YOU KNOW, OVERSIGHT, UNDERSIGHT, YOU KNOW, AND THAT'S EXACTLY WHAT THESE, THESE CYBER CRIMINALS PREY UPON, RIGHT? THERE IT'S NO LONGER A TECHNICAL THING, RIGHT? IT'S GETTING THE WEAKEST LINK AND FINDING HUMAN BEHAVIOR WEAKNESSES. IN TERMS OF BEING ABLE TO IMPLEMENT SECURITY CONTROLS, IT'S YOU KNOW IN THE CYBER SECURITY SPACE. IT'S NOT YOU KNOW A TRADITIONAL RETURN ON INVESTMENT, RIGHT? WHERE YOU WHERE YOU THROW MONEY AT SOMETHING AND THEN YOU WANT TO SEE THE RETURN ON THE INVESTMENT COME BACK IMMEDIATELY. IT'S ONE OF THOSE THINGS WHERE YOU HAVE TO MEASURE THE RISK, MEASURE THE LIKELIHOOD OF SOMETHING OCCURRING, AND THEN YOU DETERMINE WHETHER OR NOT THAT'S SOMETHING THAT YOU WANT TO SPEND MONEY ON. RIGHT? SO, IT'S EVALUATING RISK. IT'S EVALUATING THE OCCURRENCE OF AN EVENT HAPPENING. AND THEN IT'S, YOU KNOW, EVALUATING THE COST OF THOSE CONTROLS. THERE ARE CONTROLS THAT HAVE TO BE IMPLEMENTED ACROSS THE BOARD, NO DOUBT. BUT ONE OF THE PRIMARY ONES IS WORKING WITH THE HUMAN ELEMENT. AS SMART AS HUMANS ARE, THEY CAN ALSO BE THEY CAN ALSO BE TRIPPED UP.

SENATOR SABRINA SALAS MATANANE

ASIDE FROM CYBER AND IT ISSUES AT THE GUAM MEMORIAL HOSPITAL, WHAT ARE SOME OF THE OTHER CHALLENGES THAT YOU SEE AT GMH THAT YOU BELIEVE REQUIRE IMMEDIATE ATTENTION?

MATTHEW LIMTIACO

WELL, I THINK IT'S FUNDING. ONE OF THE THINGS WITH, YOU KNOW, IT AND YOU KNOW, IT IS NOT CHEAP. IT'S A COST CENTER. IT'S ALWAYS GOING TO BE A COST CENTER, BUT ONE OF THE THINGS THAT YOU WANT TO DO IS MAKE SURE THAT YOU DO IT RIGHT AND YOU DO IT, YOU KNOW, IN A WAY WHERE YOU DON'T BACK YOURSELF INTO A CORNER OR YOU DON'T CONSIDER THE HOLISTIC APPROACH TO IMPLEMENTING THE SYSTEM AND JUST DO THESE THINGS PEACE MEAL. ONE OF THE THINGS THAT I'VE ALWAYS, YOU KNOW, APPROACHED WHEN DOING THESE THINGS IS HOW IS WHAT YOU'RE

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IMPLEMENTING GOING TO FIT IN THE FUTURE. YOU WANT TO FUTUREPROOF AS MANY THINGS AS YOU CAN. BUT YEAH, THE CHALLENGES WITH MONEY, RIGHT? THEY'RE NOT CHEAP, BUT AND YOU KNOW, WHEN IT COMES TO CYBER SECURITY, THOSE AREN'T CHEAP EITHER. BUT THE THING WITH CYBER SECURITY IS THE CRIMINALS ONLY HAVE TO BE RIGHT ONCE, RIGHT? THE CYBER GUYS, THEY ONLY HAVE TO BE RIGHT ONCE. THE HOSPITAL HAS TO BE RIGHT ALL THE TIME, RIGHT? AND IMPLEMENTING THOSE CONTROLS IS WHAT WOULD MAKE THAT RIGHT ALL THE TIME.

SENATOR SABRINA SALAS MATANANE

HAVE YOU HAD AN OPPORTUNITY AT ALL TO EVALUATE THE GUAM MEMORIAL HOSPITAL'S IT DEPARTMENT, THE STAFF, WHETHER THEY HAVE ENOUGH STAFF OR WHETHER THEY'RE THEY HAVE THE EXPERIENCE?

MATTHEW LIMTIACO

I HAVEN'T HAD, YOU KNOW, I THE ONLY THE EXTENT THAT I HAVE HAD EVALUATIONS OF IS JUST PEOPLE THAT I KNOW IN THE IT SPACE AT THE HOSPITAL. I DO KNOW THAT THERE ARE THINGS THAT CAN BE DONE THAT CAN BE IMPROVED. AND THAT, YOU KNOW, TECHNICAL ACUMEN IS ONE OF THE THINGS THAT WE NEED TO MAKE SURE THAT STAFF ARE AWARE OF, RIGHT? THAT, YOU KNOW, WE KEEP

THE STAFF IN TUNE WITH WHAT'S CURRENT, RIGHT? ONE OF THE CHALLENGES, ESPECIALLY OUT HERE IN THE MIDDLE OF THE PACIFIC, IS GETTING TALENT AND OBTAINING TALENT AND RETAINING THE TALENT HERE IN GUAM. YOU KNOW, IT'S NOT LIKE WE'RE IN THE SILICON VALLEY WHERE WE CAN JUST SAY, "HEY, WE WANT, YOU KNOW, WE CAN HAVE A PICK OF THE LITTER, RIGHT? ANYBODY WE WANT." BUT, YOU KNOW, TO GET SOMEBODY WITH TECHNICAL EXPERIENCE TO COME OUT TO GUAM IS A TALL ORDER. SO, WHAT WE'VE DONE IS WE'VE REACHED OUT TO EXPERTS AND ENGAGED EXPERTS TO BE ABLE TO FULFILL THOSE NEEDS FOR THE BANK.

SENATOR SABRINA SALAS MATANANE

THANK YOU. I'M DONE WITH MY QUESTIONS. I'LL TURN IT OVER TO MY COLLEAGUES, BUT FIRST, THANK YOU FOR ACCEPTING THIS THIS NOMINATION. SENATOR BORJA.

SENATOR VINCE BORJA

THANK YOU, MADAM CHAIR. THANK YOU FOR ACCEPTING THE CALL TO SERVE AS THE BOARD OF TRUSTEES. I DON'T YOU KNOW A LOT OF THE QUESTIONS OR CURIOSITY I HAD AROUND JUST BECAUSE YOU'RE YOU OBVIOUSLY DON'T HAVE A MEDICAL BACKGROUND IS THE IMPACT AND THE VALUE THAT YOU'RE GOING TO BRING TO THE HOSPITAL CONSIDERING OF COURSE A LOT OF THE IT ISSUES THAT WE'VE AT LEAST YOU KNOW THE HEALTH CHAIR HAS HAD TO KIND OF ADDRESS AT LEAST NOW AND

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THINGS THAT WE'VE HEARD OVER THE PAST COUPLE YEARS. BUT IT'S REFRESHING TO KNOW YOUR BACK OR UNDERSTAND THAT YOUR BACKGROUND IS GOING TO AT LEAST BRING THAT ASPECT TO THE HOSPITAL. AND I THINK I LOOK FORWARD TO THE WORK THAT OR THE VALUE AND INPUT THAT YOU'LL BRING TO HELPING THE HOSPITAL MODERNIZE AS WE TRY TO FIGURE OUT WHERE THE NEXT HOSPITAL IS GOING TO BE AND THE VALUE YOU'LL BRING TO THAT AS WELL. SO, THANK YOU FOR I DON'T HAVE ANY QUESTIONS. SO, THANK YOU FOR ACCEPTING THE CALL TO SERVE. THANK YOU, MADAM CHAIR.

SENATOR SABRINA SALAS MATANANE

THANK YOU, SENATOR BORJA. SENATOR TERLAJE.

SENATOR THERESE TERLAJE

YES. GOOD MORNING. THANK YOU FOR ALL OF THOSE WHO TESTIFIED ON YOUR BEHALF AND THANK YOU ALSO FOR ACCEPTING THIS NOMINATION AND I WANT TO THANK YOU. MY UNDERSTANDING IS YOU HAVE ASSISTED GMH IN THE PAST. IS THAT RIGHT?

MATTHEW LIMTIACO

WELL, YOU KNOW, IN NOT IN A DIRECT CAPACITY, BUT YEAH.

SENATOR THERESE TERLAJE

THANK YOU. AND SO, I HAVE NO QUESTIONS ABOUT YOUR ABILITIES TO BE ON THE BOARD AND GIVE THEM SOME GOOD INSIGHT. CAN YOU JUST TALK A LITTLE BIT ABOUT YOU USED TO WORK FOR AMGEN? DOES THAT HAVE ANY IMPACT ON YOUR CAPACITY IN ON AS A TRUSTEE?

MATTHEW LIMTIACO

NO, I DON'T THINK SO AT ALL. AS A MATTER OF FACT, I THINK IT ENHANCES MY ABILITY. RIGHT. WHEN I WORKED AT AMGEN, I HAD NO EXPERIENCE WITH FDA REGULATION OR ANY OF THAT. BUT THAT'S WHERE ALL OF MY PRIVACY TRAINING, MY COMPLIANCE TRAINING, ALL OF THESE THINGS WHEN IT DEALS WITH THE FEDERAL GOVERNMENT, THAT'S WHERE I REALLY KNOW THAT RUBBER HIT THE ROAD FOR

ME THERE AT AMGEN. AND FROM THERE, I ALSO GOT, YOU KNOW, FAA CERTIFICATION. AND I GOT, YOU KNOW, I WORKED FOR THE IRS FOR A NUMBER OF A COUPLE YEARS, SO I HAD TO GET A MEDIUM BACKGROUND INVESTIGATION CLEARANCE FOR THAT. BUT YEAH, I THINK IT, AS A MATTER OF FACT, IT ENHANCES MY ABILITY TO SERVE ON THE BOARD JUST SIMPLY BECAUSE OF THE, YOU KNOW, MY BACKGROUND WITH UNDERSTANDING WHAT WAS ASKED OF ME AT AMGEN WHEN I FIRST GOT HIRED. AND THEN ENSURING YOU KNOW ONE OF THE THINGS THAT REALLY HIT ME WAS WHEN WE HAD A I THINK IT WAS A BOARD PRESENTATION AND THEY BASICALLY SAID THE STUFF THAT YOU'RE DOING HAS SUCH A DIRECT IMPACT TO PATIENTS THAT

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WHATEVER YOU DO IF YOU MESS UP OR WE MESS UP WE COULD KILL PATIENTS RIGHT AND THAT WAS ONE OF THOSE THINGS WHERE I LIKE IT REALLY SANK ME RIGHT I DIDN'T REALIZE THAT JUST BY IMPLEMENTING SECURITY SYSTEMS THAT IT HAD THAT MUCH OF AN IMPACT, BUT YEAH, THAT THAT WAS A REAL IMPACTFUL FOR ME.

SENATOR THERESE TERLAJE

THANK YOU. WELL, YOU'RE FAMILIAR WITH WHAT HAPPENED AT GMH AND WHEN THAT BRIEF SHUTDOWN THAT THEY HAD, THE NURSES WERE UNABLE TO ACCESS RECORDS OR KEEP RECORDS EFFICIENTLY.

MATTHEW LIMTIACO

NO, AND THERE ARE SOLUTIONS TO ENSURE AVAILABILITY, RIGHT? SO YEAH. YES.

SENATOR THERESE TERLAJE

WELL, THANK YOU. I'M GLAD THEN TO HEAR THAT. YOUR CURRENT EMPLOYMENT IS AT THE BANK OF GUAM. DO YOU THINK THERE WILL BE ANY ISSUE THERE WITH YOUR BEING EMPLOYED WITH THE BANK VERSUS HAVING TO GO TO SERVE WITH THE GOVERNMENT?

MATTHEW LIMTIACO

NO, AGAIN, I THINK IT'S JUST ANOTHER ENHANCEMENT, RIGHT? I THINK IT'S, YOU KNOW, THE BANK OF GUAM IS ENTRENCHED IN THE COMMUNITY, RIGHT? WE MAKE SURE THAT WE SERVE OUR CUSTOMERS AND IT'S THE SAME SORT OF YOU KNOW PARADIGM WITH THE HOSPITAL AND WE WANT TO SERVE THE PATIENTS RIGHT WE WANT TO MAKE SURE THAT THE PATIENTS ARE TAKEN CARE OF AND THAT THE SUPPORT STAFF HAVE WHAT THEY NEED TO ENSURE PROPER CARE RIGHT

SENATOR THERESE TERLAJE

ALL RIGHT SO A COUPLE OF THINGS THAT THE GMH IS CURRENTLY UNDERGOING IS THEY'RE PROCURING COMPUTER SYSTEMS SOUNDS LIKE IN ADVANCE OF PROCURING A HUGE NEW HER SYSTEM, ELECTRONIC HEALTH RECORD SYSTEM. VERY NEEDED, BUT THAT'S ESTIMATED TO COST OVER \$50 MILLION. SO, IT'S A BIG HUGE PROCUREMENT. IT'S ONE OF THOSE THINGS LIKE WITH THE TECHNOLOGY, YOU BUY IT NOW, IT MIGHT BE OUTDATED. WE DON'T KNOW. BUT SO, I'M HOPING THAT YOUR EXPERIENCE WILL GOING TO HELP THEM THROUGH THAT. I DO THINK THAT'S ONE OF THE BIGGEST THINGS THAT THEY'RE GOING TO DO IF THEY DO THAT. AND IT'S JUST THE TIMING OF IT. SO, SOME OF THE THINGS THEY'RE DOING NOW ALSO IS LIKE THEY'VE SUPPOSEDLY TRAINED THEIR BILLERS

AND THEIR CODERS UNDER THE CURRENT SYSTEM AND HOW TO BE MORE EFFICIENT. YET NOW THEY'RE OUTSOURCING THAT WHOLE BILLING SERVICE AND THEY'RE TALKING ABOUT CUTTING EMPLOYEES AT THE HOSPITAL. SO, I'M

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HOPING YOU'LL BE ABLE ARE YOU ABLE TO TAKE A FRESH LOOK AT ALL OF THAT AND ARE YOU ABLE TO USE YOUR HONEST OPINION WITH THE OTHER TRUSTEES WHO'VE BEEN THERE LONGER AND TELL THEM, YOU KNOW, WHAT YOUR ASSESSMENT IS OF THE SITUATION?

MATTHEW LIMTIACO

ABSOLUTELY. I THINK THAT WAS KIND OF WHAT HAPPENED WHEN I FIRST GOT ON BOARDED WITH THE BANK OF GUAM. I SAW THINGS THAT I JUST KEPT ASKING WHY ARE WE DOING THIS? THINGS ARE IT'S THERE'S OTHER WAYS OF DOING THIS AND MORE SIMPLE WAYS OF DOING THIS AND I PROVIDED A FRESH APPROACH TO A LOT OF THE SYSTEMS AT THE BANK ONE OF THE OTHER THINGS TOO THAT WE'RE LOOKING AT THE BANK IS TO LEAN INTO TECHNOLOGY AND NOT SHY AWAY FROM IT RIGHT AND MAKE SURE THAT WE MAKE THE PROPER INVESTMENTS TO ENSURE THE STABILITY OF THE TECHNOLOGY ENVIRONMENT AT THE BANK AND I THINK THAT'S THE SAME THING THAT WE NEED TO DO WITH THE HOSPITAL WE CAN'T BE COMPLACENT WITH TECHNOLOGY OR WITH CYBER SECURITY AT THE BANK AT ALL. IT SHOULD BE TOP PRIORITY BECAUSE THAT'S AN INFRASTRUCTURE. IT'S JUST AS MUCH OF YOU KNOW WATER AND POWER IS IT RIGHT? WE CANNOT OPERATE THE HOSPITAL WITHOUT THE PROPER TECHNOLOGY TO SUPPORT THE STAFF AND CARE FOR THE PATIENTS ULTIMATELY.

SENATOR THERESE TERLAJE

HAVE YOU EVER SERVED ON A GOVERNMENT OF GUAM BOARD BEFORE?

MATTHEW LIMTIACO

I HAVE NOT. THIS IS GOING TO BE MY FIRST FORA. I MEAN YOU KNOW I'VE BEEN BACK IN GUAM. I'VE BEEN BACK HERE FOR ABOUT 10 YEARS, NO 15 YEARS NOW. BUT PRIOR TO THAT, I LIVED 10 YEARS IN THE STATES. SO, YOU KNOW, I GUESS THE OPPORTUNITY LANDED IN MY LAP AND YOU KNOW, I'M JUST MORE THAN WILLING TO TAKE THE OPPORTUNITY TO SERVE.

SENATOR THERESE TERLAJE

I'M GLAD YOU'RE WILLING. MY CONCERN WITH NEW BOARD MEMBERS SOMETIMES IS THAT THEY GET PRESENTED WITH BOARDS THAT ARE USED TO HEARING PRESENTATIONS FROM THE DIRECTORS AND THEY KIND OF TAKE THAT AS THAT'S THE INFORMATION YOU NEED TO KNOW. BUT I REALLY THINK FOR GMH YOU REALLY THE TRUSTEES REALLY NEED TO PUSH A LOT MORE. THEY HAVE TO BE BOLD ENOUGH TO ASK QUESTIONS AND TO REALLY KNOW THE DETAILS ENOUGH TO MAKE AN INDEPENDENT DECISION AND NOT JUST BE TOLD THIS IS THE BEST IDEA. I WANT YOU TO COME TO THOSE CONCLUSIONS INDEPENDENTLY YOURSELF.

MATTHEW LIMTIACO

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ABSOLUTELY. I THINK THAT'S AND AGAIN THAT'S SOMETHING THAT I BROUGHT TO THE BANK. I'M THE NEWEST MEMBER OF THE SENIOR ONE OF THE NEWEST MEMBERS OF THE SENIOR STAFF AND YOU KNOW I GOT THERE IN IN 10 YEARS AND I DON'T THINK IT'S BECAUSE I JUST SAT BACK AND LISTENED TO PEOPLE GIVE THEIR SPIEL RIGHT I CHALLENGED AND I MADE SURE THAT YOU KNOW I DID WHAT WAS IN THE BEST INTEREST OF THE BANK AND I'LL DO THE SAME THING FOR THE GUAM MEMORIAL HOSPITAL.

SENATOR THERESE TERLAJE

ALL RIGHT. GOOD. AND IN THESE LARGE PROCUREMENTS WE WANT TO SEE FAIRNESS AND VALUE FOR THE GOVERNMENT OF COURSE IN THE LONG RUN. SO I'M HOPING YOU'RE GOING TO BRING YOUR SKILLS TO THAT AS WELL. AND IT MIGHT BE A LITTLE BIT OF YOU KNOW ADDITIONAL LEARNING FOR GOVERNMENT OF GUAM PROCUREMENT SO THAT YOU KNOW EXACTLY WHAT WHO'S MAKING WHAT DECISIONS. SO THAT YOU CAN INFLUENCE THOSE AS WELL. SO THANK YOU VERY MUCH AGAIN. THANK YOU MADAM CHAIR.

SENATOR SABRINA SALAS MATANANE

THANK YOU SENATOR TERLAJE. SENATOR BARNETT.

SENATOR CHRIS BARNETT

SI YU'OS MA'ASE MADAM CHAIR AND GOOD MORNING TO THE PEOPLE OF GUAM. I HOPE YOU SURVIVED THAT SHAKER. OKAY. AND THANK YOU TO MY GOOD FRIEND JASON SALAS WHO PROVIDED TESTIMONIES. IT'S GOOD TO SEE YOU DOWN HERE, MY FRIEND. JUST THAT LITTLE BUTTON RIGHT THERE THAT TURNS ON THE MICROPHONE. LITTLE RUSTY. RIGHT. RIGHT. NO, BUT MATT, I'M VERY ENCOURAGED BY YOUR PACKET. YOU'VE GOT A VERY ESTABLISHED RESUME. I SUPPORT YOUR APPOINTMENT AND JUST LISTENING TO TO SOME OF MY COLLEAGUES AND THE WAY WE'RE TALKING HERE IT REALLY SEEMS LIKE WE'RE PUTTING A LOT ON YOU AS THE NEWEST MEMBER OF THE BOARD OF TRUSTEES AND I ALMOST WISH WE COULD JUST OUTRIGHT HIRE YOU INTO THE GUAM MEMORIAL HOSPITAL WITH YOU KNOW GIVEN YOUR WEALTH OF IT EXPERIENCE WHICH THERE'S NO DOUBT THE HOSPITAL IS GOING TO NEED. SO, YOU KNOW, THAT BEING SAID, WHEN YOU DO, AND I'M ASSUMING YOUR CONFIRMATION WILL GO THROUGH, BUT IF YOU'RE GIVEN THE OPPORTUNITY TO SERVE ON THE BOARD OF TRUSTEES, DO YOU PLAN ON ESTABLISHING OR IS THERE ALREADY A SUBCOMMITTEE THAT DEALS SPECIFICALLY WITH IT ISSUES AT THE HOSPITAL?

MATTHEW LIMTIACO

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I DON'T KNOW AT THIS POINT, BUT THANK YOU FOR THE SUGGESTION AND I WILL TAKE THAT TO HEART FOR SURE.

SENATOR CHRIS BARNETT

THANK YOU. THANK YOU. AND THEN YOU KNOW SIMILAR TO SENATOR TERLAJE, I ALSO HAD CONCERNS ABOUT THE OUTSOURCING OF THE REVENUE CYCLE MANAGEMENT AND MOST OF THE CONCERNS WERE CENTERED ON THE INTERIM CEO'S TESTIMONY ON THE RECORD ACROSS THE HALL DURING COMMITTEE THE WHOLE WHEN SHE WAS TALKING ABOUT A \$10 MILLION REDUCTION IN FORCE. AND YOU KNOW TRADITIONALLY REDUCTION IN FORCE MEANS PEOPLE ARE GOING TO LOSE THEIR JOBS AS WE'VE KIND OF FLIP-FLOPPED A LITTLE BIT WITH THIS REVENUE CYCLE MANAGEMENT. I KNOW THEY HAD BASICALLY BEEN GIVEN A PRETTY GOOD TILIC ON THE EARS FROM THE PUBLIC AUDITOR BJ CRUZ THE LAST TIME THEY TRIED TO DO THIS, BUT THE INTERIM CEO SAID THEY'RE BACK TO THE DRAWING BOARD AND THEY'RE FOLLOWING ALL THE PROCESSES. BUT AGAIN, I'M VERY CONCERNED ABOUT THAT \$10 MILLION REDUCTION IN FORCE AND I'M GLAD THAT YOU GAVE THE COMMITMENT TO SENATOR TERLAJE TO DIVE A LITTLE BIT DEEPER INTO THAT. DO YOU KNOW ANYTHING ABOUT THAT ISSUE OFFHAND?

MATTHEW LIMTIACO

WELL, IS IT IN REGARDS TO OUTSOURCING? IS THAT WHAT YOU'RE TALKING ABOUT?

SENATOR CHRIS BARNETT

WELL WHAT THE EMPLOYEES ARE ARE BEING TOLD IS THAT SOME OF THEM ARE GOING TO LOSE THEIR JOBS IF THIS SERVICE IS OUTSOURCED.

MATTHEW LIMTIACO

WELL, YOU KNOW, ONE OF THE THINGS THAT YOU KNOW WE DID AT THE BANK WAS WE ACTUALLY DID DO AN OUTSOURCE, RIGHT? AND IT WAS ONE OF THE THINGS WHERE WE MADE SURE THAT THE EMPLOYEES WERE MADE WHOLE IN THAT EFFORT, RIGHT? NONE OF THE EMPLOYEES, YES, THEY WERE QUOTE UNQUOTE REBADGED. THEY WERE NO LONGER BANK OF GUAM EMPLOYEES, BUT I MADE SURE ALONG WITH THE SENIOR STAFF THAT EACH ONE OF THOSE EMPLOYEES WAS MADE WHOLE AND THAT THEY MAINTAINED POSITIONS WITH THE COMPANY. THAT WAS THE DETERMINING FACTOR FOR SELECTING THE COMPANY TO OUTSOURCE. WE HAD MULTIPLE BIDS FOR THAT. BUT BECAUSE THIS ONE COMPANY DECIDED THAT THEY WERE GOING TO GO AHEAD AND THEN KEEP THE STAFF AND MAKE THEM WHOLE. THAT'S ULTIMATELY WHY WE WENT WITH THAT COMPANY.

SENATOR CHRIS BARNETT

RIGHT. AND THE INTERIM CEO HAD TESTIFIED TO AS MUCH SHE BASICALLY SAID THAT THERE WERE SOME EMPLOYEES WHO WOULD BE EVENTUALLY

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ABSORBED INTO THE OUT THE COMPANY THAT WINS THE OUTSOURCING. BUT I'VE BEEN GETTING COMMUNICATIONS FROM EMPLOYEES WHO SAY THAT THAT'S NOT EXACTLY WHAT THEY'RE BEING TOLD. SO, IF YOU COULD, YOU KNOW, IF YOU DO GET CONFIRMED SINCE IT'S RIGHT UP YOUR ALLEY, GIVE IT MAYBE A CLOSER LOOK SEE.

MATTHEW LIMTIACO

YEAH. WELL, I'VE BEEN ON THE RECEIVING END OF A REBADGE AS WELL. AND I'VE BEEN ON THE RECEIVING END OF A LAYOFF, SO I KNOW WHAT IT HOW IT AFFECTS THE EMPLOYEE. AND AGAIN, THAT WAS THE PRIMARY REASON FOR US TO KEEP THE KEEP THE EMPLOYEES AND MAKE THEM WHOLE. THAT WAS YOU KNOW IT MAY NOT HAVE BEEN THE POPULAR DECISION BUT ULTIMATELY IT'S FOR SURVIVABILITY RIGHT IF YOU CANNOT MAINTAIN A STAFF YOU KNOW AND IT'S BLEEDING MONEY THERE'S GOT TO BE A POINT WHERE WHEN YOU DO THE OUTSOURCE IT'S NOT ONLY JUST THOSE EMPLOYEES THAT YOU RETAIN AND THAT THEY'RE REBADGED BUT YOU GAIN A WEALTH OF KNOWLEDGE FROM THE COMPANY THAT THEY GO TO. THAT'S THE EXPERIENCE THAT WE HAD. WE, YOU KNOW, WE MAY HAVE LOST 15 OR 20 EMPLOYEES TO ANOTHER COMPANY AND THEY WERE NO LONGER BANK OF GUAM EMPLOYEES, BUT WE GAINED ANOTHER 20 OR 30 WORLDWIDE TO SUPPORT THE TEAM. AND IT PROVIDES US 24/7 EYES ON GLASS SUPPORT. SO, RUN WITH THE SUN. IF SOMETHING HAPPENS IN THE MIDDLE OF THE NIGHT, IT'S NOT GOING TO BE GUAM THAT THEY'RE CALLING. THEY'RE GOING TO BE CALLING SOMEBODY THAT THAT CAN THAT'S AWAKE, YOU KNOW, HALFWAY ACROSS THE WORLD IF NECESSARY.

SENATOR CHRIS BARNETT

WELL, THANK YOU. I APPRECIATE THAT. AND I'M SURE YOU UNDERSTAND THERE'S A THERE'S PROBABLY A LITTLE DIFFERENCE BETWEEN MAKING EMPLOYEES WHOLE IN THE PRIVATE SECTOR AT THE BANK VERSUS, YOU KNOW, WHAT WE'RE ABLE TO DO WITH A CLASSIFIED MERIT SYSTEM OR EVEN WITH SOME OF THESE EMPLOYEES WHO AREN'T CLASSIFIED AT ALL. AND I GET IT. YOU KNOW, YOU SAID TECHNOLOGY IS IMPORTANT. AND I THINK WE'RE AT THIS PLACE WHERE TECHNOLOGY CAN ABSOLUTELY REPLACE HUMANS, BUT I THINK WE NEED TO BE MINDFUL IN HOW WE MOVE FORWARD WITH THAT GIVEN A LOT OF THE CHALLENGES THAT EMPLOYEES IN THE GOVERNMENT OF GUAM FACE.

MATTHEW LIMTIACO

YEAH, ABSOLUTELY. AND AGAIN, I WANT TO REITERATE, I'VE BEEN ON THE RECEIVING END, SO I KNOW WHAT IT'S LIKE. AND I CERTAINLY WOULDN'T WANT YOU KNOW, THE EMPLOYEES TO FEEL LESS THAN.

SENATOR CHRIS BARNETT

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I GUESS MY LAST QUESTION BECAUSE A LOT OF THE GROUND HAS BEEN COVERED WITH THE IT, MISHAPS THAT HAVE HAPPENED, BUT YOUR EMPLOYMENT WITH THE BANK, AND THE EXTENSIVE TO-DO LIST YOU'VE BEEN GIVEN BY THE PANEL UP HERE, WHERE DOES YOUR SERVICE TO THE HOSPITAL END AND YOUR DUTY TO THE BANK AGAIN OR VICE VERSA?

MATTHEW LIMTIACO

WELL, WHEN I LOOK AT PEOPLE THAT ARE RECOVERING AND I SEE AND YOU KNOW, I GO BACK TO THE EXPERIENCE THAT MY WIFE AND I HAD WITH THE BIRTH OF OUR SON. IT'S WITH ME, RIGHT? IT'S ONE OF THOSE THINGS WHERE I CAN'T LET IT GO. SO THAT'S AND YOU KNOW, I DO HAVE ALLEGIANCE TO THE BANK AS WELL. BUT IT PULLS ON A DIFFERENT HEARTSTRING, RIGHT, WHEN IT COMES TO SERVICE TO THE COMMUNITY.

SENATOR CHRIS BARNETT

RIGHT. RIGHT. AND I AGREE WITH YOU IN YOUR OPENING OF YOU HAD SAID THAT YOUR SON WAS BORN AT THE GUAM MEMORIAL HOSPITAL.

MATTHEW LIMTIACO

YEP.

SENATOR CHRIS BARNETT

ALL FIVE WELL MY BOY MY OLDEST SON WAS BORN OVER AT SAGUA BUT THEN HE WAS IMMEDIATELY RUSHED TO GMH BECAUSE THEY HAD DETECTED SOMETHING WITH HIS HEARTBEAT BUT ALL MY OTHER KIDS WERE BORN AT THE GUAM MEMORIAL HOSPITAL. AND YOU'RE RIGHT, A LOT OF TIMES WHAT WE READ IN THE PAPER DOESN'T NECESSARILY MATCH UP WITH THE EXTENSIVE EFFORT,

HEART, AND REALLY THE TENDER LOVING CARE THAT'S PROVIDED BY THE GUAM MEMORIAL HOSPITAL EMPLOYEES WHO DO THIS REALLY WITH NOT A LOT OF RESOURCES AND YOU KNOW SOMETIMES NOT WITH NOT A LOT OF SUPPORT. SO.

MATTHEW LIMTIACO

YEAH, UNDERSTOOD AND I YOU KNOW WHEN I WAS GOING THROUGH THE EXPERIENCE I UNDERSTOOD THAT THEY NEED YOU KNOW THEY NEED SUPPORT AS WELL, RIGHT? SO THAT'S HAPPY EMPLOYEES DELIVER HAPPY PRODUCTS, RIGHT? SO.

SENATOR CHRIS BARNETT

AND WE CAN BE ASSURED THAT THAT'S GOING TO TEMPER YOUR SERVICE WITH THE BOARD OF TRUSTEES. THAT KIND OF MINDSET.

MATTHEW LIMTIACO

ABSOLUTELY. YOU KNOW, I'M GOING TO KEEP THAT WITH ME. I WASN'T BORN IN THE GUAM MEMORIAL HOSPITAL. MY WIFE WAS AND I THINK MY DAUGHTER

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WAS BORN IN THE STATES. AND SO THE RUNNING JOKE IN OUR FAMILY IS THAT SHE'S THE ONLY ONE THAT CAN RUN FOR PRESIDENT BECAUSE ALL OF US WERE BORN HERE AND THE REST OF US WERE BORN HERE.

SENATOR CHRIS BARNETT

GOOD LUCK. GOOD LUCK.

MATTHEW LIMTIACO

ANYTHING'S POSSIBLE.

SENATOR CHRIS BARNETT

WELL, THANK YOU. MATT AND MR. LIMTIACO FOR YOUR TESTIMONY AND I DO SUPPORT YOUR NOMINATION. SI YU'OS MA'ASE.

SENATOR SABRINA SALAS MATANANE

SENATOR TAITAGUE.

SENATOR TELO TAITAGUE

THANK YOU, MADAM CHAIR, AND GOOD MORNING TO MY COLLEAGUES AND OF COURSE GOOD MORNING TO EVERYONE THAT'S HERE AND THOSE WHO ARE LISTENING TODAY. HAPPY HOLIDAYS TO EVERYBODY. YOU KNOW, I'M SORRY I'M A LITTLE LATE AND KIND OF LISTENING AS I'M DRIVING HERE, OF COURSE, HANDS-FREE, YOU KNOW, YOUTUBE. AND YOU KNOW, WE GET A LOT OF PEOPLE MIKE, WHO CALL US UP ABOUT CONFIRMATIONS FROM INDIVIDUALS AND IT'S KIND OF HARD TO BE ABLE TO JUDGE AN INDIVIDUAL IF YOU DON'T KNOW THEM PERSONALLY, AND I DON'T KNOW YOU PERSONALLY. SO, I USUALLY REACH OUT TO PEOPLE WHO DO KNOW YOU KNOW AND SOME CONNECTIONS I HAVE AT THE AT ACTUALLY AT THE BANK YOU KNOW AND FINDING OUT WHAT KIND OF CHARACTER YOU HAVE AND YOU KNOW THINGS LIKE THAT. SO, I HAVEN'T HEARD ANYTHING BAD SO THAT'S GOOD. SO, MOVING FORWARD NOW AS YOU TAKE ON THIS POSITION ONE CRITICAL QUESTION I'D LIKE TO ASK YOU IS THAT DID YOU GET PERMISSION FROM YOUR WIFE TO SIT ON THIS BOARD?

MATTHEW LIMTIACO

ABSOLUTELY DID. I WOULDN'T HAVE CLEARED IT WITH ANYBODY ELSE, RIGHT? BUT YEAH, ABSOLUTELY. SHE ALSO WAS IN FULL SUPPORT OF IT. AND YOU KNOW, WE WENT BACK TO THE EXPERIENCE WITH THE BIRTH OF OUR SON.

SENATOR TELO TAITAGUE

HOW LONG AGO WAS THAT?

MATTHEW LIMTIACO

HE'S 13 NOW. OKAY. SO, 13 YEARS AGO.

SENATOR TELO TAITAGUE

SO, IT'S QUITE A BIT OF TIME FROM THEN TO TODAY WHAT WE'RE WHERE WE'RE SITTING AT A HOSPITAL THAT'S TECHNICALLY FALLING APART. YOU KNOW, AND SO THERE'S A LOT OF WORK TO DO. SO, I HOPE YOU'LL BE ADVOCATING FOR THE CURRENT HOSPITAL THAT WE HAVE IN FRONT OF US, IN FRONT OF

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YOU, MORE SO THAN ADVOCATING FOR A NEW HOSPITAL. WELL, OF COURSE YOU CAN, BUT I HOPE THAT MAJORITY OF YOUR TIME IS SPENT WITH THE CURRENT HOSPITAL BECAUSE THAT'S NEEDED. DON'T YOU THINK I MEAN THE CURRENT HOSPITAL IS WHERE YOU'RE FOCUSING IN ALL?

MATTHEW LIMTIACO

OH, ABSOLUTELY. I WE WOULD I MEAN KNOW I LIKE TO LOOK TO THE FUTURE. BUT YOU KNOW, HOWEVER THE FUTURE LANDS WITH WHERE THE HOSPITAL IS LOCATED, THAT'S THAT'S WHERE WE'RE GOING TO BE FOCUSING ON. SO.

SENATOR TELO TAITAGUE

OKAY. WHY DO YOU THINK YOU WERE APPOINTED IN THIS POSITION? WHY DO YOU THINK THE GOVERNOR REACHED OUT TO YOU TO ASK YOU TO SIT ON THIS BOARD?

MATTHEW LIMTIACO

WHEN I FIRST GOT HIRED AT THE BANK OF GUAM, I GOSH, I DON'T KNOW THAT I RUFFLED FEATHERS, BUT I RATTLED CAGES ENOUGH FOR HER TO KNOW WHO I WAS WITHIN THE FIRST PROBABLY COUPLE WEEKS. SIMPLY BECAUSE, YOU KNOW, WE WERE WORKING IN VERY MUCH THE SAME, YOU KNOW, SORT OF THE SAME SITUATION, RIGHT, WHERE THINGS WERE ALREADY PROCURED AND THEN I HAD TO COME IN AND TRY TO FIGURE OUT HOW TO FIT THINGS, RIGHT? ONLY TO FIND OUT IT WAS A LITTLE BIT TOO MUCH AND WE DIDN'T REALLY NEED IT. AND SO, WE BACKED OFF AND WE DEVELOPED OUR OWN PROGRAM TO SUPPLEMENT IT. BUT I THINK IT WAS JUST MY EXPERIENCE WITH THE BANK AND THE WHAT THE GOVERNOR THE GOVERNOR'S EXPERIENCE OF ME WITH THE BANK AND WHAT I BROUGHT TO THE TABLE WAS HONESTLY WAS JUST QUESTIONING A LOT OF THE STATUS QUO AND ESSENTIALLY JUST GETTING EVERYBODY TO THINK DIFFERENTLY ABOUT THE WAY THINGS ARE CURRENTLY RUNNING. IT'S LIKE WHY DO WE NEED TO DO IT THAT WAY? WHY CAN'T WE DO IT THIS WAY? OR IF THAT THING IS NOT WORKING AND IT'S NOT SERVING US, YOU KNOW, THEN LET'S CHANGE IT AND FIGURE OUT A WAY THAT, YOU KNOW, WHEN OUR AUDITORS COME THAT IT SATISFIES THEM AND IT SATISFIES ALL THOSE INVOLVED AND WE DON'T WANT TO, YOU KNOW, BELABOR OURSELVES BY FIGHTING OURSELVES. JUST SIMPLIFY IT, RIGHT? ONE OF THE THINGS I WANTED TO DO AND I DID WAS SIMPLIFY POLICY AND PROCEDURE. YOU KNOW, WHY DO YOU HAVE TO HAVE A 50-PAGE POLICY DOCUMENT WHEN YOU CAN ONLY JUST HAVE ONE PAGE AND THEN REFERENCE PROCEDURES FROM THAT POLICY, YOU KNOW, SIMPLIFYING THINGS.

SENATOR TELO TAITAGUE

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THIS POSITION IS A VERY CRITICAL POSITION. OF ALL THE BOARDS, YOU KNOW, YOU'RE DEALING WITH LIFE OR DEATH IN SITUATIONS. OF COURSE, AS A BOARD YOU HAVE A LOT OF POWER AT THE GUAM MEMORIAL HOSPITAL DOWN TO, YOU KNOW, ACTUALLY ELIMINATING POSITIONS, APPROVING ABOVE STEP, YOU KNOW, HIRES, WHICH HAS BEEN VERY CONTROVERSIAL. PROCUREMENT, YOU TALKED ABOUT PROCUREMENT IN THAT LAST CONVERSATION WHEN YOU MENTIONED THAT. SO, ARE YOU VERY AWARE OF WHAT YOUR DUTIES AND RESPONSIBILITIES ON THIS BOARD REALLY IS?

MATTHEW LIMTIACO

I'M NOT VERY AWARE. BUT YOU KNOW, I LIKE I SAID, I'VE MADE MY CAREER OF LEARNING THINGS VERY QUICKLY. AND I UNDERSTAND THAT THERE ARE RULES AND PROCUREMENT RULES AND THINGS LIKE THAT WITHIN THE GOVERNMENT THAT NEEDS TO BE NEED TO BE FOLLOWED. AND, I CERTAINLY WILL UPHOLD THAT. I WOULDN'T WANT TO OPERATE ANY OTHER WAY.

SENATOR TELO TAITAGUE

ARE YOU WILLING TO TAKE THE PROCUREMENT MODULES TO UNDERSTAND PROCUREMENT?

MATTHEW LIMTIACO

ABSOLUTELY.

SENATOR TELO TAITAGUE

OKAY. WELL, I'M PRETTY SURE THEY'RE GOING TO TELL YOU HOW YOU CAN DO THAT, YOU KNOW, AND IT'LL BE VERY HELPFUL FOR YOU. SO THAT WHEN YOU DO MAKE DECISIONS ON BEHALF OF THE HOSPITAL THAT YOU MAKE THOSE DECISIONS KNOWING WHAT THE LAWS ARE, INSTEAD OF DOING IT. SO, TAKING PROCUREMENT MODULES ARE VERY HELPFUL. I MEAN, I DON'T HAVE TO TAKE IT, BUT I'M TAKING IT JUST SO THAT I UNDERSTAND IT AND THAT WHEN WE CREATE LEGISLATION THAT I KNOW WHAT I'M DOING AND NOT CIRCUMVENTING OR, YOU KNOW, DUPLICATING OR EVEN JUST BREAKING THE LAW, YOU KNOW, TO FIT MY AGENDA AND THAT'S REALLY IMPORTANT BECAUSE WE REALLY EYE THE BOARD. HAVE YOU READ ON THE WEBSITE THE MINUTES OF THE MEETINGS IN THE LAST WHAT YEAR? HAVE YOU BEEN ABLE TO GO BACK AND RETURN?

MATTHEW LIMTIACO

I HAVE NOT. I HAVE NOT TO BE HONEST. YEAH.

SENATOR TELO TAITAGUE

AND MAYBE THAT'S HOMEWORK NUMBER ONE. JUST TO FIND OUT WHAT'S BEEN GOING ON IN THE LAST YEAR, WHAT THE BOARD HAS BEEN DOING AND THE DECISIONS THEY'VE BEEN MAKING. SO, YOU KNOW THAT. DO YOU FEEL THAT PEOPLE SITTING ON THIS BOARD SINCE IT'S A SIX-YEAR TERM? DO YOU FEEL

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THAT THERE SHOULD BE A TERM LIMIT FOR THIS PARTICULAR BOARD SINCE IT IS SIX YEARS LONG?

MATTHEW LIMTIACO

I DON'T, YOU KNOW, IT DEPENDS, RIGHT? I MEAN, IF IT'S DOING WELL AND IT'S SERVING THE COMMUNITY JUSTLY.

SENATOR TELO TAITAGUE

NO, THE INDIVIDUAL I'M TALKING ABOUT SITTING ON THE BOARD. YEAH. I'M SORRY. I SHOULD HAVE.

MATTHEW LIMTIACO

I DON'T KNOW. I DON'T HAVE AN OPINION HONESTLY ONE WAY OR ANOTHER, BUT AGAIN, IF THE PERSON IS SERVING THE COMMUNITY AND DOING IT WELL, AND OF COURSE WELL IS SUBJECTIVE, RIGHT? BUT YOU KNOW, I DON'T HAVE AN OPINION ONE WAY OR ANOTHER.

SENATOR TELO TAITAGUE

WELL, I'M LOOKING FORWARD TO THAT AFTER A COUPLE YEARS SERVING ON THE BOARD TO SEE YOUR OPINION AFTER A WHILE BECAUSE IT'S GOING TO MAKE A LOT OF SENSE. YOU KNOW, I OVERSEE TECHNOLOGY AND I'M GLAD THE OVERSIGHT CHAIR WAS TALKING ABOUT CYBER SECURITY. I BELIEVE TODAY AROUND 2:30 WE'RE GOING TO BE HAVING A SIGNING CEREMONY OF THE AI TASK FORCE THAT HOPEFULLY IT COMES INTO LAW TODAY. HOPEFULLY, YOU KNOW, NOTHING CHANGES, KNOCK ON WOOD. AND IT'S A TASK FORCE IN WHICH GMH IS GOING TO BE SITTING ON THAT ON THAT TASK FORCE AS WELL TO TALK ABOUT AI TECHNOLOGY AND ALONG WITH AI YOU HAVE CYBER SECURITY OF COURSE JUST TO PROTECT WHATEVER YOU PUT IN PLACE. SO, ONE OF THE THINGS I THINK THAT IS VERY IMPORTANT TO REALIZE IS THE POWER GENERATION THAT'S NEEDED AND YOU YOU AS A CYBER SECURITY GUY KNOWS THAT POWER IS INSTRUMENTAL ON ANYTHING THAT'S TECHNOLOGY AND TO HAVE THAT POWER BASE. SO, ANOTHER HOMEWORK WOULD BE TO MAKE SURE THAT GMH HAS THOSE ALL IN PLACE BACK UP TO THE BACKUP, YOU KNOW, BECAUSE YOU LOSE DATA. AND IF WE GO INTO AI TECHNOLOGY FOR THE HOSPITAL, WHICH IS ONLY HOPEFULLY GOING TO ENHANCE IT, YOU'RE GOING TO NEED THAT ENERGY GENERATION CONSTANT, YOU KNOW.

MATTHEW LIMTIACO

ABSOLUTELY. AND THERE ARE GOVERNANCE, YOU KNOW, THERE'S GOVERNANCE AROUND AI. IT'S NOT JUST THROWING AI INTO THE MIX AND YOU KNOW YOU'RE THERE IT GOES. YOU KNOW, YOU WANT TO MAKE SURE THAT THAT AI ENGINE ISN'T HALLUCINATING. IT'S NOT GIVING FALSE INFORMATION. IT'S LEARNING PROPERLY SO AS NOT TO DISCRIMINATE. THERE'S A WHOLE YOU KNOW SERIES OF SECURITY CONTROLS THAT NEED TO BE PUT INTO PLACE WITH

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AI AS WELL. SO, IT'S NOT JUST YOU KNOW THROW IT AND MAKE IT WORK, RIGHT?

SENATOR TELO TAITAGUE

WELL, I DEFINITELY WILL COME AND PICK YOUR BRAIN IF I HAVE ANY QUESTIONS ON THAT, ESPECIALLY THAT. SO, I ALSO OFFER THE SAME TO YOU THAT PLEASE FEEL FREE TO, YOU KNOW, KNOCK ON MY DOOR IF THERE'S ANYTHING THAT I CAN DO FOR YOU OR IF YOU HAVE ANY QUESTIONS OR ANY SHENANIGANS GOING ON THAT YOU WANT TO BRING UP AND KEEP CONFIDENTIAL, WE'LL BE HAPPY, YOU KNOW, TO BRING IT TO LIGHT. SO, WE KNOW THAT YOU'RE REALLY DOING THE BEST YOU CAN THERE AND THAT YOU'RE NOT TURNING A BLIND EYE ON CERTAIN THINGS AT THE AT THE GUAM MEMORIAL HOSPITAL. A VERY VERY IMPORTANT POSITION AS A BOARD MEMBER AND I WISH YOU THE VERY BEST. HAPPY HOLIDAYS TO YOU AND YOU AND YOUR FRIENDS. THANK YOU. BYE-BYE.

SENATOR SABRINA SALAS MATANANE

THANK YOU, SENATOR TAITAGUE. SENATOR GUMATAOTAO.

SENATOR SHAWN GUMATAOTAO

YES. THANK YOU, MADAM CHAIR. AND THANK YOU, MR. LIMTIACO, FOR WANTING TO SERVE. YOU HAVE OTHER THINGS YOU COULD BE DOING. AND YOU'RE CHOOSING TO SERVE. SO, KUDOS TO YOU. I JUST WANTED TO ONLY HAVE A COUPLE QUESTIONS. I ACTUALLY MORE OF A MAYBE JUST SEE IF YOU CAN PROVIDE SOME INSIGHT. I KNOW THAT THERE'S BEEN A LOT OF FOCUS TODAY ABOUT THE TECHNOLOGY AT GMH. YOUR ROLE IS NOT JUST GOING TO BE TECHNOLOGY. THERE'S SO MANY OTHER THINGS THAT ARE GOING TO BE COMING YOUR WAY. WHEN YOU LOOK AT JUST THE SERVING ON THIS BOARD, WHAT DO YOU THINK IS GOING TO BE YOUR BIGGEST CHALLENGE GOING INTO THIS NEW ROLE? YOU HAVE IT'S A FULL COMPLIMENT AT SOME POINT WHEN YOU COME ON. WHAT'S GOING TO BE YOUR BIGGEST CHALLENGE? YOU THINK.

MATTHEW LIMTIACO

ENSURING THAT IT'S THE INFRASTRUCTURE IS SOUND, NOT JUST TECHNOLOGY, RIGHT? BECAUSE TECHNOLOGY WE NEED NETWORK, WE NEED POWER, WE NEED REDUNDANCY. THAT'S GOING TO BE THE CHALLENGE, RIGHT? JUST TO MAKE SURE THAT.

SENATOR SHAWN GUMATAOTAO

I NOTICE YOU DIDN'T SAY WATER SOMEWHERE THERE.

MATTHEW LIMTIACO

WELL, I'M SORRY, DIDN'T I NOT SAY WATER? WATER. WELL, YOU DON'T WANT WATER ON COMPUTERS, BUT YEAH, WATER WORKS. BUT YEAH, ABSOLUTELY. IT'S JUST ENSURING THAT THE INFRASTRUCTURE IS

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UP TO SNUFF IN IN IN SUCH A WAY WHERE WHEN ANOTHER MIR HITS THAT THE CONTINUITY OF CARE IS ENSURED FOR THE PATIENTS.

SENATOR SHAWN GUMATAOTAO

ALSO WORKING WITH MEMBERS OF A BOARD. I KNOW THAT YOU CURRENTLY DO SOME IN YOUR OTHER LIFE WHEN YOU'RE NOT AT BANK OF GUAM, YOU HAVE OTHER THINGS YOU DO. YOU CONTINUE TO GIVE BACK TO YOUR COMMUNITY. SO, WILL YOU BE TAKING SOME OF THOSE CALL THEM GOVERNANCE MODELS OR GOVERNANCE TYPES OF MAYBE I GUESS MOTIVATIONS TO BRING IT TO THIS PARTICULAR BOARD?

MATTHEW LIMTIACO

ABSOLUTELY. I THINK, YOU KNOW, I NEED TO SERVE THIS BOARD IN THE CAPACITY THAT I'M NOT GOING TO I'M NOT GOING TO EXTEND MYSELF OUTSIDE OF WHO I AM, RIGHT? AND IF I'LL JUST SERVE THE BOARD WITH ALL THE INTEGRITY THAT I'VE SERVED OTHER BOARDS WITH, YOU KNOW, SERVING THE COMMUNITY. I DON'T WANT TO BE I DON'T WANT TO BE SOMEBODY THAT I'M NOT BECAUSE THAT'S NOT WHAT I DO. BUT CERTAINLY I WILL BRING TO BEAR MY SKILLS, MY ABILITIES, AND MY INTEGRITY TO SERVE THIS BOARD FOR SURE.

SENATOR SHAWN GUMATAOTAO

AND MR. LIMTIACO, I'M GOING TO GO BACK TO THE IT SIDE OF THE HOUSE BECAUSE I THINK THAT WHEN WE LOOK AT AND WE JUST CAME OFF OF ALL THESE HEARINGS, PUTTING RESOURCES IN, AND ONE OF THE COMMENTS I MADE ON THE WAY OUT THE DOOR WAS DON'T LET US DOWN. MAKE SURE THAT YOU GUYS PULL THIS OFF. GET MAKE SURE IT GETS DONE. BUT AS I LOOK AT THE IT INFRASTRUCTURE AND EVEN FROM YOURSELF AND AND YOU MENTIONED IT EARLIER WHEN YOU WERE WHEN YOU FIRST CAME TO THE BANK OF GUAM, THERE IS THIS DESIRE TO SEE A YOU KNOW THE CADILLAC OF IT SYSTEMS AND I'VE SEEN IT THROUGHOUT MY GOVERNMENT SERVICE AND NOW THREE BRANCHES OF GOVERNMENT. THERE'S A WANT TO GO BIG, BUT REALLY SOMETIMES GOING BIG DOES NOT ALWAYS EQUAL EFFECTIVENESS IN THE DELIVERY OF PUBLIC SERVICE. WOULD YOU AGREE TO THAT?

MATTHEW LIMTIACO

I ABSOLUTELY AGREE WITH THAT. THERE'S YOU KNOW JUST BECAUSE IT'S A FERRARI THAT DOESN'T MEAN THAT THAT YOU KNOW THAT'S SOMETHING THAT NEEDS IF YOU JUST NEED A TERCEL TO DRIVE DOWN THE ROAD THAT'S ALL YOU NEED RIGHT BUT YOU KNOW KEEPING IN MIND CYBER SECURITY I DON'T EVER WANT CYBER SECURITY TO BE AN AFTERTHOUGHT IT ALWAYS HAS TO COME TO BEAR WITH IMPLEMENTING ANY IT SYSTEM MOVING FORWARD RIGHT IT'S IT USED TO BE THAT CYBER SECURITY WAS AN AFTERTHOUGHT, BUT

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WE NEED TO ENSURE FOR CYBER SECURITY AS WE IMPLEMENT IT SYSTEMS THROUGHOUT NETWORKING COMPUTERS THINGS OF THAT NATURE.

SENATOR SHAWN GUMATAOTAO

BUT EVEN AT THAT EVEN IF YOU HAVE THE CYBER SECURITY IN PLACE THEY DON'T EVEN HAVE THE BASIC INFRASTRUCTURE WE'RE TALKING KEYBOARDS AND MONITORS I MEAN WE'RE TALKING ABOUT WHAT'S ON THE OTHER SIDE OF THE WIRE NOT WHAT'S LITERALLY IN FRONT OF THE END USER RIGHT?

MATTHEW LIMTIACO

WELL ONE OF THE THINGS THAT I'M A FIRM BELIEVER IN IS REFRESHING EQUIPMENT AND NOT WAITING TILL IT'S ON ITS LAST LEG AND THE KEYBOARD IS HAS KEYS FALLING OFF OF IT AND YOU KNOW YOU HAVE TO GET A PEN TO PUSH THE KEY TO MAKE THE LETTER A, WE NEED TO MAKE SURE THAT THERE'S REFRESH CYCLES FOR ALL EQUIPMENT, NOT ONLY JUST THE COMPUTERS BUT JUST THE NETWORKING EQUIPMENT, THE HARD DRIVES, ALL OF THAT STUFF SHOULD THE HOSPITAL DECIDE TO HOST EVERYTHING ELSE.

SENATOR SHAWN GUMATAOTAO

BUT EVEN PROBABLY AS IMPORTANT TO THAT, THE DEFIBRILLATORS, ALL OF THE OTHER LIFE SAVING

TYPES OF INFORMATION, LIFE-SAVING EQUIPMENT, BECAUSE AT SOME POINT TECHNOLOGY WISE, IT'S GOING TO MERGE. AND I THINK THAT OBVIOUSLY YOU CAN'T OVERLOOK THAT. AND, LISTEN, I DO

SUPPORT YOUR NOMINATION TO THIS BOARD. I KNOW THAT I HAVE FIVE NOTRE DAME, FOUR NOTRE DAME ALUMNI, ONE STUDENT. I THINK ONE OF THEM SAYS MR. LIMTIACO IS A GOOD GUY. I'VE TALKED TO THE THE VOLLEYBALL FEDERATION. THEY'VE AGREED THAT YOU'RE I MEAN IN TERMS OF PUBLIC SERVICE THAT YOU STEPPING FORWARD IS A REALLY BIG DEAL NOT ONLY FOR YOUR FAMILY BUT FOR THIS COMMUNITY. SO AGAIN, I DO SUPPORT YOUR NOMINATION AND THANK YOU MADAM CHAIR FOR THE TIME THIS MORNING.

MATTHEW LIMTIACO

I APPRECIATE IT. THANK YOU.

SENATOR SABRINA SALAS MATANANE

THANK YOU, SENATOR GUMATAOTAO, AND THANK YOU MATT FOR STEPPING UP AND ACCEPTING THIS NOMINATION. THERE'S A LOT OF CHANGES THAT ARE GOING ON AT THE GUAM MEMORIAL HOSPITAL. YOU SEE IT FROM THE OUTSIDE AND NOW WITH YOU THERE HELPING TO WORK TOWARD MAKING THE CHANGES ON THE INSIDE AT GMH. I THINK SOME OF MY COLLEAGUES MENTIONED IT EARLIER THAT THERE ARE SO MANY THINGS THAT ARE HAPPENING WITH IT. THEY HAVE A CORRECTIVE ACTION PLAN THAT WAS SUBMITTED TO HHS. I HOPE THAT YOU CAN TAKE A LOOK AT THAT. THE RIFF RESOLUTION, THE REDUCTION IN FORCE AND THEIR EFFORTS TO OUTSOURCE

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MANY DIFFERENT THINGS SUCH AS HOUSEKEEPING SECURITY ISSUES LIKE THAT. SO AGAIN, I REALLY APPRECIATE YOU FOR STEPPING FORWARD AND I LOOK FORWARD TO VOTING IN FAVOR OF YOUR CONFIRMATION. WE'RE GOING TO WRAP UP THE COMMITTEE REPORT AND HOPEFULLY GET IT ON TO JANUARY SESSION AGENDA. THANK YOU FOR YOUR TIME. THANKS JASON AND THANKS CHARLIE FOR COMING TO TESTIFY.

BILL 169-38

SENATOR SABRINA SALAS MATANANE

WE ARE NOW GOING TO MOVE ON TO THE HEARING FOR BILL NUMBER 169-38 COR. THIS WAS INTRODUCED BY SENATOR THERESE TERLAJE. BEFORE WE GET TO HER OPENING REMARKS, IF THERE'S ANYONE HERE THAT WISHES TO TESTIFY ON THIS LEGISLATION, PLEASE COME HAVE A SEAT AT THE TABLE. AND BEFORE WE GET TO HEARING FROM THE PUBLIC, SENATOR TERLAJE, YOU MAY OPEN.

SENATOR THERESE TERLAJE

SI YU'OS MA'ASE. MADAM CHAIR, THANK YOU ALL FOR BEING HERE TODAY REGARDING BILL 169.

BILL 169 IS AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3 TITLE 10 GUAM CODE ANNOTATED

RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.

I WANT TO THANK MY CO-SPONSORS SABRINA SALAS MATANANE, SABINA FLORES PEREZ, CHRIS BARNETT, TELO TAITAGUE, JOE SAN AUGUSTINE AND FRANK BLAS JR. SPEAKER AND THIS BILL COMES ON THE HEELS OF OUR LAST ATTEMPT WHICH WAS IN THE 37TH THAT WAS BILL 209-37

WHICH SOUGHT SIMILARLY TO CHANGE THE ADVISORY COUNCIL ON COMMUNITY HEALTH CENTERS TO A GOVERNING BOARD AS WELL AS TO ADD ADDITIONAL DUTIES OF THE BOARD. FORMER MAYOR SAVARES WAS A CHAIR OF THE COMMUNITY HEALTH CENTERS BOARD AT THAT TIME AND I THINK SHE'S STILL THE CURRENT CHAIR AND OTHERS SOME OF THEM HERE TODAY ALSO TESTIFIED ON THAT BILL IN HOPES OF DELINEATING THE DUTIES BETWEEN THE CEO AND THE BOARD AND TO ADDRESS OTHER PARTS OF THE LAW ON GUAM THAT ARE NON-COMPLIANT WITH HERSA WHICH WE NICKNAME HERSA THE REGULATIONS AND HERS IS WHERE THE COMMUNITY HEALTH CENTERS GET THEIR FUNDING A LOT OF THE FUNDING BUT THE BILL WAS SUBSEQUENTLY VETOED IT DIDN'T GO FARTHER ENOUGH I THINK I'M GOING TO SUMMARIZE REGARDING THE DUTIES OR THE SELECTION OF THE BOARD MEMBERS AT THAT TIME WE HAD PUT IN THE BILL THAT IT WOULD COMPLY

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WITH AN INTER AGREEMENT THAT HAD BEEN MADE BETWEEN PUBLIC HEALTH AND THE BOARD. BUT SO THIS BILL NOW IS MAKING SIGNIFICANT CHANGES REALLY AGAIN PUSHING FOR AUTONOMY FOR THIS COMMUNITY HEALTH CENTERS AND MAKING VERY CLEAR THAT THEY'RE GOING TO COMPLY WITH HERSA REQUIREMENTS AS TO BOARD SELECTION. THEY'RE GOING TO MAKE RULES AND REGULATIONS THAT MUST COMPLY WITH HERSA REQUIREMENTS AT ALL TIMES. SO, THEY CAN BE FLEXIBLE IN THAT REGARD. THEY'RE ALSO GOING TO BE ABLE TO MEET ANY DEFICIENCIES THAT THEY MIGHT HAVE IN THEIR RELATION WITH HERSA SO THAT THEY CAN QUALIFY AND CONTINUE TO QUALIFY FOR FUNDING. AGAIN, THESE COMMUNITY HEALTH CENTERS RIGHT NOW WE HAVE ONE IN THE NORTH, ONE IN THE SOUTH AND THEY ARE SUPPOSED TO

BRING THESE SERVICES, PHYSICIANS, LABS, PHARMACIES TO THE COMMUNITIES AND THE MORE WE CAN DO THIS I FEEL LIKE THE BETTER AND I THINK THAT WAS THE GOAL NATIONWIDE. SO SPECIFICALLY

THE BILL MANDATES THE TRANSITION OF THE COMMUNITY HEALTH CENTERS PROGRAM UNDER PUBLIC HEALTH TO AN AUTONOMOUS AGENCY. IT AMENDS THE VARIOUS RESPONSIBILITIES TO ENSURE THE COMMUNITY HEALTH CENTERS BOARD HAS SPECIFIC RESPONSIBILITY FOR OVERSIGHT OF THE HEALTH CENTER PROGRAM PROJECT AS REQUIRED IN CHAPTER 19 OF HERSA'S HEALTH CENTER PROGRAM COMPLIANCE MANUAL. IT REMOVES APPOINTMENTS OF BOARD MEMBERS WHICH ARE CURRENTLY APPOINTED BY THE GOVERNOR AND OTHER MEMBERS OF THE COMMUNITY AND REQUIRES THE BOARD BYLAWS TO PRESCRIBE THE PROCESS FOR SELECTION AND REMOVAL OF ALL GOVERNING MEMBERS AS STATED IN CHAPTER 20 OF HERSA. SOME OF THESE HERSA REQUIREMENTS REQUIRE THAT USERS OF THE HEALTH CENTERS ARE BOARD MEMBERS AND DIFFERENT THINGS LIKE THAT. CHANGES THE CURRENT ADVISORY COUNCIL TO A GOVERNING BOARD IN ORDER TO RESPONSIBLY TRANSITION IN BEING A GOVERNING BOARD. IT ALLOWS THEM THE AUTONOMY TO SELECT PERSONNEL. AND THIS WAS A BIG THING. THIS IS ACTUALLY HOW THIS BILL BEGAN YEARS AGO WAS BECAUSE ONE OF THE DIRECTORS HAD KIND OF FIRED THE COMMUNITY HEALTH CENTER CEO OR PHYSICIAN AND THEY'RE VERY HARD TO COME BY THESE EMPLOYEES. IN ORDER TO RESPONSIBLY TRANSITION THIS THIS COMMUNITY HEALTH CENTER INTO AUTONOMOUS AGENCY. THIS BILL ADDS A TRANSITION PERIOD. IT INCLUDES A THREE-YEAR PERIOD WHERE THE NEWLY FORMED GUAM COMMUNITY HEALTH CENTERS SHALL WORK TOWARDS ADMINISTRATIVE AND OPERATIONAL INDEPENDENCE. DURING THIS PERIOD, THE DEPARTMENT OF ADMINISTRATION SHALL PROVIDE INTERIM TECHNICAL ASSISTANCE FOR THE ACCOUNTING OF THE FUNDS AND THE HIRING OF THE PERSONNEL WILL STILL

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BE TRANSITIONED, BUT THEY HAVE TO HAVE CHARGE OF THAT. SO, IT'S GOING TO BE BY BOARD DECISION. THE GUAM COMMUNITY HEALTH CENTERS MAY ALSO REQUEST THAT THE TRANSITION PERIOD BE EXTENDED FOR ONE YEAR AT A TIME, NOT TO EXCEED AN ADDITIONAL THREE YEARS FOR A GRANT TOTAL OF SIX MAXIMUM YEARS FOR THIS TRANSITION. YEAH, HOPE IT'S BEEN VERY HARD I KNOW FOR THE GOVERNMENTWIDE TO HIRE ITS OWN ACCOUNTANTS IN THESE DIFFERENT AGENCIES AND OTHER PERSONNEL. SO, THIS IS PART OF THE REASONING BEHIND THIS TRANSITION PERIOD BECAUSE WE WANT YOU TO BE CONFIDENT THAT YOU'RE ABLE TO HIRE THE PERSONNEL THAT YOU NEED AND AS SOON AS YOU ARE YOU IT'S KIND OF AT THE BOARD'S PACE TO TRANSITION AND I KIND OF THINK IT'S GOING TO BE A LOT BASED ON HIRING RIGHT WHAT YOU'RE ABLE TO HIRE INHOUSE TO BE ABLE TO MOVE FORWARD INDEPENDENTLY AND THE FISCAL NOTE FROM BBMR SAID THAT TRANSITION TO FULL AUTONOMY WILL ALLOW THE GUAM COMMUNITY HEALTH CENTERS TO RESPOND FASTER TO COMMUNITY HEALTH NEEDS, FULLY MEET HERSA FQHC REQUIREMENTS, EXPAND SERVICES SUCH AS AFTER HOURS URGENT CARE, AND STREAMLINE THE HIRING PROCESS OF MUCH NEEDED MEDICAL PROFESSIONAL AND SUPPORT STAFF TO FILL CURRENT VACANCIES. AGAIN. SO, I HOPE TO GET MY COLLEAGUE'S SUPPORT AND I'M LOOKING FORWARD TO THE TESTIMONY TODAY AND THANK YOU, MADAM CHAIR.

SENATOR SABRINA SALAS MATANANE

THANK YOU, SENATOR TERLAJE. WE WILL NOW ACCEPT PUBLIC TESTIMONY AND WE WILL

START TO MY RIGHT. PLEASE INTRODUCE YOURSELF AND WHAT ORGANIZATION YOU ARE REPRESENTING AND SPEAK CLOSELY INTO THE MICROPHONE. THANK YOU.

KAI AKIMOTO

HABA ADAI SENATORS, MY NAME IS KAI AKIMOTO.

WORKING WITH THE CHALAN AMTE ORGANIZATION. BUT IF IT'S ACCEPTABLE TO THE COMMUNITY, I WOULD LIKE TO INVITE DIRECTOR ARRIOLA TO PROVIDE HER TESTIMONY BEFORE HOURS IF THAT'S APPROPRIATE.

SENATOR SABRINA SALAS MATANANE

DIRECTOR ARRIOLA.

DPHSS

THANK YOU SO MUCH, KAI. SUCH GENTLEMEN, LOVE IT. HABA ADAI, CHAIRWOMAN SABRINA SALAS MATANANE, COMMITTEE ON THE HEALTH ON HEALTH OF THE 38TH GUAM LEGISLATURE AND MEMBERS OF THE 38TH GUAM LEGISLATURE. MY NAME IS DPHSS, THE DIRECTOR OF GUAM PUBLIC HEALTH AND SOCIAL SERVICES. STILL A VERY LONG AND SOMETIMES I HAVE TO THINK

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OF THE NAME AND MAKE SURE I DON'T MISS IT. GUAM PUBLIC HEALTH AND SOCIAL SERVICES, DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES. THANK YOU FOR THIS OPPORTUNITY TO PROVIDE TESTIMONY IN FULL SUPPORT OF BILL 169, AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY AUTHORED BY SENATOR THERESE TERLAJE. CURRENTLY, THE GUAM COMMUNITY HEALTH CENTER OR GCHC IS PART OF THE GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES UNDER THE DIVISION OF PUBLIC HEALTH. THE GCHC ARE A VITAL PART OF OUR ISLAND'S HEALTH CARE SYSTEM, SERVING MORE THAN 8,500 UNDUPLICATED PATIENTS EACH YEAR AND NEARLY 2,000 ENCOUNTERS EACH MONTH. THESE ARE FAMILIES, SENIORS, MIGRANTS, UNINSURED INDIVIDUALS, PREGNANT WOMEN, AND PEOPLE LIVING WITH CHRONIC DISEASES WHO RELY ON THE CHC NOT ONLY FOR TREATMENT WHEN THEY ARE SICK, BUT ALSO FOR LONG-TERM PREVENTIVE CARE. THE CHC IS A MEDICAL HOME FOR THOUSANDS, AND IT PLAYS A CENTRAL ROLE IN STABILIZING GUAM'S OVERALL HEALTH SYSTEM. BILL 169 PROPOSES TO MAKE THE CHC SEMIAUTONOMOUS. I WANT TO CLEARLY STATE CLEARLY THAT DPHS SUPPORTS THIS DIRECTION. CURRENTLY, THE GUAM COMMUNITY HEALTH CLINIC IS IN THE LAST REMAINING 5% OF ALL FQHC'S THAT ARE NOT INDEPENDENT ACROSS THE UNITED STATES. THAT IS A PERCENTAGE THAT WE DON'T REALLY WANT TO CLAIM. WE WANT TO MOVE TOWARDS AUTONOMOUS LIKE ALL THE OTHER CHC'S IN THE UNITED STATES. AUTONOMY OFFERS LONG-TERM BENEFITS, MORE FLEXIBILITY IN DECISION MAKING, THE ABILITY TO RECRUIT COMPETITIVELY, FEWER ADMINISTRATIVE DELAYS, AND A STRUCTURE THAT IS MORE ALIGNED WITH HOW COMMUNITY HEALTH CENTERS OPERATE ACROSS THE UNITED STATES. HOWEVER, AUTONOMY IS NOT A SIMPLE ORGANIZATIONAL SHIFT. IT IS THE CREATION OF A NEW ENTITY WITH ITS OWN ADMINISTRATIVE SYSTEMS, REGULATORY FRAMEWORKS, OPERATIONAL STRUCTURES, STAFFING CAPACITY, AND FINANCIAL INDEPENDENCE. IF WE MOVE TOO QUICKLY, WE RISK DISRUPTING SERVICES THAT OUR COMMUNITY RELIES ON EVERY SINGLE DAY TODAY. A RESPONSIBLE TRANSITION REQUIRES A PHASED AND STRATEGIC APPROACH OVER THE NEXT THREE TO FOUR YEARS. THIS INCLUDES A FULL FINANCIAL READINESS ASSESSMENT, WORKFORCE MODELING, PAYSCALE DEVELOPMENT, LEGAL AND REGULATORY MAPPING, IT AND CYBER SECURITY PLANNING, EHR TRANSITION WORK AND CLEAR DECISIONS ABOUT FACILITY OWNERSHIP, MAINTENANCE, UTILITIES AND SECURITY. AUTONOMY MEANS THAT THE GUAM COMMUNITY HEALTH CLINIC WILL NEED TO HANDLE ITS OWN HUMAN RESOURCES, PROCUREMENT, FINANCE, COMPLIANCE, AND ADMINISTRATIVE STRUCTURES. ALL OF WHICH ARE CURRENTLY SUPPORTED BY THE

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DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES. THESE FUNCTIONS ARE NOT MINOR. THEY ARE THE BACKBONE OF THE DAY-TO-DAY OPERATIONS OF THE CLINIC. KINDLY ALLOW ME TO ACKNOWLEDGE AND THANK THE DIVISION OF PUBLIC HEALTH PROGRAMS THAT HAVE CONTRIBUTED TO THE HEALTH CENTERS SUCCESS. THESE INCLUDE ONE THE IMMUNIZATION PROGRAM WHICH HAS PROVIDED FIVE NURSES TO SUPPORT THE GUAM COMMUNITY HEALTH CLINIC SERVICES. THE BUREAU OF COMMUNICABLE DISEASE CONTROL OR BNCD WHICH SUPPORTS THE CHC BY PREPARING THE INITIAL ROLLOUT OF THE MOBILE CLINIC SUPPLYING TWO LAPTOPS COMPLETE SETS OF PPES AND FUEL FOR THE OPERATION OF THE MOBILE CLINIC THAT SUPPORT AND CONTINUES TODAY. THEY ALSO PROVIDE STAFFING FOR THE TV PROGRAM NURSING PROGRAM OVER A SIX-MONTH PERIOD WHICH BNCDS COVERING LABOR AND FRINGE COSTS. THE BNCD ALSO DEVELOPED TWO RADIO AND TV COMMERCIALS FOR THE GUAM COMMUNITY HEALTH CLINIC DURING THE LIBERATION PARADE, ONE OF THE LARGEST PUBLIC EVENTS THAT IS SEEN AND ALSO THE 2024 NATIONAL COMMUNITY HEALTH CENTERS WEEK. ANOTHER PROGRAM THAT SUPPORTS THE COMMUNITY HEALTH CLINIC IS THE PREVENTION HEALTH AND HEALTH SERVICES PROGRAM WHICH PROVIDED EDUCATIONAL MATERIAL ON CHOLESTEROL, HYPERTENSION, DIABETES, AND CHRONIC PAIN. AND LAST, BUT DEFINITELY NOT LEAST, THE TP PROGRAM THAT SUPPORTS THE CHC, WHICH SHARES THEIR MOBILE X-RAY MACHINE AND RADIOLOGY TECHNICIAN WITH THE HEALTH CENTERS. WE MUST ALSO TAKE INTO CONSIDERATION THE REALITY OF THE CURRENT FUNDING ENVIRONMENT. THE GUAM COMMUNITY HEALTH CLINIC RELIES ON SEVERAL FEDERAL REVENUE STREAMS. IT'S HERSA GRANT, THE 340B PHARMACY PROGRAM SAVINGS, AND MEDICAID REIMBURSEMENTS, ALL OF WHICH ARE FACING SIGNIFICANT CHANGES. THESE ARE MAJOR 340B RULE CHANGES BEGINNING JANUARY 1ST. MEDICAID REFORMS ARE ANTICIPATED IN 2026 AND HERSA IS PREPARING TO MODIFY COMPLIANCE REQUIREMENTS WHICH WILL LIKELY INCREASE REPORTING AND AUDIT DEMANDS. AS A TERRITORY, GUAM CONTINUES TO EXPERIENCE CHALLENGES IN ASSESSING ACCESSING CERTAIN FEDERAL COMPETITIVE GRANTS. AN EXAMPLE IS THE RECENT \$50 BILLION RURAL HEALTH TRANSFORMATION GRANT THAT DID NOT INCLUDE THE TERRITORIES. IF THE GUAM COMMUNITY HEALTH CENTER BECOMES AUTONOMOUS, IT WILL NEED TO HAVE ITS OWN EIN NUMBER AND HERSA WILL CONSIDER IT A NEW APPLICANT. THAT MEANS WE MUST TIME THIS TRANSITION CAREFULLY TO AVOID ANY DISRUPTION IN FEDERAL FUNDING. WORKFORCE READINESS IS ANOTHER MAJOR CONCERN. GUAM ALREADY FACES A SHORTAGE OF PHYSICIANS, NURSES, MIDWIVES, AND BEHAVIORAL HEALTH PROFESSIONALS. AUTONOMY WILL NOT FIX THIS UNLESS THE GUAM

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COMMUNITY HEALTH CENTER ALSO ESTABLISHES COMPETITIVE PAY SCALES, SUSTAINABLE RECRUITMENT STRATEGIES, TRAINING PIPELINES, AND CLEAR RETENTION PLANS. AT THE SAME TIME, QUESTIONS ABOUT INFRASTRUCTURE MUST BE RESOLVED EARLY. WHO WILL OWN THE BUILDINGS? HOW WILL UTILITIES, SECURITY, MAINTENANCE, AND FACILITY OPERATION BE HANDLED? WHAT RESOURCES WILL TRANSFER FROM PUBLIC HEALTH AND WHAT WILL NEED TO BE REBUILT FROM SCRATCH FOR THE COMMUNITY HEALTH CENTER. THESE DETAILS MATTER BECAUSE ANY MISSTEP WILL DIRECTLY AFFECT PATIENT CARE. IT IS ALSO IMPORTANT TO RECOGNIZE THAT THE GUAM COMMUNITY HEALTH CENTER CURRENTLY BENEFITS FROM BEING PART OF PUBLIC HEALTH, THE DEPARTMENT OF PUBLIC HEALTH, PROCUREMENT SUPPORT, HR, PAYROLL PROCESSING, ACCOUNTING FUNCTIONS, SHARED UTILITIES AND SECURITY, AND EMERGENCY COORDINATION DURING TYPHOONS ALL HELP STABILIZE DAILY OPERATIONS. ONCE THE GUAM COMMUNITY HEALTH CLINIC BECOMES AUTONOMOUS, IT WILL NEED TO REPLACE THESE SUPPORTS INDEPENDENTLY AND THAT TRANSITION MUST BE PLANNED AND FUNDED. WHILE AUTONOMY IS BEING ELEVATED AND PREPARED, I STRONGLY RECOMMEND THAT BILL 169 INCLUDE PROTECTION FOR THE GUAM COMMUNITY HEALTH CENTER PROGRAM INCOME. PROGRAM INCOME IS GENERATED BY THE GUAM COMMUNITY HEALTH CLINIC THROUGH PATIENT VISITS, PHARMACY OPERATIONS, AND OTHER SERVICES. THESE FUNDS ARE ESSENTIAL FOR MEETING HERSA REQUIREMENTS, SUPPORTING STAFFING, PURCHASING EQUIPMENT AND SUPPLIES, FUNDING OUTREACH, AND ENSURING CONTINUITY OF CARE TO PROTECT THE GUAM COMMUNITY HEALTH CLINIC DURING THIS TRANSITION PERIOD. THE BILL SHOULD CLEARLY STATE THAT PROGRAM INCOME CANNOT BE REDIRECTED, REPROGRAMMED, OR USED FOR ANY PURPOSE OTHER THAN THE GUAM COMMUNITY HEALTH CLINIC OPERATIONS. WITHOUT THIS SAFEGUARD, THE GUAM COMMUNITY HEALTH CLINIC WILL NOT HAVE THE FINANCIAL STABILITY NEEDED TO PLAN FOR AUTONOMY. THERE ARE IMPORTANT STEPS WE CAN TAKE NOW. A FORMAL ASSESSMENT AND TRANSITION ROADMAP SHOULD BEGIN IMMEDIATELY. THE FORMAL TRANSITION PERIOD WILL BEGIN IMMEDIATELY AFTER ENACTMENT OF THIS BILL INTO LAW. THE GUAM COMMUNITY HEALTH CENTER BOARD OF DIRECTORS MAY EXTEND THE TRANSITION PERIOD AS LONG AS NECESSARY AT THE BOARD'S DISCRETION. LOCAL FUNDING SUPPORT WILL BE ESSENTIAL TO BUILD ADMINISTRATIVE CAPACITY AND PROVIDE A BUFFER AGAINST FEDERAL UNCERTAINTIES. STRENGTHENING WORKFORCE PIPELINES, INCLUDING RECRUITMENT INCENTIVES AND TRAINING PARTNERSHIPS, IS CRITICAL. SYSTEM MODERNIZATION PARTICULARLY WITH THEIR EHR TRANSITION MUST STAY ON TRACK AS THESE SYSTEMS WILL FORM THE

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FOUNDATION OF FUTURE INDEPENDENT AGENCY. ADDITIONALLY, A JOINT TRANSITION TASK FORCE INVOLVING THE LEGISLATURE, THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES, THE GUAM COMMUNITY HEALTH CLINIC LEADERSHIP, BBMR, DOA, AND THE ATTORNEY GENERAL'S OFFICE WOULD HELP ENSURE TRANSPARENCY AND COORDINATED DECISION MAKING. AS YOU CONSIDER THIS BILL, I ASK THAT YOU KEEP THE HUMAN IMPACT AT THE CENTER OF THE DISCUSSION. THE GUAM COMMUNITY HEALTH CLINIC IS WHERE A MOTHER BRINGS HER CHILD FOR IMMUNIZATION. IT IS WHERE OUR ELDERLY MANAGE DIABETES AND HYPERTENSION. IT IS WHERE MIGRANTS AND UNDERSERVED FAMILIES FIND A MEDICAL HOME. IT REDUCES THE STRAIN ON GMH, SUPPORTS OUR EMERGENCY RESPONSE SERVICE SYSTEM, AND STRENGTHENS THE ISLAND'S RESILIENCE. IF THE GUAM COMMUNITY HEALTH CLINIC STUMBLES DURING THIS TRANSITION, THE ENTIRE HEALTH SYSTEM WILL FEEL THE CONSEQUENCE. AUTONOMY MAY VERY WELL BE THE RIGHT LONG-TERM DECISION, BUT IT MUST BE DONE RESPONSIBLY, STRATEGICALLY, AND WITH THE RESOURCES REQUIRED TO SUCCEED. I ASK FOR YOUR PARTNERSHIP IN SUPPORTING A RESPONSIBLE TRANSITION. ONE THAT PROTECTS PROGRAM INCOME, SECURES LOCAL FUNDING, STRENGTHENS THE WORKFORCE, AND ENSURES CONTINUITY OF CARE. OUR COMMUNITY DEPENDS ON THE STRENGTH OF ITS HEALTH CENTERS. AND I AM COMMITTED TO WORKING WITH YOU TO ENSURE THAT WHEN AUTONOMY DOES HAPPEN, IT IS DONE IN A WAY THAT PROTECTS PATIENTS AND STRENGTHENS GUAM'S HEALTH SYSTEM FOR THE FUTURE. THANK YOU FOR YOUR TIME AND FOR THE CONTINUED COMMITMENT TO THE HEALTH OF OUR ISLAND. THANK YOU.

SENATOR SABRINA SALAS MATANANE

THANK YOU, DIRECTOR ARRIOLA. MAYOR SAVARES.

MELISSA SAVARES

GOOD MORNING, MADAME CHAIR, SENATOR SABRINA SALAS MATANANE, SENATOR

THERESE TERLAJE, SENATOR CHRIS BARNETT, SENATOR TELO TAITAGUE, AND SENATOR VINCE

BORJA. MY NAME IS MELISSA SAVARES, BOARD CHAIR FOR THE GUAM COMMUNITY HEALTH CENTERS. I ALONG WITH FELLOW BOARD MEMBERS ARE IN SUPPORT OF BILL NUMBER 169-38, AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 OF GUAM CODE, ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY. THE GUAM COMMUNITY HEALTH CENTERS ARE LOCATED AT NORTHERN AND SOUTHERN HEALTH CENTERS WHICH IS DEDODO AND INALAHAN AND PROVIDES PRIMARY HEALTH CARE SERVICES FOR ALL RESIDENTS OF GUAM. THE COMMUNITY HEALTH CENTERS IS FUNDED THROUGH PROGRAM INCOME AND HERSA HEALTH

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RESOURCES SERVICES AND SERVICE ADMINISTRATION GRANTS. THE GUAM COMMUNITY HEALTH CENTER IS A RECOGNIZED FQC FEDERALLY QUALIFIED HOME CENTER ON GUAM. THIS ACT WILL ENABLE THE GHC'S TO BE AN AUTONOMOUS AGENCY WITHIN THE GOVERNMENT OF GUAM. THE GHC'S WILL HAVE THE CHIEF EXECUTIVE OFFICER SELECTED BY THE BOARD OF DIRECTORS AND THE CEO WILL BE THE ONLY CLASSIFIED STAFF UNDER THE DIRECT SUPERVISION OF THE GUAM COMMUNITY HEALTH CENTER BOARD OF DIRECTORS. THE GCHC CEO WILL ADHERE TO ALL FEDERAL PROGRAMS REQUIRED BASED ON HERSA RULES AND REGULATIONS BASED ON UPDATED GUIDELINES. THE GCHC STAFF WILL REMAIN CLASSIFIED EMPLOYEES OF THE GOVERNMENT OF GUAM AND FALL UNDER THE DIRECT SUPERVISION OF THE CEO. UPON IMPLEMENTATION OF THIS ACT, IT IS IMPORTANT THAT A CHIEF FINANCIAL OFFICER BE HIRED TO DEVELOP, IMPLEMENT, AND COORDINATE THE GHC FINANCIAL POLICIES, FINANCIAL MANAGEMENT, INTERNAL AUDITS, BILLING AND COLLECTIONS, AND ALL OTHER FINANCIAL TASK NECESSARY TO ENSURE THE STABILITY AND RESPONSIBILITIES AS PER HERSA GUIDELINES. THE GUAM CHC BOARD OF DIRECTORS MAY ENTER INTO A CO-APPLICANT AGREEMENT WITH ANOTHER GOVERNMENT AGENCY IN THE TO MEET THE HEALTH CARE REQUIREMENTS BASED ON SERVICES NEEDED FOR OUR PATIENTS. CURRENTLY, THE GCHC HAS A CO-APPLICANT AGREEMENT WITH THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES. THIS GCHC AND DPHSS IS ONE OF 5% AS DIRECTOR ARRIOLA MENTIONED 5% OF HEALTH CENTERS IN THE UNITED STATES THAT STILL HAS A CO-APPLICANT AGREEMENT. THE GUAM COMMUNITY HEALTH CENTERS BOARD WOULD LIKE TO KEEP THE TAX GARNISHMENT FOR PATIENTS WHO HAVE UNCOLLECTED DEBTS AT THE CHC. ONCE THE FINANCIAL SYSTEM IS AT THE GUAM CHC'S ESTABLISHED IS A CURRENT LIST OF DEBTS OWED. WE WILL CREATE A MEMORANDUM OF AGREEMENT BETWEEN THE GUAM COMMUNITY HEALTH CENTERS AND THE DEPARTMENT OF REVENUE TAXATION. THIS ACT WILL ALSO ALLOW FOR THE PROCESS OF AUTONOMY TO BEGIN WITH FOR THE THREE YEARS. AN EXTENSION OF AN ADDITIONAL 3 YEARS WILL BE ALLOWED WITH NO MORE THAN A TOTAL OF 9 YEARS. THIS ACT WILL ALLOW FOR THE DEVELOPMENT AND IMPLEMENTATION OF OUR FINANCIAL SYSTEM, ACCOUNTING, PAYROLL, INTERNAL FISCAL AND PROCUREMENT CONTROL. OTHER TASKS THAT WILL BE INCLUDED ARE HUMAN RESOURCES, CONTRACTUAL SERVICES, AND OTHER RELATED SERVICES BASED ON THE NEEDS OF THE GCHC. CURRENTLY, THE GCHC DOES NOT RECEIVE DIRECT GOVERNMENT ALLOTMENT ASIDE FROM WHAT IS GIVEN TO US THROUGH THE DEPARTMENT OF PUBLIC HEALTH BUDGET. THROUGH THEIR SERVICES, THE GCHC HAVE BEEN SELF- SUSTAINING THROUGH PROGRAM INCOME AND

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FEDERAL GRANTS. I ALONG WITH MY FELLOW BOARD MEMBERS THANK YOU FOR YOUR TIME AND THANK ALL OF YOU FOR LISTENING TO OUR CONCERNS AND WE WISH YOU ALL A MERRY CHRISTMAS. THANK YOU.

SENATOR SABRINA SALAS MATANANE

THANK YOU MAYOR. WE WILL NOW GO TO MR. AKIMOTO OR CHALAN AMTE.

MASON CALDWELL

HI, GOOD MORNING SENATOR AND ESTEEMED COMMITTEE. MY NAME IS MASON CALDWELL. I WAS SPEAKING ON BEHALF OF CHALAN AMTE. WE ARE HONORED TO PROVIDE TESTIMONY ON THIS IN SUPPORT OF BILL 169-38. WE ARE A GROUP OF OVER 30 MEDICAL TRAINEES PASSIONATE ABOUT DEVELOPING OUR PHYSICIAN WORKFORCE THROUGHOUT GUAM AND THE GREATER MICRONESIAN REGION. WE OFFER ADVICE TO LOCAL PREMED STUDENTS IN COLLEGE AND HIGH SCHOOL AND CREATE OPPORTUNITIES ON ISLAND FOR LEARNERS AT THE LEVELS OF PREMEDS, MEDICAL STUDENTS AND RESIDENT DOCTORS. MANY OF OUR MEDICAL SCHOOLS UTILIZE CHC'S AND FEATURE CHC'S WHICH OFFER EXPOSURE IN A LEARNING ENVIRONMENT THAT OFFERS PATHOLOGY AND SOCIAL COMPLEXITY NEITHER TEXTBOOKS, ACADEMIC NOR PRIVATE HEALTH CENTERS CAN OFFER. WHEN PLACED IN STRONG, WELL-FUNCTIONING AND INDEPENDENT COMMUNITY HEALTH CENTER, TRAINEES ARE GIVEN THE KIND OF EXPERIENCE NEEDED TO BECOME THE COMPASSIONATE AND RESOURCEFUL DOCTORS THAT PATIENTS LONG FOR. ADDITIONALLY, OUR GROUP HAS STUDIED THE PHYSICIAN WORKFORCE ON GUAM AND HAS FOUND THAT GUAM IS BELOW THE NATIONAL AVERAGE IN OUR NATIONAL PHYSICIAN DENSITY ACROSS ALL SPECIALTIES. THE CHC OFFERS AN AVENUE TO A SOLUTION TO RESOLVE OUR PHYSICIAN SHORTAGE IN SPECIALTIES WHERE THE SHORTAGE IS FELT HARDEST, SUCH AS OBSTETRICS AND GYNECOLOGY, PRIMARY CARE, AND PSYCHIATRY, JUST TO NAME A FEW. STUDIES ALSO SHOW THAT OVER 50% OF NEW DOCTORS PRACTICE WHERE THEY TRAIN. AS A SITE FOR TRAINING, A RESIDENCY WOULD BE THE BEST OUTCOME. AND FORTUNATELY, AS THE ISLAND'S ONLY FQC, THE CHC HAS ACCESS TO THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION PROGRAM THROUGH HRSA, WHICH GIVES BOTH FUNDING AND TECHNICAL ASSISTANCE TO THE PROGRAM. HOWEVER, AS SOMEONE WHO WILL BE SOON APPLYING TO RESIDENCY, I CAN SEE HOW RUNNING A RESIDENCY PROGRAM EFFECTIVELY REQUIRES ORGANIZATIONAL LATITUDE TO MAKE EXPEDIENT DECISIONS AND ADJUSTMENTS AT THE PROGRAM LEVEL TO REMAIN WITHIN ACCREDITATION COMPLIANCE. THE NATIONAL HEALTH SERVICE CORPS IS A FEDERAL SCHOLARSHIP GIVEN TO PRIMARY CARE PHYSICIANS IN TRAINING IN EXCHANGE FOR SERVICE AT A QUALIFYING HEALTH CENTER. NHSC PHYSICIANS MUST SERVE IN QUALIFYING LOCATIONS. AN FQHC DESIGNATION IMPROVES

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THE LIKELIHOOD OF PLACEMENT. ACCESS TO NHSC PHYSICIANS EXPANDS THE POOL OF GUAM RECRUITABLE HEALTH PROFESSIONALS TO 3,500 PLUS NHSC HEALTH PROFESSIONAL GRADUATES. HOWEVER, PHYSICIAN RECRUITMENT IS CURRENTLY SUBJECT TO THE OFTEN ARDUOUS AND RIGID HIRING PROCESS IN THE GOVERNMENT OF GUAM. AS AN AUTONOMOUS AGENCY, THE CHC MAY BE RELEASED FROM THE RED TAPE AND BECOME A BEACON OF MEDICAL EDUCATION AND PHYSICIAN RECRUITMENT FOR OUR REGION. THANK YOU.

SENATOR SABRINA SALAS MATANANE

THANK YOU. ANYONE ELSE FROM CHALAN AMTE WHO WOULD LIKE TO TESTIFY?

ETHAN GUMATAOTAO

HABA ADAI MADAM SPEAKER AND ESTEEMED COMMITTEE. MY NAME IS ETHAN GUMATAOTAO AND MYSELF AND KAI REPRESENT THE POLICY AND ADVOCACY INITIATIVE FOR OUR GROUP CHALAN AMTE. A STRONG CHC IS NOT ONLY IMPORTANT FOR PRIMARY CARE BUT ALSO FOR ACUTE CARE ESPECIALLY AT THE HOSPITAL. OUR CHC CAN HELP THE HOSPITAL FROM A PATIENT LOAD STANDPOINT AND FROM A FINANCIAL STANDPOINT. A CHIEF ISSUE WITH REVENUE AT THE HOSPITAL IS THAT MEDICAID AND MEDICARE REIMBURSE LESS THAN OPERATIONS COST. HOWEVER, MUCH OF OUR MEDICAID AND MEDICARE POPULATION FEELS LIMITED IN THEIR OPTIONS FOR PRIMARY CARE. THEREFORE, THE HOSPITAL IS OFTEN THEIR ONLY OPTION. THIS PHENOMENON BURDENS OUR HOSPITAL WITH ENCOUNTERS THAT COULD BE AVOIDED IN OUTPATIENT SETTINGS LIKE AT OUR CHC. TOTAL MEDICAID DOLLARS FOR GUAM ARE UNIQUELY LIMITED. SO, WE HAVE TO BE JUDICIOUS WITH THAT SPENDING. WE SHOULD CREATE A SYSTEM THAT ENCOURAGES GETTING MORE COST-EFFECTIVE PRIMARY CARE RATHER THAN A COSTLY VISIT TO THE EMERGENCY ROOM OR A COSTLY ADMISSION AT THE HOSPITAL. FORTUNATELY, THE LIMIT ON MEDICAID FUNDING HAS GONE UP OVER THE PAST DECADE. AND THEREFORE, IT SHOULD BE EXPECTED THAT FUNDING FOR ALL SERVICES WOULD HAVE INCREASED PROPORTIONALLY. BUT IN FACT, WHAT WE'VE SEEN THROUGH OUR RESEARCH IS THAT THE FUNDING FOR FQHC'S AND DENTAL SERVICES HAS ACTUALLY DECREASED DESPITE THE OVERALL INCREASE IN MEDICAID FUNDING. THIS FINDING MAY HAVE SEVERAL EXPLANATIONS, BUT ONE SUGGESTED BY OUR RESEARCH IS THAT THIS DISTRIBUTION OF EXPENDITURES MAY PARTLY BE CAUSED BY DECLINING OPERATIONS AT THE CHC. IN SOME GRANTING AUTONOMY TO OUR COMMUNITY HEALTH CENTERS WILL STRENGTHEN THEIR SERVICES AND OPERATION AND THEREFORE STRENGTHENING THE CHC OPERATION WILL IMPROVE PUBLIC PRIMARY CARE SERVICES AND PREVENT HOSPITALIZATIONS AND PREVENTING

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HOSPITALIZATION PROTECTS THE HOSPITAL FROM GROWING THEIR LOSSES.
THANK YOU.

SENATOR SABRINA SALAS MATANANE

THANK YOU MR. GUMATAOTAO. KAI.

KAI AKIMOTO

Hafa adai madam chair and the rest of the senators. My name is Kai Akimoto. I'm also a member of Chalan Amte. I'm a fourth year medical student at the University of Minnesota. But I'll actually be reading a testimony for another one of our members, Mr. Josh Rick Sablan, who is a medical student at the Ohio State University. He couldn't be here today. He's taking his grandma to an appointment, so I was a substitute. But, Hafa adai honorable chairperson and the members of the 38th Guam Legislature. My name is Josh Tedtaotao Sablan, a son of the island of Guam, and I am currently a second-year medical student at the Ohio State University College of Medicine. I respectfully submit this written testimony in strong support of Bill Number 169-38, which establishes the Guam Community Health Centers as an autonomous agency. Prior to medical school, I spent three years working within Los Angeles County's Safety Net Health System, primarily with Wesley Health Centers and the JWCH Institute, one of Southern California's largest FQHC's. JWCH operates more than 36 clinical sites and delivers a full scope of services including primary care, mental health, substance use treatment, HIV care, dental services, optometry, and pharmacy. The organization is nationally recognized as a leader in homeless healthcare, operating recuperative care programs and 24/7 psychiatric urgent care center on Skid Row. In my role, I worked directly with the chief medical officer and was involved in nearly every aspect of executive level clinical operations. I led our quality improvement project and its initiatives and prepared federal, state, and health plan level reporting, most notably those required by the HRSA to maintain FQHC designation, patient centered medical home recognition, and federal Torque Claims Act coverage. These experiences directly inform my support for this bill and my belief that autonomy is essential to the effective, compliant, and patient centered operation of community health centers. Bill Number 169-38 appropriately recognizes that Guam's community health centers require modernized governance, clearer accountability, and alignment with federal health center standards in order to continue serving the island's most

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VULNERABLE POPULATIONS. THE BILL'S FINDINGS EMPHASIZE THE NEED FOR AN ORGANIZATIONAL STRUCTURE THAT SUPPORTS COMPLIANCE WITH FEDERAL REQUIREMENTS, SAFEGUARDS ACCESS TO FUNDING, AND ENSURES PATIENT CENTERED OVERSIGHT. MY REASONS FOR SUPPORTING THE FULL AUTONOMOUS NATURE OF THIS COMMUNITY HEALTH CENTER IS AS FOLLOWS. ALIGNMENT WITH FEDERAL FQHC GOVERNANCE AND COMPLIANCE STANDARDS. THE BILL ACKNOWLEDGES THE IMPORTANCE OF ALIGNING GUAM'S COMMUNITY HEALTH CENTERS WITH HERSA HEALTH CENTER PROGRAM REQUIREMENTS. IN PRACTICE, COMPLIANCE WITH THESE STANDARDS IS ESSENTIAL TO MAINTAINING FEDERAL GRANT FUNDING, ENHANCED REIMBURSEMENT, AND FTCA MALPRACTICE COVERAGE. AUTONOMY ALLOWS LEADERSHIP TO DIRECTLY OVERSEE COMPLIANCE, QUALITY IMPROVEMENT, AND REPORTING WITHOUT COMPETING ADMINISTRATIVE PRIORITIES THAT CAN JEOPARDIZE FEDERAL STANDING. NEXT IS PATIENT MAJORITY GOVERNING BOARD AND COMMUNITY ACCOUNTABILITY. FEDERALLY QUALIFIED HEALTH CENTERS ARE REQUIRED TO MAINTAIN A GOVERNING BOARD IN WHICH AT LEAST 51% OF MEMBERS ARE ACTIVE PATIENTS OF THE HEALTH CENTER. THIS MODEL ENSURES THAT DECISIONS REGARDING CLINICAL SERVICES, ACCESS, AND RESOURCE ALLOCATION ARE DRIVEN BY THE LIVED EXPERIENCE OF THE COMMUNITY SERVED. BILL 169-38 REINFORCES THE IMPORTANCE OF THIS GOVERNANCE STRUCTURE, ENSURING THAT PATIENT VOICES REMAIN CENTRAL AND THAT COMMUNITY NEEDS, NOT POLITICAL CONSIDERATIONS, GUIDE OPERATIONS. NEXT IS PRESERVATION OF LOCAL CONTROL WHILE REDUCING BUREAUCRATIC BARRIERS. THE BILL'S INTENT TO ESTABLISH THE COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS ENTITY PROTECTS THEM FROM EXCESSIVE BUREAUCRATIC CONSTRAINTS THAT CAN DELAY HIRING, PROCUREMENT, SERVICE EXPANSION, AND QUALITY INITIATIVES. IN SAFETY NET MEDICINE, AGILITY IS CRITICAL. AUTONOMOUS GOVERNANCE ENABLES TIMELY RESPONSES TO PUBLIC HEALTH EMERGENCIES, WORKFORCE SHORTAGES, AND EMERGING BEHAVIORAL HEALTH AND SUBSTANCE USE NEEDS. PROTECTION AND MAXIMIZATION OF FEDERAL FUNDING OPPORTUNITIES. THE LEGISLATION RECOGNIZES THAT AUTONOMY STRENGTHENS THE ABILITY TO SECURE, ADMINISTER, AND SUSTAIN FEDERAL FUNDING. HERSA GRANTS, WORKFORCE DEVELOPMENT PROGRAMS, AND CAPITAL FUNDING ARE CONTINGENT UPON STRICT GOVERNANCE AND OPERATIONAL REQUIREMENTS. FAILURE TO MEET THESE STANDARDS RISKS FUNDING INTERRUPTIONS THAT WOULD DIRECTLY HARM PATIENT ACCESS TO CARE, AND AUTONOMY PROVIDES THE STRUCTURAL CLARITY NEEDED TO RESPONSIBLY STEWARD THESE FEDERAL RESOURCES. AND LASTLY,

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STRENGTHENED CLINICAL QUALITY, WORKFORCE STABILITY, AND CONTINUITY OF CARE. AN INDEPENDENT GOVERNANCE STRUCTURE ALLOWS COMMUNITY HEALTH CENTERS TO RECRUIT AND RETAIN MISSION DRIVEN CLINICIANS, IMPLEMENT EVIDENCE-BASED CARE MODELS, AND SUSTAIN LONG-TERM QUALITY IMPROVEMENT EFFORTS. CLEAR LEADERSHIP AND ACCOUNTABILITY REDUCE TURNOVER, IMPROVE MORALE, AND ULTIMATELY ENHANCE CONTINUITY AND QUALITY OF CARE FOR PATIENTS. AS A FUTURE PHYSICIAN WITH DEEP TIES TO GUAM AND DIRECT EXPERIENCE WORKING IN ONE OF THE NATION'S MOST COMPLEX SAFETY NET HEALTH SYSTEMS, I STRONGLY SUPPORT BILL NUMBER 169-38. FEDERALLY QUALIFIED HEALTH CENTERS SERVE AS A CORNERSTONE OF PRIMARY CARE DELIVERY ACROSS ISLAND COMMUNITIES, OFTEN ACTING AS THE FIRST AND SOMETIMES ONLY POINT OF ACCESS TO COMPREHENSIVE, PREVENTATIVE, AND CONTINUOUS CARE. BY STRENGTHENING THE AUTONOMY AND GOVERNANCE OF GUAM COMMUNITY HEALTH CENTERS, THIS LEGISLATION MODERNIZES OVERSIGHT, PROTECTS FEDERAL FUNDING, CENTERS PATIENT VOICES, AND REINFORCES THE CRITICAL ROLE THESE CENTERS PLAY IN IMPROVING POPULATION HEALTH, REDUCING PREVENTABLE ILLNESS, AND STRENGTHENING THE OVERALL HEALTH AND RESILIENCE OF OUR COMMUNITY MEMBERS. I RESPECTFULLY URGE THE MEMBERS OF THE LEGISLATURE TO SUPPORT AND PASS THIS BILL. SI YU'OS MA'ASE FOR THE OPPORTUNITY TO SUBMIT THIS TESTIMONY. RESPECTFULLY SUBMITTED, JOSH

TEDTAOTAO SABLAN, SECOND YEAR MEDICAL STUDENT AT THE OHIO STATE UNIVERSITY COLLEGE OF MEDICINE. THANK YOU.

SENATOR SABRINA SALAS MATANANE

THANK YOU, KAI AND ETHAN, IT'S GOOD TO SEE YOU GUYS IN PERSON OTHER THAN ON ZOOM. AND MASON, ALL THREE OF YOU, WELCOME HOME. WE'LL MOVE ON TO MR. EDROSA, RIGHT?

REY EDROSA

IT'S HARD TO BE AN INTROVERT. GOOD MORNING, HONORABLE SENATORS. I'D LIKE TO THANK ALL OF YOU SINCERELY. WHETHER YOU'RE HERE BECAUSE YOU'RE IN SUPPORT OF THE BILL YOU CO-SPONSORED OR WHETHER YOU'RE HERE TO LISTEN BECAUSE YOU RECOGNIZE THAT THERE IS A NEED. SO FOR THAT I THANK YOU. I'VE BEEN WITH THE CHC FOR A VERY VERY LONG TIME. EXCUSE ME BECAUSE I DON'T HAVE A PREPARED STATEMENT. VERY IMPRESSED WITH THE GENTLEMEN HERE. THEY'VE ACTUALLY MOVED ME. I WAS SO GLAD TO HEAR AND I HOPE THEY COME BACK AND SERVE OUR ISLAND. THIS IS YOUR HOME. BUT I'VE CONTRIBUTED ALL MY TWO CENTS, THREE CENTS AND TO WHAT THIS BILL IS AND I'VE SAT WITH SENATOR TERLAJE AND OF COURSE I

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HAVE BEEN HERE IN FRONT OF YOU BEFORE AND YOU KNOW IT WASN'T SO NICE. WE WERE IN DIRE STRAITS, BUT WE'VE CORRECTED SO MANY THINGS. THIS BILL BEFORE YOU IS JUST THE BEGINNING OF WHAT WE NEED TO DO AND THE REAL WORK ACTUALLY BEGINS IF YOU WERE SO KIND AS TO SUPPORT THIS AND AFTER THAT WE STILL NEED YOUR HELP. WE NEED THE HELP OF EVERYONE. THIS IS A COMMUNITY THING. THIS IS SOMETHING WE NEED TO DO FOR THE ISLAND. YOU KNOW, I AND LIKE I SAID BEFORE, I'M AN IMMIGRANT. I CAME HERE A LONG TIME AGO AND THIS IS MY WAY OF GIVING BACK TO THIS ISLAND THAT ACCEPTED MY FAMILY AND YOU KNOW, HERE WE ARE. BUT THANK YOU. I'M HERE TO SUPPORT MAYOR. IF YOU HAVE QUESTIONS AND OTHER THINGS THAT I CAN ANSWER, I CAN HELP TO ANSWER. I AM HERE. BUT PUBLIC SPEAKING IS NOT ACTUALLY MY FORTE. THAT'S WHY WE VOTE FOR PEOPLE LIKE YOU. ANYWAY, THANK YOU AND I WISH ALL OF YOU A HAPPY HOLIDAYS.

SENATOR SABRINA SALAS MATANANE

THANK YOU, MR. EDROSA. CHARLIE YOU'RE UP.

CHARLIE BABASTRO

SENATOR MATANANE. GOOD MORNING AND Hafa Adai Members of the 38th Guam Legislature, our fellow participants and our fellow audience members. I'm Representative Charlie Babastro from the 35th Guam Youth Congress and as I'm always proud to say, a former JROTC cadet. I stand here again to speak on Bill Number 169-38 COR introduced by Senator Therese M. Terlaje from the 38th Guam Legislature an act to amend Article 8 of Chapter 3 Title 10 Guam Code Annotated relative to establishing Guam Community Health Centers as an autonomous agency. I show my full support for Senator Terlaje's bill regarding health care services and the establishment of Guam Community Health Centers in general. As a patient from the Southern Regional Community Health Center, I also want to express my full support for this bill

idea as it will take larger steps to provide proper health care to the people of Guam with medical needs such as those with flu, people diagnosed with cognitive and mental health disorders, people with disabilities and diseases. Getting proper healthcare isn't easy for some due to their limited eligibility, but the essential help and communication are on the way. Seeking health care for medical needs never stops. Lots of people put their desire and commitment to help to gather hands in the community to seek proper medical help from their respective providers as well as the community health centers

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MANAGED BY THE GOVERNMENT OF GUAM. MAINTAINING PROPER COOPERATION AND INSTRUMENTALITY TO SERVE THE PEOPLE OF GUAM DOES TAKE A BIG ROLE IN CARING ABOUT OTHERS AND GETTING THE IMPORTANT NEEDS THAT THEY MUST HAVE. HEALTH CARE IS A PRIORITY TO THE PEOPLE. GETTING PEOPLE BETTER IS ALSO A PRIORITY BECAUSE OUR LIVES ARE ON THE LINE. ESTABLISHING THE GUAM COMMUNITY HEALTH CENTERS WILL SURELY FULFILL OUR MEDICAL NEEDS PHYSICALLY, MENTALLY, AND COGNITIVELY. AND IT WILL HAVE A STRONG BUILDUP TO DO TO DO ALL THINGS NECESSARY UNCONTRARY TO GETTING PROPER MEDICAL CARE. SOMETIMES MEDICAL NEEDS ARE A PROBLEM FOR SOME PEOPLE IN THE ISLAND DUE TO INELIGIBILITY AND UNAVAILABILITY. WE MUST SEEK HELP TODAY TO PREVENT THE PROBLEM AND GIVE THEM THE ASSISTANCE TO SEEK FURTHER GUIDANCE FOR MORE HEALTH CARE SERVICES BEING PROVIDED IN THE ISLAND OF GUAM. MEDICAL PERSONNEL HAD PUT THEIR LIVES ON THE LINE TO SERVE THE PEOPLE EVERY DAY 24/7 TO KEEP OUR BELOVED PEOPLE OF GUAM SAFE AND IN GOOD HEALTH TO HELP BETTER LIVE OUR LIVES FREELY AGAIN. AGAIN, I JUST WANT TO EXTEND MY SUPPORT FOR BILL NUMBER 169-38 WITH MY SINCERE WRITTEN TESTIMONY AND I APPRECIATE ALL THAT HAS BEEN ACCOMPLISHED WITHIN THIS LEGISLATION AND HOPEFULLY THE HEALTHCARE COMMUNITY.

THANK YOU AND SI YU'OS MA'ASE.

SENATOR SABRINA SALAS MATANANE

THANK YOU, MR. BALBASTRO AND THANK YOU TO THE PANEL FOR TAKING THE TIME TO TESTIFY ON THIS BILL. AND I APPRECIATE SENATOR TERLAJE FOR ALLOWING ME TO BE A CO-SPONSOR OF THIS BILL. I KNOW THAT YOU HAD INTRODUCED THIS PREVIOUSLY AND IT WAS VETOED AND SO I GUESS WE'LL JUST CONTINUE THE WORK AND HOPEFULLY WE CAN GET IT PASSED IN THIS LEGISLATURE. SO, I'LL ALLOW YOU TO BEGIN WITH THE QUESTIONS THAT YOU HAVE ON THE BILL OR TO THE PANEL.

SENATOR THERESE TERLAJE

I AM JUST VERY GRATEFUL FOR ALL THE TESTIMONY. I THINK IT'S REALLY ADDED TO THE IMPORTANCE, THE SERIOUSNESS OF WHAT WE ARE DOING HERE. AND WE'VE I WANT TO THANK YOU, MAYOR SAVARES, FOR YOUR LEADERSHIP AND BRINGING THE COMMUNITY ALONG IN THIS BECAUSE OF YOU'RE REALLY YOU AND THE BOARD MEMBERS, MAYOR ANGATA, THANK YOU FOR BEING HERE AND THE PUBLIC HEALTH OFFICER OF DEPARTMENT OF PUBLIC HEALTH AND THE OTHER BOARD MEMBERS. SO MUCH WORK HAS GONE INTO IT. VERY DETAILED TECHNICAL WORK IN SOME TIMES AND SOMETIMES JUST YOU KNOW HASHING IT OUT AND I WANT TO THANK MR. MENO IF HE'S WATCHING BECAUSE

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HE WAS ONE OF THE FIRST ONES TO COME INTO MY OFFICE VERY BOLDLY AND TELL ME WE HAD TO DO SOMETHING. SO, I WANT TO THANK HIM AND OF COURSE WE HAVE ANOTHER MAYOR SERVING ON THE BOARD MAYOR CHARGUALAUF FROM INALAHAN. SO, THE MAYORS FROM THE VILLAGES WHERE THESE FACILITIES ARE ALSO ON THE BOARD AND AGAIN PATIENTS ARE ON THE BOARD AND WANT TO THANK ALL OF THEM FOR THEIR WORK. I WANT TO THANK YOU STUDENTS. YOU MAKE US VERY EXCITED AND REALLY LOOK FORWARD WITH CONFIDENCE TO THE HEALTH IMPROVING THE HEALTH SYSTEM OF GUAM. AND I REALLY MEAN THAT SINCERELY. THANK YOU FOR YOUR WORK. I KNOW YOU'VE BEEN DOING THIS FOR A WHILE. THANK YOU FOR SUPPORTING THE OTHER STUDENTS AND THANK YOU FOR TAKING THE TIME ON YOUR BREAK IT LOOKS LIKE TO COME HERE AND HELP US. SO, I KNOW YOU COULD WAIT BUT YOU HAVEN'T. YOU'VE BEEN VERY ACTIVE ALL THE WAY. SO, I REALLY WANT TO THANK YOU AND I WANT TO SAY YOUR NAMES CORRECTLY IF I KNOW WE'VE GOT IS IT MASON CALDWELL? KAI AKIMOTO. MR. GUMATAOTAO. WHAT IS YOUR FIRST NAME AGAIN? ETHAN GUMATAOTAO AND MR. JOSH RICK SABLAN TEDTAOTAO SABLAN WHOSE TESTIMONY YOU READ. THANK YOU TO ALL OF YOU AND OF COURSE DIRECTOR PUBLIC HEALTH HAS REALLY BEEN HELPING I MEAN REALLY RUNNING THE CHC'S FOR ALL THESE YEARS AND I THINK THEY BEGAN UNDER THE FORMER DIRECTOR LINDA WAS IT A

LINDA UNPINGCO DINORSY. YES. REALLY, THEY EXCELLED AND THEY REALLY SHOWED US WHAT COULD BE DONE IN OUR COMMUNITIES AND I REALLY THANK YOU DIRECTOR AND ALL OF YOUR TEAM FOR THE A LARGE AMOUNT OF WORK THAT YOU'VE ALREADY PUT IN AND FOR REALLY POINTING OUT AGAIN THE SERIOUSNESS OF WHAT WE HAVE TO DO GOING FORWARD IN THIS TRANSITION AND HOW HEAVY THAT REALLY IS AND HOW IT WILL TAKE A VERY COORDINATED EFFORT SO WE DO NOT MISS AND WE DO NOT FAIL ANYONE NOT ONE PATIENT HOPEFULLY. BUT MAYOR, I WANT TO REMIND YOU THIS IS ACTUALLY 6 YEARS, NOT 9 YEARS. SO HOPEFULLY WE CAN GET THAT DONE IN THEN. I'M HOPING YOU CAN GET IT DONE QUICKLY. I KNOW MR. EDROSA REALLY HELPED US IN REGARDS TO THE FINANCES AND WITH HIS EXPERIENCE TO TALK ABOUT THIS OVER THE YEARS AND HOW TO FACILITATE THAT. SO AGAIN, THANK YOU TO ALL OF YOU AND MADAM CHAIR, YOUR WORK WAS ALSO CUT OUT IN THIS TRANSITION. SO, WE'RE ALL GOING TO HAVE TO WORK TOGETHER TO YEAH, MAKE SURE WE JUST WHATEVER THEY NEED THAT WE ARE ABLE TO DO. AND WE'RE VERY GRATEFUL FOR THE FEDERAL FUNDING. THANK YOU AGAIN, DIRECTOR, FOR POINTING OUT THAT WE ARE ALWAYS AT RISK. EVEN WHILE WE COMPLY, WE ARE STILL AT RISK BECAUSE OF HOW FEDERAL FUNDING WORKS OF THEM JUST DECIDING TO CUT SOME PROGRAMS

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OR RE PRIORITIZE. SO, VERY GRATEFUL THAT YOU POINTED OUT TO US WHAT WE SHOULD BE VERY GRATEFUL FOR HOW WE CAN ENHANCE THIS THROUGH AUTONOMY REALLY ENHANCE OUR HEALTHCARE DELIVERY SYSTEM ALL ACROSS THE BOARD HELP OUR HOSPITAL IN THE PROCESS AND REALLY HELP THE PATIENTS IN THE PROCESS. SO AGAIN, SI YU'OS MA'ASE. YES, MS. DIRECTOR.

DPHSS

THANK YOU, SENATOR TERLAJE. I JUST NEEDED TO STATE THAT YOU KNOW, YOU HAVE THE DEPARTMENT'S FULL SUPPORT. I'M SO ENCOURAGED LIKE YOU SAID, I MEAN I HAVE YOUNG FUTURE GUAM DOCTORS TO THE LEFT. I MEAN I CAN'T THANK CHALAN AMTE ENOUGH BECAUSE THEY'VE REALLY PUT THE FUTURE OF PHYSICIANS AND OUR HEALTH WORKFORCE IN FRONT OF OUR FACES. WE JUST NEED TO FIGURE OUT HOW TO BRING THESE YOUNG TALENTED MEN AND WOMEN BACK HOME AND KEEP INSTEAD OF KEEPING THEM IN THE STATES WHERE YOU KNOW THE ENTICEMENT IS MIGHT BE SO MUCH LARGER. AND THEN TO MY I MEAN IT'S LIKE I'M SO GLAD BECAUSE THEN TO THE RIGHT WE HAVE THE YOUTH CONGRESS AND THANK YOU SO MUCH. SO, THE YOUTH HAVE SPOKEN. THEY'RE DEFINITELY OUR FUTURE. THAT'S WHAT THEY'RE PROMISING. AND SO, US FOLKS LEFT, OKAY, OLDER FOLKS, WILL DO WHAT WE CAN TO ENSURE THAT THE CHC, IS READY FOR THEM. BUT I WANTED TO MENTION THAT PUBLIC HEALTH YOU KNOW WITH THE WITH THE HIRING OF THE CURRENT CEO THERE'S SOME REAL STABILITY BEING SET IN TO THE DEPARTMENT AND I JUST ALSO WANTED TO MENTION THAT WE ARE GETTING QUITE A NUMBER OF RETIRED FOLKS IN WHO ARE PHYSICIANS WHO WANT TO COME HOME. SO, YES, THERE'S A WORKFORCE SHORTAGE, BUT IT'S A VERY PROMISING THERE SOMETHING'S HAPPENING IN THE STATES THAT PEOPLE WANT TO COME HOME, BUT YET THEY STILL HAVE THE ENERGY TO SERVE. SO, I THINK THE FUTURE OF THE WORKFORCE IS VERY BRIGHT WITH SOME NEW FRESH BLOOD COMING IN AND SOME MORE EXPERIENCED DOCTORS TO MENTOR AND TO BLEND. SO, THERE'S GOING TO BE A CONTINUOUS WORKFORCE AND NOT A FULL EXODUS WHEN EVERYBODY DECIDES TO RETIRE AND THERE NO ONE'S LEFT BEHIND. SO, I THINK THAT'S VERY ENCOURAGING. THE CEO WHO STABLE PROMISES ME SHE'S NOT LEAVING US AND ENJOYING HER JOB VERY WELL IS VERY ENCOURAGING. SO, THANK YOU SO MUCH. AND YOU KNOW, WE'RE HERE TO DO WHAT WE NEED TO DO BECAUSE WE DON'T WANT TO BE PART OF THAT 5%. WE WANT TO MOVE AWAY. AND EVEN IN MY CAPACITY AND NONPROFIT WORK AND THINGS LIKE THAT, THERE'S GOING TO BE ANY I'VE ALREADY SAID I WANT TO BE A BOARD MEMBER WHEN I'M WHEN I RETIRE. IN YOUR NEXT LIFE. IN MY NEXT LIFE. OKAY. THANK YOU SO MUCH. I'M JUST REALLY EXCITED BECAUSE I KNOW A LOT OF WORK HAS BEEN DONE BY YOU

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SENATOR TERLAJE IN THE PREVIOUS LEGISLATURE AND NOW WITH THE SUPPORT WITH YOU KNOW THE CURRENT HEALTH CHAIR SENATOR SABRINA I MEAN I'M SO EXCITED AND THE ADMINISTRATION IS FULLY SUPPORTIVE OF THIS AUTONOMY. SO, I YOU KNOW, WE JUST WANT THE LEGISLATURE TO PASS IT AND THEN I THINK YOU'RE GOING TO SEE A LAW SIGNED INTO LAW. I MEAN, A BILL SIGNED INTO LAW WITH ALL THE CHANGES. THANK YOU SO MUCH.

SENATOR THERESE TERLAJE

SI YU'OS MA'ASE, THANK YOU. THANK YOU, MADAM CHAIR.

SENATOR SABRINA SALAS MATANANE

THANK YOU, SENATOR TERLAJE. I JUST HAD ONE QUESTION AND MAYBE JUST FOR PEOPLE WHO ARE WATCHING AT HOME AND THEY'RE HEARING ABOUT THIS BILL AND THEY'RE HEARING A SEMI-AUTONOMOUS AUTONOMOUS AND THINGS LIKE THAT. AND JUST ME PERSONALLY, I'VE GONE DOWN TO INALAHAN, RIGHT, THE CLINIC THERE AND IT REALLY WAS EXTREMELY UNDERUTILIZED. THERE WAS HARDLY ANYBODY THERE. SO, IF THIS BILL IS PASSED, MAYBE IF YOU CAN EXPLAIN TO THE PUBLIC HOW THIS, YOU KNOW, EVENTUALLY WILL CHANGE THINGS.

DPHSS

SO, YOU KNOW, A LOT OF IT HAS TO DO WITH THE AVAILABILITY OF PHYSICIANS. AND SO I'M PROUD TO MENTION THAT WE JUST RECEIVED A RETIRED FULL-TIME PHYSICIAN WHO IS STATIONED IN THE SOUTHERN COMMUNITY HEALTH CENTER. AND REALLY WE JUST NEED TO DRUM UP THE BUSINESS IN THE SENSE THAT YOU KNOW THERE'S ALWAYS BEEN THIS MINDSET THAT THE COMMUNITY HEALTH CENTERS NORTH OR SOUTH ARE FOR THE JUST THE INDIGENT THE LOW INCOME THOSE ON MEDICAID OR MIP AND THE REALITIES ARE A COMMUNITY HEALTH CENTER RECEIVES ALL INSURANCES. I KNOW A LOT OF FOLKS WHO ARE IN THE GOVGUAM INSURANCE. THIS WOMAN TO MY RIGHT WHO HER PRIMARY CARE HER CLINIC IS THE NORTHERN CLINIC. SHE DOESN'T NEED TO GO ANYWHERE ELSE. SHE LIVES IN DEDEDO AND SHE ACCESSES THE DOCTORS IN THE NORTHERN CLINIC. SO, A LOT OF IT HAS TO DO WITH THE AVAILABILITY OF PHYSICIANS THE USE OF THE SOUTHERN CLINIC. SO NOW THAT WE HAVE FULL-TIME DR. JOEL PAULINO, A PHYSICIAN BORN AND RAISED IN INARAJAN WHO KNOWS THE COMMUNITY OF THE SOUTH. I THINK THE CREDIBILITY OF FOLKS BEING MORE AND MORE COMFORTABLE IN ACCESSING PRIMARY CARE SERVICES IN THE SOUTHERN CLINIC WILL INCREASE AND AS WELL AS THE FACT THAT THERE'S GOING TO BE A FULL-TIME DOCTOR THERE. AND SO, YES, THE COMMUNITY, THE SOUTHERN CLINIC SEEMS VERY UNDERUTILIZED. IT'S MUCH BIGGER THAN THE NORTH, YET THE NORTH HAS THE LARGER POPULATION IT SERVES. I WISH THE BUILDINGS WERE A LITTLE BIT

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FLIPPED, BUT I THINK YOU'RE GOING TO SEE THAT THERE'S GOING TO BE A GREATER INCREASE IN THE SOUTHERN COMMUNITY HEALTH CENTER USAGE WITH A DEDICATED NOW DEDICATED JUST ABOUT A MONTH AGO DOCTOR ASSIGNED THERE MORE ADVERTISEMENT, MORE PROMOTION THAT THE COMMUNITY HEALTH CENTER NORTH AND SOUTH IS NOT JUST FOR MEDICAID OR MIP PATIENTS OR THE UNINSURED. IT'S FOR EVERYONE WE TAKE AND THAT'S PART OF THE AUTONOMY AND THE SUSTAINABILITY IN THE FUTURE IS THAT WE RECEIVE WE TAKE ALL INSURANCES. WE ARE WORKING ON AN APPLICATION. THE CEO SHAMALAN IS WORKING ON THE APPLICATION TO GET US BACK INTO BE A MEDICARE PROVIDER. MEDICARE PROVIDER. A LOT OF PEOPLE ON GUAM ARE ON MEDICARE, BUT THEY HAVE TO GO TO MEDICAL PHYSICIANS THAT TAKE MEDICARE. WE ARE WORKING ON THE MEDICARE APPLICATION TO GET BACK ON TRACK AS FOR THE CHC. SO, I THINK YOU'RE GOING TO SEE AN INCREASE ON USAGE NOW THAT WE HAVE SOME STAFFING MORE PROMOTIONS OF THAT THE CHC NORTH AND SOUTH TAKE ALL INSURANCE. SO, I CAN, YOU KNOW, WE NEED TO ALL DO THAT. WE NEED TO TELL PEOPLE THAT THE COMMUNITY HEALTH CENTER NORTH AND SOUTH TAKES ALL INSURANCE. SO, IF YOU'RE LOOKING FOR PRIMARY CARE SERVICES, THAT'S WHERE YOU CAN GO IF YOU DON'T HAVE ONE ALREADY.

SENATOR SABRINA SALAS MATANANE

THANK YOU, DIRECTOR ARRIOLA. I'LL OPEN IT UP FOR QUESTIONS. SENATOR BARNETT.

SENATOR CHRIS BARNETT

SI YU'OS MA'ASE MADAM CHAIR AND GOOD MORNING AGAIN TO THE PEOPLE OF GUAM. MERRY CHRISTMAS AND HAPPY HOLIDAYS. I JUST WANT TO FIRST START BY RECOGNIZING THE CHALAN AMTE GROUP. YOU KNOW, MANY TIMES IN PUBLIC SERVICE, AND I ONLY BEEN HERE JUST A FEW SHORT YEARS, WITH SOME ISSUES, IT'S EASY TO FEEL DEFEATED, AND AS ELECTED LEADERS, WE WANT TO BE ABLE TO DO MORE TO DELIVER HEALTH CARE TO OUR PEOPLE, BUT YOU KNOW, PART OF THE ISSUE WITH DELIVERING THAT HEALTH CARE HAS ALWAYS BEEN THE STAFFING AND THE AVAILABILITY OF PEOPLE TO ACTUALLY BRING IT TO THE PATIENTS. AND SO, WHEN WE TALK ABOUT A SHORTAGE OF SPECIALISTS, SHORTAGE OF DOCTORS, SHORTAGE OF NURSES, THAT THERE'S ABLE TO BE A GROUP OF YOUNG INDIVIDUALS WHO ARE OFF ISLAND IN MEDICAL SCHOOL THAT THERE'S ABLE TO BE THIS COLLECTIVE OF YOUNG GREAT MINDS WHO HAVE AN INTEREST IN GETTING SCHOOLED, GETTING THE EXPERTISE, GETTING THE WHITE COAT AND COMING BACK TO SERVE THE COMMUNITY, I THINK IS IT MOVES ME TOO MR. EDROSA. AND SO, I

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JUST WANTED TO KIND OF START WITH THAT. I THINK LIKE I SAID, SOME DAYS ARE DARK, BUT TO SEE THE LIGHT AT THE END OF THE TUNNEL, ESPECIALLY WHEN YOU KNOW, OUR ULTIMATE GOAL IS TO GROW LOCAL DOCTORS, YOU KNOW, OBVIOUSLY WE CAN'T GROW THEM HERE, BUT FOR THEM TO BE ABLE TO FEEL LIKE THEY CAN COME HOME. AND I THINK THAT THIS BILL IS A BIG PART OF IT BECAUSE IT'S NOT JUST ABOUT COMING HOME. IT'S ABOUT ALLOWING THESE FUTURE PHYSICIANS TO COME HOME TO PRACTICE MEDICINE IN AN ENVIRONMENT THAT WILL ACTUALLY BENEFIT AND DELIVER THESE HEALTH CARE SERVICES TO THE PEOPLE. AND I BELIEVE THAT THIS BILL DOES THAT. I BELIEVE THAT BILL NUMBER 20937 WHICH UNFORTUNATELY WAS VETOED DOES THAT. BUT I WANT TO FURTHER COMMEND THE GOOD SENATOR FROM YONA, SENATOR TERLAJE, FOR REALLY DIVING INTO THE GOVERNOR'S VETO MESSAGE AND REALLY ADDRESSING A LOT OF THE ISSUES THAT THE GOVERNOR RAISED. I MEAN, WE CAN SIT HERE ALL DAY AND AGREE OR DISAGREE ABOUT THE ISSUES THAT WERE BROUGHT UP, BUT I THINK THE WAY THAT WE MOVE THIS FORWARD IS WITH THAT CONSENSUS AND THAT SUPPORT. DIRECTOR ARRIOLA, I APPRECIATE YOUR TESTIMONY AS WELL. I KNOW THAT A LOT OF THE ISSUES THAT YOU BROUGHT UP ARE ADDRESSED IN THE BILL, BUT YOU KNOW, I'M JUST REALLY ENCOURAGED TO HEAR THAT THE DEPARTMENT WHOLEHEARTEDLY SUPPORTS THIS AND I'M EVEN MORE EXCITED TO HEAR THAT YOU'RE SAYING THAT WE COULD END UP HAVING THIS BILL SIGNED INTO LAW AND I THINK THAT REALLY GOES A LONG WAY TO ADDRESSING REALLY WHAT HAVE BEEN OUR PERENNIAL AND CHRONIC HEALTH CARE ISSUES. FOR EXAMPLE, DELIVERING HEALTH CARE SERVICES, URGENT CARE SERVICES TO THE PEOPLE OF THE SOUTH THAT YOU KNOW WITH FACILITIES THAT ARE ACTUALLY LOCATED IN THE SOUTH. AND SO, MAYOR, IF I COULD JUST FIRST ASK YOU, HOW DOES THIS BILL ALLOW THE COMMUNITY HEALTH CENTERS TO INCREASE THE TYPE OF SERVICES SPECIFICALLY WITH URGENT CARE?

MELISSA SAVARES

WELL, WHAT HAPPENS IS WITH URGENT CARE WE FOUND OUT THROUGH OUR PARTNERSHIP WITH OTHER COMMUNITY HEALTH CENTERS THAT BECAUSE OF THE DISTANCE TO THE NEAREST EMERGENCY ROOM, EMERGENCY DEPARTMENT, THERE IS JUSTIFICATION IN THAT SENSE WHERE WE CAN HAVE BUT WE WOULD NEED FUNDING TO DO THAT. AND SENATOR SABRINA YOU WERE AT THE HEALTH CENTER. WE SHOWED YOU WHAT WE HAD AND THE CAPABILITY OF OPENING UP TWO BAYS SHOULD WE NEED TO STABILIZE A PATIENT FOR URGENT CARE AND THEN TRANSPORT. PART OF THE URGENT CARE REQUIREMENT ALSO PART OF THE STIPULATION WAS TO HAVE AN

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AMBULANCE SERVICE. BUT IF WE HAVE A MEMO OF AGREEMENT BE OR UNDERSTANDING BETWEEN THE COMMUNITY HEALTH CENTERS AND THE GUAM FIRE DEPARTMENT WHO IS ACROSS THE STREET WITH AN AMBULANCE WE CAN USE THEIR SERVICES TO DO THE TRANSPORT ONCE A PATIENT IS STABILIZED BUT THERE IS JUSTIFICATION BECAUSE OF THE DISTANCE TO THE NEAREST EMERGENCY DEPARTMENT.

SENATOR CHRIS BARNETT

THANK YOU VERY MUCH FOR THAT MAYOR AND THAT AGAIN IS ONE OF THE REASONS WHY I'VE SUPPORTED ALL THE BILLS RELATIVE TO THE DEPARTMENT OF PUBLIC HEALTH TO INCLUDE THE REOPENING OF THE MANGILAO FACILITY. AND THAT'S VERY ENCOURAGING BECAUSE THAT'S KIND OF BEEN A PERENNIAL ISSUE ESPECIALLY WHEN WE TALK ABOUT THE LOCATION OF THE NEW HOSPITAL AND I'VE ALWAYS BEEN CONSISTENT IN SAYING THAT YOU KNOW WE HAVE TO SUPPORT THE PEOPLE OF THE SOUTH BY OFFERING THESE SERVICES THAT ARE ACTUALLY IN THE SOUTH WHERE YOU KNOW LIFE OR DEATH AND MINUTES DO MATTER AND SO THAT'S VERY ENCOURAGING. IT'S ALSO ENCOURAGING DIRECTOR ARRIOLA THAT YOU HAVE A FULL-TIME DOCTOR DR. PAULINO STATION THERE. I ALSO WANT TO ADVERTISE THAT THERE'S A DOCTOR WHO'S FROM THE VILLAGE THAT AND HE'S AND HE'S OUT THERE AND THEY ACCEPT ALL THE INSURANCE. OKAY. AND SO, YOU KNOW, IT'S WHEN LINDA UNPINGCO DINORSY AND THE LEADERS WHO CAME BEFORE US WERE ABLE TO SECURE THESE COMMUNITY HEALTH CENTERS, THAT WAS THE IDEA WAS I MEAN, IT'S NOT ROCKET SCIENCE, RIGHT? WE'RE A SMALL ISLAND, BUT YOU KNOW, THERE'S CERTAIN POPULATIONS OF OURS THAT ARE FAR DISTANCE FROM MEDICAL CARE. AND SO ALL OF THESE THINGS WERE KIND OF THOUGHT OF AT THE ONSET OF THE INCEPTION OF THESE HEALTH COMMUNITY HEALTH CLINICS AND YOU KNOW FOR WHATEVER REASON FUNDING AND JUST DIFFERENT ADMINISTRATIONS WE KIND OF GOTTEN AWAY FROM THAT AND SO I'M VERY AGAIN HAPPY THAT WE'RE ALL KIND OF MOVING IN CONCERT IN THE SAME DIRECTION AND I'M REALLY HOPING THAT WE CAN GET THIS BILL PASSED YOU KNOW I HOPE IT DOESN'T TAKE SIX YEARS YOU KNOW BUT I UNDERSTAND THAT WE HAVE TO MOVE WITH CAUTION AND YOU KNOW BEING MINDFUL THAT THERE'S A LOT RISK, BUT YOU KNOW, HEY, NO RISK NO REWARD. SO, I'M JUST VERY IT'S A LIKE EARLY CHRISTMAS PRESENT TO HEAR THAT THIS MEASURE IS SUPPORTED AND I'M VERY HOPEFUL FOR ITS EVENTUAL PASSAGE AND YOU KNOW, IT'S EVENTUAL SIGNING INTO LAW. AND I WANT TO THANK AGAIN CHALAN AMTE FOR LENDING YOUR VOICES TO THIS DISCUSSION. MR. EDROSA, THANK YOU AGAIN FOR TESTIFYING. DIRECTOR ARRIOLA SI YU'OS MA'ASE, MAYOR MEL, AND MR.

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BABASTRO, IT'S GOOD TO SEE YOU THIS MORNING. SO, MERRY CHRISTMAS TO THE PANEL. SI YU'OS MA'ASE, MADAM CHAIR.

SENATOR SABRINA SALAS MATANANE

SENATOR GUMATAOTAO.

SENATOR SHAWN GUMATAOTAO

YES. THANK YOU, MADAM CHAIR, AND THANK YOU FOR THE PANEL FOR BEING WITH US THIS AFTERNOON. LET ME ASK THIS. RECOGNIZING THAT THE IN THE GOVERNOR'S VETO MESSAGE REGARDING A SIMILAR MEASURE FROM THE PREVIOUS LEGISLATURE WHERE SHE NOTED THAT WHILE THE BILL WOULD BE VETOED HER OFFICE WOULD WORK WITH DPHSS AND THE HEALTH CARE CENTER BOARD TO DEVELOP NEW LEGISLATION TO BRING GUAM LAW INTO COMPLIANCE WITH THE CURRENT FEDERAL PROGRAM REQUIREMENTS. WHAT INFORMATION IS AVAILABLE SINCE THE GOVERNOR'S MARCH 6, 2024 LETTER THAT'S 19 MONTHS REGARDING A DRAFT MEASURE? AND TO WHAT EXTENT HAS THE GOVERNOR'S OFFICE ENGAGED IN THE CREATION OR REVIEW OF BILL 169 AS DRAFTED?

MELISSA SAVARES

WELL, WE HAVE THE DIRECTOR OF THE DEPARTMENT OF PUBLIC HEALTH WHO IS SITTING NEXT TO US. SHE IS APPOINTED BY THE GOVERNOR AND SO APPROVED BY THE LEGISLATURE. SHE IS A REPRESENTATIVE. WE ARE CO-APPLICANTS AND THE LAST BILL ACTUALLY CITED HERSA'S GUIDELINES AND RULES. WHAT WE DID IS WE TOOK THAT YOU KNOW THE ACTUAL GUIDELINES OFF THE BILL AND SAID BECAUSE HERSA EVERY YEAR UPDATES THEIR GUIDELINES AND THEIR RULES AND REGULATIONS. SO, IF YOU CITE IT THIS YEAR, NEXT YEAR WHEN WE HAVE OUR POLICIES AND ISSUES CONFERENCE, IT'S GOING TO BE SOMETHING NEW AND WE ARE PART OF A NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS. DR. CURI IS THE PRESIDENT. HE HAS BEEN HERE TO GUAM TO VISIT BOTH HEALTH CENTERS AND IS IN LINE WITH AS A MATTER OF FACT HE'S A GOOD FRIEND OF OURS NOW, RIGHT? WHEN HE SEES US HE'S EXCITED THAT GUAM IS THERE. HE UPDATES US AND PART AND SO THAT IS THE DIFFERENCE IS THAT THE BILL PREVIOUSLY CITED ALL THOSE GUIDELINES AND REGULATIONS AND BECAUSE IT'S UPDATED. THIS BILL SAYS REFER TO THE CURRENT GUIDELINES AND WE'LL GET THE INFORMATION. SO, WE'RE ALL IN LINE WITH THAT AND THE GOVERNOR'S REPRESENTATIVE, OUR DIRECTOR ALSO AGREES. WE SHE TOO HAS ATTENDED OUR NATIONAL ASSOCIATION CONFERENCE AND SEES THE UPDATES AND THE PROGRESS THAT WE'RE ACTUALLY IN LINE WITH THAT. HERSA.

DPHSS

IF I CAN JUST ADD IN ADDITION TO I AM A REPRESENTATIVE OF THE GOVERNOR'S OFFICE AND WE'VE BEEN WORKING VERY CLOSELY WITH THE

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MAYORS AND THE BOARD TO MAKE SURE THAT YOU KNOW WE'RE GOING DOWN THE PATH THE RIGHT WAY. THE GOVERNOR DEFINITELY WANTS TO SEE THE

CHC AUTONOMOUS, BUT WHAT SHE DOESN'T WANT TO SEE IS THINGS EMBEDDED INTO THE LAW THAT EVERY TIME HERSA HAS A CHANGE THAT WE HAVE TO COME AND AMEND THE LAW. SO, IT'S KIND OF LIKE MORE OF A BROADER PERSPECTIVE AND ALLOWING THE BOARD MEMBERS TO MAKE THOSE CHANGES IN THEIR POLICIES AND SOPS.

SENATOR SHAWN GUMATAOTAO

AND TERESA, I'M NOT TRYING TO THROW COLD WATER ON IT, BUT I MEAN, IF AS WE ARE DEBATING POLICY, I GUESS MY CONCERN IS I DON'T WANT TO SEE A TELEGRAPH OF THE VETO MESSAGE WEEKS IN ADVANCE. IF IS THE OFFICE OF THE GOVERNOR ENGAGED IN THIS PARTICULAR MEASURE. I MEAN, THAT'S ALL THAT'S WHY I'M ASKING. IT'S IMPORTANT TO TRY TO GET IT AUTONOMOUS, BUT ONE THING IS TO SAY IT HERE AND YOU REPRESENT HER, BUT NOT THOSE GUYS UP THE STREET. SO, CAN YOU JUST THIS IS A VERY POLITICAL QUESTION.

DPHSS

I CAN SAY THAT I'VE TALKED TO THE GOVERNOR AND THE GOVERNOR'S UNDERSTANDS WHAT WE'VE BEEN WORKING ON AND YES, SHE'S SUPPORTING OF IT.

SENATOR SHAWN GUMATAOTAO

OKAY, THAT'S CLEAR ENOUGH. OKAY, LET ME ASK YOU THIS. ONE IN 10 AMERICANS UTILIZE COMMUNITY HEALTH CENTERS ACROSS THE COUNTRY. SO, IF WE DID THE MATH, IT'S ABOUT 16,000 FOLKS OR SO THAT WOULD AVAIL THEMSELVES ON GUAM. IF YOU LOOK AT THE LATEST CENSUS NUMBERS, BUILDING ON THE DATA THAT WAS PROVIDED THROUGH THE LAST LEGISLATURE WITH RESPECT TO THE DECLINING NUMBER OF CHC PATIENTS, WHICH DROPPED FROM 11,592 IN 2019 TO 8,698 IN 2022 AND THE LATEST FIGURE OF 8,551 IN 2023. WHAT DISCUSSIONS HAVE BEEN TAKEN PLACE OR HAVE TAKEN PLACE REGARDING THE VOLUME OF PATIENTS SEEKING PRIMARY AND URGENT CARE SERVICES AT CHC SITES VERSUS COUNTERPARTS IN THE PRIVATE SECTOR, THE FHPS, THE AMERICAN MEDICAL CENTER, THE SDAS OF THE WORLD?

DPHSS

YOU'RE CONCERNED ABOUT THE DECREASE IN THE IN THE USE. IS THAT THE QUESTION?

SENATOR SHAWN GUMATAOTAO

YES.

DPHSS

OKAY. SO, AND I'M SORRY, SENATOR. AND WHAT DISCUSSION HAVE WE HAD REGARDING INCREASING?

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SENATOR SHAWN GUMATAOTAO

THE NUMBERS HAVE THE NUMBERS HAVE COME DOWN. SO, I MEAN IT SEEMS LIKE IT WASN'T THAT LONG AGO, MAYBE 20 YEARS AGO, WE DIDN'T HAVE THE ABILITY TO USE A CENTER. YOU ONLY HAD THREE WHAT A HOSPITAL, TWO CLINICS. NOW, YOU HAVE AN EXPANSION OF THAT. AND THANKS IN LARGE PART TO THE PRIVATE SECTOR PUSH OF THESE FOLKS. SO, THAT'S WHY I'M ASKING ABOUT THE UTILIZATION.

DPHSS

SO, I THINK A LOT HAS TO DO WITH PROMOTION. AGAIN, THERE HAS NOT BEEN A REAL UNDERSTANDING IN THE COMMUNITY THAT THE COMMUNITY HEALTH CENTERS IS A PRIMARY HEALTH CLINIC LIKE ANY OTHER PRIVATE CLINIC OUT THERE.

SENATOR SHAWN GUMATAOTAO

RIGHT. I MEAN, IT WASN'T LOST ON ME EARLIER. YOU SAID YOU GUYS TAKE ALL INSURANCE. THAT'S WHY I'M THAT'S WHY I'M ASKING.

DPHSS

AND SO THAT'S WE TAKE ALL INSURANCE, BUT I DIDN'T EVEN KNOW THAT THE COMMUNITY HEALTH CENTER TOOK ALL INSURANCE TWO YEARS AGO. AND I'M SURE PEOPLE WATCHING, SOME OF THEM DIDN'T EVEN KNOW BECAUSE THERE'S THIS MINDSET FOR WHATEVER REASON. I DON'T KNOW WHAT REASON. I NEVER KNEW I COULD ACCESS THE COMMUNITY HEALTH CLINIC MYSELF. SO, I THINK IT HAS A LOT TO DO WITH PROMOTING THAT WHAT THE COMMUNITY HEALTH CLINICS OR WHO THEY'RE OPEN TO AND THAT'S REALLY EVERYBODY. I THINK THAT WAS A CONCERN OF DECREASE. ANOTHER CONCERN IS THE IF IS THE NUMBER OF PHYSICIANS THAT THE COMMUNITY HEALTH CENTER HAS HAD. NOBODY YOU KNOW PEOPLE ON GUAM ESPECIALLY THE MANAMKO THEY WANT TO SEE A DOCTOR. SOME OF THEM ARE STILL KIND OF WEARY ABOUT A PHYSICIAN ASSISTANT OR THINGS LIKE THAT. THEY WANT TO SEE THE DOCTOR. SO, I THINK A DECREASE WAS BECAUSE WE DIDN'T HAVE A PERMANENT DOCTOR ASSIGNED TO THE SOUTH OR AND BUT AGAIN, AS I MENTIONED EARLIER, THERE'S BEEN AN UPTAKE ON NEW PROVIDERS COMING ONLINE AND DEFINITELY THE FUTURE LOOKS BRIGHT WITH NEW PROVIDERS COMING ONLINE.

SENATOR SHAWN GUMATAOTAO

OKAY, THANK YOU FOR THAT. AND THEN I'M JUST GOING TO JUST STICK ON THIS URGENT CARE ISSUE. AND IT'S THAT ALL ABOUT THAT INTEGRATION IF YOU WILL. AND IT HELPS TO FILL GAPS IN OUR HEALTH CARE SYSTEM QUITE HONESTLY. I MEAN I TAKE UMBRAGE WITH THE IDEA THAT YOU WANT TO DON'T WE'RE NOT MOVING ANYWHERE. TRUST ME BECAUSE IT'S A FANTASTIC FACILITY THAT'S JUST UNDERUTILIZED AND I SAW IT DURING THE PANDEMIC IN

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SUPPORT OF PUBLIC HEALTH AND I KNOW THAT THE CAPABILITY IS SIGNIFICANT. SO DON'T MOVE ANYWHERE. BUT WITH THAT SAID, IT REALLY DOES PROVIDE A SAFETY NET IF WE EVER NEED ONE. AND IT IS THAT FRONT DOOR TO HEALTH CARE THAT I THINK THAT THESE YOUNG DOCTORS THAT ARE ALSO OR POTENTIAL DOCTORS ARE LOOKING FOR US TO EXPAND AND THAT'S WHY THEY'RE HERE SUPPORTING. BUT GOING BACK TO THIS IDEA OF URGENT CARE, IT'S BEING DONE ACROSS THE COUNTRY. IF THIS THING DOES PUSH FORWARD, CAN WE PERHAPS SEE THIS URGENT CARE OR I GUESS URGENT CARE TO EXPAND AT OUR PUBLIC HEALTH CENTERS?

MELISSA SAVARES

OKAY. YEAH, I CAN GO AHEAD. YES, WE COULD EXPAND WITH THE ASSISTANCE WITH FUNDING BECAUSE WE DO NOT WE'RE A PRIMARY HEALTH CARE FACILITY BUT IF WE GET WE COULD JUSTIFY IT AS I EXPLAINED EARLIER WE COULD JUSTIFY THE NEED TO OPEN A URGENT CARE FACILITY IN THE SOUTH BECAUSE OF OUR DISTANCE TO THE NEAREST EMERGENCY DEPARTMENT.

SENATOR SHAWN GUMATAOTAO

WELL, I WASN'T GOING TO FOCUS ON THE SOUTH PRIMARILY AS ALL OF OUR COMMUNITY HEALTH.

MELISSA SAVARES

THE NORTH YOU HAVE AN URGENT CARE FACILITY. I MEAN AN EMERGENCY ROOM LESS THAN A MILE AWAY, RIGHT? SO YOU WOULD THE AMBULANCE OR EMERGENCY ROOM EMERGENCY DEPARTMENT IS THERE. WE WOULDN'T NECESSARILY OPEN A URGENT CARE FACILITY IN THE NORTH, BUT WE WOULD DEFINITELY DO IT FOR THE SOUTH. AND SENATOR TO GET BACK TO YOUR QUESTION ABOUT WHAT HAS PREVENTED US FROM INCREASING OUR PATIENT CARE. I WAS EXPLAINING TO THE CHALAN AMTE GROUP THAT BEFORE FROM APRIL TO AUGUST WE HAD AN INFLUX OF PATIENTS COMING IN WITH INSURANCE AS WELL REGULAR INSURANCE TO GET THEIR PHYSICAL EXAMS FOR SCHOOL AND THEIR IMMUNIZATIONS. RIGHT. OUR WHOLE OUR SETBACK WHAT WE'VE HAD PROBLEMS WITH IS A PROCUREMENT PROCESS. WE'VE HAD REQUISITIONS AT GSA FOR MAYBE OVER A YEAR. IT EVEN LAPSED. WE HAD TO LIQUIDATE THE FUNDING LAST YEAR BECAUSE WE WERE NOT ABLE TO GET OUR VACCINES FOR REGULAR PATIENTS. WHAT HAPPENS IS WE HAVE IMMUNIZATIONS FOR THOSE THAT ARE ON MIP, MEDICAID, AND UNINSURED. BUT WHEN WE GET PATIENTS THAT COME IN, SO WHEN THEY COME IN FOR THE PHYSICALS, THOSE ON MIP MEDICAID AND THOSE UNINSURED COME IN FOR THEIR PHYSICAL EXAMS, THEY CAN GET THEIR IMMUNIZATIONS BECAUSE THOSE ARE THE IMMUNIZATIONS AND VACCINES THAT WE HAVE FOR THOSE PATIENTS. BUT WHEN YOU HAVE PATIENTS COMING IN WHO ARE ON SELECT

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CARE, STAY WELL, FHP, WE CAN'T USE THOSE VACCINES. SO, YOU KNOW, IT'S A SEPARATE FUNDING SOURCE. AND SO, LIKE DR. BOB WOULD SAY, I'M NOT GOING TO DO A PHYSICAL AND THEN TELL THEM TO GO TO SDA TO GET THEIR FISH SHOTS. THEY'RE JUST GOING TO GO TO A PLACE WHERE THEY CAN GET ONE-STOP SERVICE FOR ALL. RIGHT? SO THOSE PATIENTS WE LOST IN THAT APRIL TO AUGUST GAP WHERE WE DO THOSE TYPES OF SERVICES BECAUSE YOU KNOW THEY WOULD GO TO A PARENT WHO HAS THREE KIDS THAT NEED TO GET THEIR UPDATED IMMUNIZATIONS FOR SCHOOL ARE GOING TO GO TO A ONE-STOP FACILITY AND WE WEREN'T ABLE TO DO THAT BECAUSE OF PROCUREMENT OUR SUPPLIES AND MEDICATION THAT WE WERE STUCK IN PROCUREMENT. THAT'S WHY WITH THIS IT GIVES US THE FINANCIAL FLEXIBILITY TO HAVE THAT COME UNDER OUR CARE AS AN AUTONOMOUS AGENCY.

SENATOR SHAWN GUMATAOTAO

ALRIGHT. THANK YOU MAYOR. I HAVE ONE LAST QUESTION MADAM CHAIR. I THINK IT WAS IN THE IN THE PDN MAY 6TH WHICH REPORTED A RECEIPT OF PUBLIC HEALTH OF A \$6 MILLION HEALTH RESOURCES AND SERVICES ADMINISTRATION SERVICE AREA COMPETITION GRANT TO EXPAND ACCESS TO PRIMARY CARE AND PREVENTATIVE SERVICES FOR UNDERSERVED POPULATIONS. WHAT EFFORTS ARE BEING MADE TO APPLY SOME OF THOSE RESOURCES FROM THE HERSA GRANT TOWARDS INCREASING PRIMARY AND PREVENTIVE CARE AND HOPEFULLY RELIEVE SOME OF THE PRESSURE OFF OF GMH AND GRMC AND THEIR ER DEPARTMENTS.

MELISSA SAVARES

WHAT WE WERE GRANTED, WE HAVE A THREE-YEAR SAC GRANT, WHICH IS A SERVICE AREA GRANT COMPETITION GRANT, AND WE HAVE A THREE-YEAR WHICH EXPIRES IN 2028. AND SO, IT'S STILL COMPETITIVE BUT WE WERE AWARDED THAT JUST LAST YEAR. SO, YOU KNOW WE'RE GOOD FOR THREE YEARS WHEN IF THIS YOU KNOW WE KNOW THAT THIS IS GOING TO PASS. WE PRAY THAT IT'S GOING TO PASS RIGHT. YOU'RE GOING TO GIVE US A GOOD CHRISTMAS PRESENT.

SENATOR SHAWN GUMATAOTAO

THE GOVERNOR WENT UNDER SESSION AFTER THE YEAR. CHRISTMAS IS IN JANUARY.

MELISSA SAVARES

WHAT WILL HAPPEN IS WHEN THE THREE YEARS BEFORE THE THREE YEARS IS UP, WE'LL APPLY UNDER THE AUTONOMOUS AGENCY. AND IT'S COMPETITIVE, BUT AS LONG AS WE'RE DOING OUR JOB, TAKING CARE OF OUR PEOPLE AS PRIMARY HEALTH CARE

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FACILITY WITH PROVIDERS THAT COME TO US, WE WOULD BE ABLE TO INCREASE THOSE NUMBERS.

SENATOR SHAWN GUMATAOTAO

OH, THANK YOU SO MUCH, MAYOR. THANK YOU FOR THE PANEL. YOU HAD ONE THING TO SAY. I'M SORRY.

KAI AKIMOTO

SENATOR GUMATAOTAO, IF I MAY JUST COMMENT ON THE MATTER OF UTILIZATION. I THINK IT'S BEEN CLEARLY STATED THAT PROCUREMENT AND HIRING WERE ABSOLUTELY PRAGMATIC LIMITATIONS THAT MAY HAVE DRIVEN DOWN UTILIZATION OF THE COMMUNITY HEALTH CENTERS, BUT I THINK IT CANNOT BE UNDERSTATED THAT THERE ARE VERY VALID REASONS WHY PATIENTS MAY NOT BE ACTIVELY SEEKING HEALTHCARE ON THEIR OWN AND MAY GET TO A POINT WHERE THEY HAVE CHRONIC CONDITIONS THEY'RE UNAWARE OF THAT, YOU KNOW, SNOWBALL INTO A PLACE WHERE THEY GO TO THE HOSPITAL. I THINK THAT THERE'S AN A LOT OF OPTIMISM AROUND THIS BILL AND THAT IT MAY GET PASSED, BUT THERE ARE DEFINITELY PROGRAMS THAT FOCUS ON PATIENT ENGAGEMENT, CREATING SERVICES THAT ARE CERTAINLY MORE ACCESSIBLE AND MEETING PATIENTS WHERE THEY'RE AT THAT THIS COMMUNITY HEALTH CENTER IS ABSOLUTELY I THINK POSTURED TO DO BUT IS CERTAINLY GOING TO BE NEEDING MORE SUPPORT MOVING FORWARD. AND SO, I THINK AS THEY ARE GAINING AUTONOMY, IT'S YOU CAN EASILY SEE THE SITUATION WHERE THE ASK MAY COME BACK TO THE LEGISLATURE, COME BACK TO THE GOVERNMENT WHERE THEY WILL NEED THIS SUPPORT. AND I STRONGLY URGE THAT THAT BE KEPT IN MIND THAT THERE'S CERTAINLY STILL, AS BEEN VOCALIZED HERE, A LOT MORE WORK TO DO. AND A LOT OF IT IS GOING TO BE CENTERED AROUND ADDRESSING THE UNDERUTILIZATION. BUT I DON'T THINK THAT THESE NUMBERS SPECIFICALLY SPEAK TO PERHAPS THE OMPETENCY OF THE ADMINISTRATION OF THE COMMUNITY HEALTH CENTER, BUT MAY SPEAK TO AN UNDERLYING PERHAPS DISCOURAGEMENT THAT THE COMMUNITY MIGHT BE FEELING TOWARDS HEALTHCARE. AND SO MANY WAYS THAT WE CAN ADDRESS THAT. WE'RE CERTAINLY WORKING WITH THE COMMUNITY HEALTH CENTER TO DO THAT. BUT PLEASE CONSIDER THAT AS YOU MOVE ALONG IN PAST.

SENATOR SHAWN GUMATAOTAO

NO. AND FOR CONSIDERATION, I'VE ALWAYS FELT THAT GOVERNMENT CAN'T BE ALL THINGS TO ALL PEOPLE. AND GOING BACK TO THE PANDEMIC, IT WAS PRETTY CLEAR THAT PEOPLE WERE MAKING DECISIONS THAT HAD NOTHING TO DO WITH GOVERNMENT INTERVENTION, BUT HAD EVERYTHING TO DO WITH WHAT THEY FELT WAS LIKE, I SHOULD I GET THIS TYPE OF CARE. FEAR HAD A LOT TO DO WITH IT. BUT UNLESS WE DO A BETTER JOB OF EDUCATING FOLKS

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THAT THEY PROVIDE THE SERVICE, THEN THEY'RE GOING TO CONTINUE TO BE AT THEIR HOMES, PICK A VILLAGE, THEY WILL NEVER COME OUT. THANK YOU, MADAM CHAIR, FOR THE TIME. THANK YOU FOR YOUR GUYS' TIME TODAY. APPRECIATE YOU.

SENATOR SABRINA SALAS MATANANE

THANK YOU, SENATOR GUMATAOTAO. SENATOR TERLAJE MAY CLOSE ON YOUR BILL.

SENATOR THERESE TERLAJE

THANK YOU AGAIN. I'M VERY GRATEFUL. IF I COULD JUST ASK A COUPLE QUESTIONS OR JUST TALK ABOUT A LITTLE BIT ABOUT THE USAGE. IT'S MY UNDERSTANDING THAT WHEN COVID CAME THESE CENTERS WERE PRETTY MUCH SHUT DOWN AND REPRIORITIZED FOR USE FOR OUR VACCINATIONS AND OTHER THINGS. AND SO, WE HAVE YEARS OF YOU KNOW ALMOST LIKE THE SCHOOL CHILDREN WE'VE SEEN THOSE WHO WENT THROUGH THAT PERIOD MISS CERTAIN THINGS AND I FEEL LIKE WE HAVE A WHOLE SET OF YEARS THERE WHERE PEOPLE WERE JUST LIKE YOU SAID THEY DON'T GO TO THE DOCTOR FOR VARIOUS REASONS AND NOW THEY'RE NOT IN THAT YEAH LIKE A SYSTEM FOR THEMSELVES YOU KNOW GOING TO THE DOCTOR REGULARLY. IT BECAME SOMETHING WE WERE TERRIFIED OF AT FOR A CERTAIN POINT. SO, I DON'T KNOW MANY BUT I FEEL VERY CONFIDENT BASED ON JUST MY OWN PERSONAL EXPERIENCE AND I WANTED TO ASK YOU ALL WHAT YOU THINK. IT'S VERY DIFFICULT TO BECOME A NEW PATIENT OF ANYONE'S. THEY'RE ALL BOOKED. THE DOCTORS ARE FULLY AT CAPACITY. IT SEEMS THE CLINICS WILL ASK YOU IF YOU ARE NEW. IF YOU'RE NOT, IT'S VERY HARD TO GET AN APPOINTMENT AND EVEN IF YOU'RE NOT NEW, VERY HARD TO GET APPOINTMENTS FOR SOMETHING YOU WANT TO GO IN SAME DAY OR NEXT DAY EVEN, RIGHT? SO, I FEEL LIKE WE HAVE NO ISSUE WITH MEETING OR YOU UTILIZING THESE COMMUNITY HEALTH CENTERS. AND I GUESS I JUST WANTED TO HEAR YOUR THOUGHTS WHEN YOU SAID YOU KNOW SOME OF THE MEDICAID SERVICES HAD DECLINED AND PERHAPS BECAUSE OF THE DECLINING OPERATION. YEAH, I THINK IN OUR MEMORIES WHAT WE HAVE FROM IS THEY'RE CLOSED. THEY WERE CLOSED AND PARTICULARLY THE SOUTH, RIGHT? CLOSED AND IT WE REALLY HAVE TO MAKE AN EFFORT TO TO MAKE IT BE KNOWN INHERENTLY THAT THEY ARE OPEN AND YOU KNOW YOU CAN THRIVE THERE, RIGHT? SO YEAH, IT'S JUST BEEN REALLY STRUGGLING FOR A WHILE NOW. SOME OF THE SERVICES WERE CLOSED. BUT DO YOU THINK UTILIZATION IN THE LONG TERM SHOULD BE AN ISSUE OR I THINK IF WE CAN EXPAND UTILIZATION.

KAI AKIMOTO

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I THINK FOR THE REASONS MENTIONED SO FAR YOU VERY PRACTICAL REGARDING HAVING ENOUGH SERVICES HAVING ENOUGH MEDICINE AND SUPPLIES AND OF COURSE HAVING ENOUGH STAFF BEING NURSING AND PHYSICIANS. I THINK ACROSS THE COUNTRY EVEN IN MAJOR METROPOLITAN AREAS THIS ISSUE OF FINDING A PRIMARY CARE DOCTOR YOU CAN ASK THEM THEY IT'LL BE SIX MONTHS OUT THEY'RE FULL. SO, BUT I THINK WHAT THE CHC'S ACROSS THE NATION BUT PARTICULARLY HERE ON GUAM IS I GUESS POSITIONED THEY'RE UNIQUELY POSITIONED TO TAKE ADVANTAGE OF THE OPPORTUNITY OF THEIR NATIONAL HEALTH SERVICE CORP SCHOLARSHIP I GUESS SITE RECOGNITION. THERE ARE OTHER PLACES ON ISLAND THAT HAVE I GUESS ACCOMPLISHED GETTING THIS DESIGNATION BUT THE AS A FEDERALLY QUALIFIED HEALTH CENTER THEY HAVE THE HIGHEST HIPSA SCORE IS WHAT IT'S CALLED. I'M A NATIONAL HEALTH SERVICE COURSE SCHOLARSHIP RECIPIENT AS WELL. AND I CAN TELL YOU THAT WHEN YOU ASK THE PROGRAM COORDINATORS ABOUT THIS, WHERE WHAT ARE MY OPTIONS FOR GOING TO YOU KNOW SATISFYING MY SERVICE REQUIREMENT, IT OFTEN COMES DOWN TO THAT SCORE. AND SO, THEY HAVE ONE OF THE HIGHEST SCORES AVAILABLE. SO, THEY HAVE THIS WHOLE POOL OF HEALTH PROFESSIONS, NOT JUST PHYSICIANS, BUT THESE ARE NURSES, THESE ARE PSYCHOLOGISTS, THESE ARE DENTISTS AS WELL THAT THEY MAY BE ABLE TO UTILIZE. BUT AGAIN, IT COMES DOWN TO I GUESS SOME OF THE OBSTRUCTIONS REGARDING THE HIRING PROCESS, GUARANTEEING THAT THEY'RE GOING TO HAVE THE SUPPLIES NECESSARY AND THE EQUIPMENT NECESSARY TO SEE PATIENTS IN THE WAY THAT THEY'RE TRAINED. AND SO, I DO THINK THAT, YOU KNOW, THROUGH THE EDUCATION INITIATIVES, WE WILL BE ABLE TO MAKE THE PUBLIC AND THE COMMUNITY AWARE THAT THE COMMUNITY HEALTH CENTER IS OPEN. I THINK WHAT MAY BE VERY IMPORTANT IS WHEN WE THEY DO GIVE US THAT CHANCE TO EARN THEIR TRUST BACK THAT WE DON'T UNDERPERFORM AND THAT WE HAVE WE ARE IN A POSITION TO SATISFY THEIR EXPECTATIONS. SO THAT'S WHAT THIS BILL AIMS TO DO. AS MENTIONED THERE'S A LOT OF WORK TO DO BUT I THINK WE'RE ALL HERE AND MOTIVATED TO WORK ALONGSIDE THE COMMUNITY HEALTH CENTERS TO DO SO. BUT HOPEFULLY THAT ANSWERS YOUR QUESTION.

MELISSA SAVARES

SPEAKER, SENATOR TERLAJE, ANOTHER THING IS THAT WE HAVE A HIGH NUMBER OF NO-SHOWS. SO, WHAT WE DO IS WE DO ACCEPT WALK-INS AND THEN SOMETIMES WE BUT DOUBLE BOOK BECAUSE SHOULD SOMEBODY NOT SHOW UP, WE TAKE THAT WALK-IN IN. SO, YOU KNOW, JUST TO INCREASE OUR ENCOUNTERS WITH THE PROVIDERS AND LIKE WE SAID, NOW WE HAVE MORE PROVIDERS THAT ARE THERE. WE HAVE A FULL-TIME INTERNAL MEDICINE

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DOCTOR. DR. PAULINO IS AT THE SOUTH FOUR DAYS A WEEK. SO, HE CAN SEE ADULTS. BEFORE WE HAD JUST PEDIATRICS. SO, AN ADULT WOULD COME IN AND SAY I DON'T FEEL WELL BUT WE CAN'T SEE THEM BECAUSE IT'S ONLY A PEDIATRICIAN THERE. NOW WE HAVE FULL-TIME INTERNAL MEDICINE DOCTOR.

DPHSS

YEAH. I THINK THE FUTURE IS BRIGHT. I THINK THE MORE OF US THAT CONTINUE TO TELL PEOPLE WE MEET THAT THE COMMUNITY HEALTH CENTER IS A PRIMARY HEALTH CENTER THAT IS OPEN AND ACCEPTS ALL INSURANCES. I THINK WE'LL CHANGE THE MINDSET BECAUSE HONESTLY I'M ONE SENATOR THERES THAT WAS EXACTLY LIKE YOU. MY CLINIC CLOSED AND IT TOOK ME THREE MONTHS TO FIND A DOCTOR A PRIMARY DOCTOR. NOW I'M THAT WAS A COUPLE YEARS AGO. IF I KNEW THAT THE CLINIC IN THE NORTH COULD TAKE MY INSURANCE, I WOULD HAVE HAD A PRIMARY DOCTOR SOONER. SO, YOU KNOW, IT'S SOMETHING THAT I'VE TALKED ABOUT ON THE BOARD MEETINGS TO THE CEO THAT IT'S REALLY ABOUT WE CAN BE OPEN, BUT IF NOBODY KNOWS THAT WE'RE OPEN AND THAT WE'RE THERE TO SERVE, NOBODY WILL COME. SO, I THINK MORE OF US THAT TELL PEOPLE, HEY, YOU'RE LOOKING FOR A DOCTOR, YOU KNOW, GO THE COMMUNITY HEALTH CLINIC IS LIKE ANY OTHER CLINIC ON GUAM. IT'S OPEN TO SERVE AND IT'S OPEN WITH PHYSICIANS AND STAFF AND SUPPLIES AND WE JUST HAVE TO MAKE SURE THAT THEY'RE AVAILABLE WHEN PEOPLE COME IN. SO, THE FUTURE IS VERY BRIGHT. THANK YOU SO MUCH.

SENATOR THERESE TERLAJE

AGAIN, THANK YOU. AND YES, WE DO NOT WANT TO UNDERPERFORM. WE WANT TO GIVE THEM FULL CAPABILITIES TO PERFORM TO THEIR UTMOST CAPABILITY TO BRING BACK THOSE PATIENTS THAT WERE EVEN LOST WHEN THE MANGILAO FACILITY CLOSED. WE HEARD TESTIMONIAL STATISTICS ON THAT AND SO AND THEN THOSE THAT WE'VE LOST WHEN WE CLOSED FOR COVID AND THOSE THAT WE JUST KNOW HAVE COME UP NOW FOR THEIR ADULTS NOW, NEW PATIENTS THAT WE NEED TO SERVICE. SO, VERY EXCITED. THANK YOU AGAIN. REALLY APPRECIATE THE REAL HARD WORK THAT YOU ALL ARE DOING.

MELISSA SAVARES

YEAH. SENATOR, ON ANOTHER NOTE, IN MY TESTIMONY, I DID ASK THAT ON PAGE 18 OF THE BILL WHERE TAX GARNISHMENT FOR THOSE THAT OWE TO THE HEALTH CENTERS. YOU KNOW.

SENATOR THERESE TERLAJE

YOU WANT THAT.

MELISSA SAVARES

YES, WE WANT THAT ADDED BACK INTO THE TO THE BILL.

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SENATOR THERESE TERLAJE

OKAY. ALRIGHT.

MELISSA SAVARES

AND WE UNDERSTAND THAT THE

PRIORITY IS THOSE THAT OWE CHILD SUPPORT. THEN SECOND IS THE GMH AND THEN WE WOULD BE THIRD. BUT IF THERE'S ANYBODY THAT STILL HAS TAX THAT HAS A DEBT THAT THEIR TAX WILL BE GARNISHED TO PAY OFF THAT DEBT AND WE WILL HAVE WITH A CFO WE WILL HAVE ACCURATE RECORDS WITH TO KEEP US IN TRACK WITH THAT. THANK YOU.

SENATOR THERESE TERLAJE

OKAY. I THINK WE THOUGHT IT WAS INCLUDED ON PAGE 13 UNDER THE LINE FIVE THE COLLECTION AND TAX REFUND GARNISHMENTS. SO, WE GIVE THAT AUTHORITY TO THE BOARD, BUT I'LL LOOK AGAIN WITH IF WE SHOULD JUST RESTORE THAT LANGUAGE AND I APPRECIATE THE LANGUAGE FROM THE DIRECTOR REGARDING PROTECTION OF THE FUNDS FOR THIS INTERIM PERIOD SO THAT THEY'RE NOT USED ANYWHERE ELSE. I APPRECIATE THAT AND WE'LL LOOK VERY CAREFULLY. IF YOU ANY OF YOU WANTS TO SUBMIT YOUR TESTIMONY IN WRITING, PLEASE DO. VERY EXCELLENT TESTIMONY. THANK YOU ALL AND AGAIN, THANK YOU ALL FOR YOUR WORK AND THANK YOU FOR HAVING THIS HEARING, MADAM CHAIR, AND FOR CO-SPONSORING THE BILL WITH ME. THANK YOU.

SENATOR SABRINA SALAS MATANANE

THANK YOU, SENATOR TERLAJE. AND AGAIN, THANK YOU TO THE PANEL FOR TESTIFYING IN SUPPORT OF BILL 169. WE WILL GO THROUGH THE MARKUP PROCESS AND COMPLETE THE COMMITTEE REPORT AND AGAIN HOPEFULLY GET IT ONTO SESSION AGENDA. AGAIN, WELCOME HOME TO THE MEDICAL STUDENTS THAT ARE PART OF CHALAN AMTE. I UNDERSTAND YOU GUYS HAVE AN EVENT THIS SATURDAY, RIGHT? CHAT WITH COFFEE AND CHAT WITH THE LOCAL MEDICAL STUDENTS THIS SATURDAY, DECEMBER 20TH, 9:00 A.M. TO 12:00 P.M. TAMUNING INFUSION. ALRIGHT. AND HOPEFULLY YOU'LL ALSO BE HERE THIS FRIDAY TO TESTIFY AND PARTICIPATE IN THE ROUND TABLE MEETING ON MEDICAL MALE PRACTICE. WE HOPE TO SEE YOU THERE AND GET YOUR PERSPECTIVE. I KNOW MASON, YOU CAME TO THE LAST ONE, SO THINGS I THINK WILL BE BETTER DURING THIS ROUND TABLE. AND THAT CONCLUDES OUR PUBLIC HEARING ON BILL 169. WE ARE NOW GOING TO MOVE ON TO YES. OH YES, WE'RE GOING TO MOVE ON NOW TO BILL 215. SENATOR VINCE BORJA, YOU MAY OPEN ON YOUR BILL.

SENATOR VINCE BORJA

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HAFA ADAI, AND GOOD MORNING EVERYBODY. THANK YOU FOR BEING HERE. THOSE WHO CAME TO TESTIFY, THANK FOR BEING PATIENT. THANK YOU, MADAM CHAIR, AND THANK YOU TO MY COLLEAGUES WHO HAS JOINED US TODAY. I APPRECIATE THE OPPORTUNITY TO PRESENT MY OPENING REMARKS ON BILL 215-38. THIS BILL COMES FROM LISTENING. LISTENING TO STUDENTS, PARENTS, TEACHERS, AND SCHOOL ADMINISTRATORS WHO HAVE SHARED A LONG-STANDING REALITY. WE HAVE PLACED RESPONSIBILITIES ON STUDENTS THAT SHOULD NEVER HAVE BEEN THEIRS TO CARRY. FOR MANY YEARS, STUDENTS ON GUAM HAVE BEEN EXPECTED TO RAISE MONEY TO JUST HAVE A DECENT GRADUATION TO PAY FOR VENUES AND BASIC CEREMONIES. THAT RESPONSIBILITY DOES NOT BELONG TO STUDENTS. IT BELONGS TO US. AND GRADUATION IS ONLY ONE EXAMPLE. STUDENT FUNDRAISING SUPPORTS ACADEMIC CLUBS, ATHLETICS, CULTURAL PROGRAMS, LEADERSHIP DEVELOPMENT, COMPETITIONS, TRAINING, AND ENRICHMENT OPPORTUNITIES THAT CONTRIBUTE TO A HEALTHY LEARNING ENVIRONMENT. THESE EFFORTS ARE ESSENTIAL TO STUDENT SUCCESS. YET, WE OFTEN REQUIRE STUDENTS TO NAVIGATE UNNECESSARY BARRIERS BEFORE THEY CAN EVEN RAISE FUNDS. WE MUST ALSO ACKNOWLEDGE THE BROADER CONDITIONS OUR SCHOOL ARE OPERATING UNDER. MANY SCHOOLS ARE ON DOUBLE, SOME ARE ON DOUBLE SESSIONS, LACK ADEQUATE FACILITIES, NOT BECAUSE OF FAILURES BY STUDENTS OR TEACHERS, BUT BECAUSE WE HAVE NOT CONSISTENTLY MAINTAIN OR INVESTED IN SCHOOL INFRASTRUCTURE OVER TIME. WHEN SCHOOLS CANNOT RELY ON THEIR OWN FIELDS, GYMNASIUMS, OR SPACES, STUDENTS ARE LEFT TO FILL THE GAPS. THAT IS NOT APPROPRIATE AND IT'S NOT FAIR. BILL 215 OFFERS A PRACTICAL AND REASONABLE CORRECTION. IT WAVES SANITARY PERMIT FEES FOR STUDENT LED FUNDRAISERS WHILE PRESERVING ALL HEALTH AND SAFETY STANDARDS. THIS ALLOWS STUDENTS TO KEEP THE MONEY THEY RAISED AND INVEST IT BACK INTO THEIR PROGRAMS AND SCHOOL COMMUNITIES. I WANT TO NOTE FOR THE RECORD THAT THE FISCAL NOTE ALSO REFLECTS AN ESTIMATED ANNUAL COLLECTION OF OVER JUST \$3,000 IN FEES. THIS UNDERSCORES THAT THE ISSUE BEFORE US IS NOT ONE OF FISCAL IMPACT, BUT ONE OF PRINCIPAL POLICY ALIGNMENT IN STUDENT SUPPORT. I WANT TO BE IN TRANSPARENT THAT I INTEND TO PROPOSE AN AMENDMENT TO STRENGTHEN THIS MEASURE BY ADDRESSING THE SERVE SAFE TRAINING REQUIREMENTS FOR SCHOOL-BASED FUNDRAISING ACTIVITIES AS WELL. I LOOK FORWARD TO TESTIMONY THAT WILL HELP US REFINE THIS BILL AND ENSURE IT'S IMPLEMENTED IN A WAY THAT IS CLEAR, CONSISTENT, AND SUPPORTIVE OF OUR SCHOOLS AND OUR STUDENTS. TODAY'S HEARING IS AN OPPORTUNITY FOR COLLABORATION. I LOOK FORWARD TO HEARING ON HOW WE CAN IMPROVE AND SUPPORT STUDENT LED ACTIVITIES ACROSS GUAM. BUT

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BEFORE I CONCLUDE, I NEED TO APOLOGIZE IN ADVANCE BECAUSE I NEED TO STEP OUT OF THIS HEARING BECAUSE I DIDN'T ANTICIPATE THAT IT WAS GOING TO EXTEND PAST LUNCH AND I HAVE A COMMITMENT WITH SOME STUDENTS AT SIMON SANCHEZ AND THEIR STAFF. SO, PLEASE KNOW THAT MY INTENT IS NOT TO DISENGAGE FROM THIS DISCUSSION BUT TO HONOR COMMITMENT MADE TO OUR STUDENT AND EDUCATORS. THANK YOU, MADAM CHAIR, AND I LOOK FORWARD TO THE TESTIMONY. SI YU'OS MA'ASE.

SENATOR SABRINA SALAS MATANANE

THANK YOU, SENATOR BORJA. WE WILL BEGIN WITH PUBLIC TESTIMONY. WE'LL BEGIN TO MY RIGHT. KIANA.

KIANA ARDIENTE

BUENAS AND Hafa Adai. I JUST WANT TO RECOGNIZE AND THANK YOU GUYS BOTH FOR GIVING ME

THE OPPORTUNITY TO SPEAK TODAY. LEGISLATIVE SECRETARY SABRINA SALAS MATANANE AND OF COURSE, SENATOR VINCENT BORJA. MY NAME IS KIANA ARDIENTE AND I AM THE 64TH STUDENT GOVERNMENT ASSOCIATION PRESIDENT AT THE UNIVERSITY OF GUAM. AND I JUST WANT TO ALSO STATE THAT I STRONGLY SUPPORT BILL NUMBER 215-38 WHICH PROPOSES THE WAIVER OF SANITARY PERMIT FEES FOR STUDENT LED FUNDRAISERS. I ALSO WANT TO MAKE A QUICK SHOUT OUT TO MY PROFESSOR SHUROG BAJANI. I'M SUPPOSED TO BE AT HIS CLASS RIGHT NOW, BUT HE'S GIVING ME THE OPPORTUNITY TO COME AND YOU KNOW PROVIDE TESTIMONY. WHILE THE STUDENT GOVERNMENT ASSOCIATION DOES NOT TYPICALLY ENGAGE IN FUNDRAISING ITSELF, WE PROUDLY HOST LARGE SCALE CAMPUS EVENTS FROM WELCOME BACK TRITON FEST WHICH IS HAPPENING THIS THURSDAY DECEMBER 18 FROM 5:30 P.M. TO 9:00 P.M. AND IT IS OPEN TO THE PUBLIC. SO, IF YOU'RE FREE, COME BY AND ATTEND. AND MOST NOTABLY CHARTER DAY, ONE OF THE MOST ANTICIPATED EVENTS OF THE YEAR. AND CHARTER DAY PROVIDES AN OPPORTUNITY FOR STUDENT ORGANIZATIONS TO FUNDRAISE SHOWCASE THEIR MISSION MISSIONS AND ENGAGE WITH THE CAMPUS AND GREATER COMMUNITY. AND JUST TO SHARE MY EXPERIENCE, THIS PAST YEAR IN THE MONTH OF MARCH, WE DID HAVE OUR CHARTER DAY AND AS SGA, RIGHT, OUR ROLE HERE IS TO ADVOCATE ON BEHALF OF THE STUDENT BODY AND WE NEVER AIM TO CHARGE ANY OF OUR STUDENTS WHO WISH TO ATTEND OUR EVENTS OR TO FUND RAISE AT OUR EVENTS. BUT AGAIN, DURING CHARTER DAY OF EARLIER THIS YEAR WE FOUND OUT THAT ALL STUDENT ORGANIZATIONS THAT WERE PARTICIPATING IN CHARTER DAY THEY HAD TO PAY A TEMPORARY SANITARY PERMIT FEE. AND AGAIN, I WANT TO GO BACK TO THE FACT THAT WE NEVER WANT TO CHARGE OUR STUDENTS. SO, WHAT SGA HAD TO DO AT THE TIME WAS PAY FOR THOSE TEMPORARY SANITARY PERMIT FEES FOR ALL OF

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THE STUDENT ORGS PARTICIPATING AND MANY OF THEM THERE WERE A LOT OF THEM. SO, STUDENT LEADERS ALREADY SHOULDER BIG FINANCIAL RESPONSIBILITY WHEN ORGANIZING FUNDRAISERS. THEY PERSONALLY AND COLLECTIVELY INVEST IN SUPPLIES, MATERIALS, AND LOGISTICS IN ORDER TO OPERATE SUCCESSFUL EVENTS. ON TOP OF THESE COSTS, STUDENT ORGANIZATIONS ARE REQUIRED TO PAY A TEMPORARY SANITARY PERMIT FEE OF APPROXIMATELY \$50 TO \$100. I MIGHT BE WRONG. PLEASE CORRECT ME IF I AM. WHICH CAN BE A BURDEN PARTICULARLY FOR SMALLER OR NEWER ORGANIZATIONS WITH LIMITED BUDGETS. IT IS ALSO IMPORTANT TO RECOGNIZE THAT STUDENT ORGANIZATIONS DO NOT FUNDRAISE SOLELY FOR INTERNAL PURPOSES. MANY OF THESE EFFORTS DIRECTLY SUPPORT PHILANTHROPIC INITIATIVES, INCLUDING DONATIONS TO NONPROFIT ORGANIZATIONS, COMMUNITY OUTREACH PROJECTS, AND SERVICE-BASED PROGRAMS THAT GIVE BACK TO GUAM. THESE STUDENTS ARE NOT ONLY LEARNING LEADERSHIP AND FINANCIAL RESPONSIBILITY, BUT THEY ARE ALSO ACTIVELY CONTRIBUTING TO THE WELL-BEING OF OUR ISLAND. WAIVING THE TEMPORARY SANITARY PERMIT FEE FOR STUDENT LED FUNDRAISERS WOULD REMOVE A BARRIER TO PARTICIPATION IN ENCOURAGE CIVIC ENGAGEMENT AND EMPOWER STUDENTS TO CONTINUE SERVING THEIR COMMITMENTS WITHOUT UNNECESSARY FINANCIAL WORRY. ONCE AGAIN, I STRONGLY SUPPORT THIS BILL AND THANK SENATOR BORJA FOR HIS THOUGHTFULNESS AND COMMITMENT TO SUPPORTING STUDENTS AND SI YU’OS MA’ASE FOR GIVING ME THE OPPORTUNITY TO SPEAK TODAY. AND I THANK YOU ALL FOR ALL THAT YOU DO FOR THE ISLAND OF GUAM. THANK YOU AGAIN.

SENATOR SABRINA SALAS MATANANE

THANK YOU, KIANA. MR. MONFORTE.

SEAN MONFORTE

YES, I'M SEAN MANFORTE FROM DOE FOOD NUTRITION SERVICE MANAGEMENT DIVISION. I AM IN SUPPORT OF THIS BILL. I DO LIKE THE WAY IT IS STRUCTURED THAT THEY'RE STILL REQUIRED TO GET THE SENATE THE HEALTH CERTIFICATES AND EVERYTHING ELSE. WHAT FOR THE SCHOOLS THOUGH, THEY NEED I THINK THEY SHOULD PUT SOME VERBIAGE IN THERE FOR DOE SCHOOLS THAT THEY NEED TO FOLLOW THE CFR REGULATIONS ON WHAT THEY SELL DURING THE SCHOOL HOURS BECAUSE THAT COULD JEOPARDIZE THE SCHOOL FOOD PROGRAMS. SORRY, I'M JUST REALLY IN FAVOR FOR THE BILL THOUGH, BUT.

SENATOR SABRINA SALAS MATANANE

OKAY. ALL RIGHT. THANK YOU. AND I'LL ALLOW MR.BALBASTRO TO GO TESTIFY.

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CHARLIE BALBASTRO

GOOD AFTERNOON, MORNING AND Hafa Adai Members of the 38 Guam Legislature, our fellow members testifying in this hearing and fellow audience members. I stand here once again and again to speak on Senator Vincent Av Borja's bill relative to adding a new subsection E to subsection 21103 of Chapter 21 Division 2 Title 10 Guam Code Annotated waving the sanitary permit fees for student led fundraisers. I express my full support for Senator Borja's bill as it speaks to sanitary permit fees for student led fundraisers from their respective schools on Guam. This shows a significant background on the previous unsanitary cases of roach and mice infestations in certain facilities of Guam's campuses which are Finegayan Elementary School suspended their cafeteria permits due to bug and animal infestations being found during inspection on June 24th of 2025. Receiving a C- rating during sanitary public health inspection with 27 merits found in Price Elementary during the summer of the of this year. Rats were found roasted inside a cafeteria hot tray at Finegayan Elementary School and for the very most Southern High the school I graduated last school year as a class of 2025 receives a D-rating during public health inspection couple of years ago. Seeing these cases rising is very eye-catching amongst all of us and myself including students, faculty, staff, administrators and some alumni and it's terrifying to see because this again pertains to all of their health and safety within their schools. We don't want to see our students getting sick. There were cases where I attended a school visit at Southern High with my fellow colleagues within the community and I've heard that a teacher was getting sick due to mold being detected in a classroom. Putting up with this idea will allow student leaders and others leading any fundraisers to keep things a safer ground for all students and visitors to support in scholastic activities. As the sanitary permits existed, renewing them every 12 months will also give them a chance to have students conduct fundraisers throughout the school year while they are enjoying their year with amazing opportunities and fun along the way in their school. Si Yu'os Ma'ase again and Biba educators and Biba students.

SENATOR SABRINA SALAS MATANANE

THANK YOU CHARLIE. AND NOW DIRECTOR ARRIOLA.

DPHSS

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YES. THANK YOU. SENATOR SABRINA SALAS MATANANE, CHAIRPERSON OF THE 38TH GUAM LEGISLATURE HEALTH COMMITTEE. SENATOR CHRIS BARNETT FOR SAYING THANK YOU SO MUCH. I DID SUBMIT WRITTEN TESTIMONY. I'M NOT SURE IF YOU WANT ME TO READ IT, BUT BASICALLY THE BOTTOM LINE IS WE FULLY SUPPORT, THE DEPARTMENT FULLY SUPPORTS THE INTENT OF BILL 215 TO WAIVE THE SENATOR PERMIT FEES FOR STUDENT LED FUNDRAISERS, BUT I WANT TO EMPHASIZE THAT WE ARE NOT GOING TO COMPROMISE HEALTH AND HEALTH AND SAFETY. SO, I HAVE NO ISSUES WITH THE SANITARY PERMIT FEE BEING WAIVED, BUT I THINK FOR OUR COMMUNITY AND FOR OUR FUTURE, I THINK EVEN SCHOOL STUDENT LED FUNDRAISERS NEED TO GO THROUGH SOME EDUCATION TO ENSURE THAT THE SANITATION OF ESPECIALLY IF THEY'RE SELLING FOR FOOD IS IN COMPLIANCE. AND SO, AGAIN, I PROVIDED WRITTEN TESTIMONY IN FAVOR. I DO HAVE SEVERAL, RECOMMENDATIONS FOR THE BILL THAT I DO WANT TO, HIGHLIGHT. THE REMOVAL OF THE LANGUAGE THAT LIMITS FUNDRAISING EVENTS TO ONLY THREE CONSECUTIVE DAYS AS THE BILL UNINTENTIONALLY REPLACES ONE MANAGEABLE 180-DAY PERMIT WITH THE VOLUME OF ROLLING SHORT DURATION PERMITS WHICH PLACES ADDITIONAL BURDEN NOT ONLY TO THE DIVISION OF DH BUT ALSO THE STUDENT ORGANIZATION. THE SECOND RECOMMENDATION IS SECTION ONE SUBSECTION E LINE SIX PAGE TWO REPLACE THE WORD FACILITY TO MENTION TO SAY ESTABLISHMENT SINCE THE TEMPORARY FOOD SERVICE ESTABLISHMENT IS DEFINED IN THE REGULATION BUT NOT TEMPORARY FOOD FACILITY. SO, WE NEED TO MAKE SURE THAT WE ARE CONSISTENT IN THE LANGUAGE WE USE. AND THIRDLY THE RECOMMENDATION WE HAVE IS SECTION ONE SUBSECTION E3 LINES 15 TO 17 PAGE TWO DELETE THE NEED FOR PUBLIC HEALTH NEED TO ADOPT RULES AND REGULATIONS WITHIN 90 DAYS OF THE ENACTMENT SINCE IF IF THIS PASSES INTO LAW THEN LAW TRUMPS ANY RULES AND REGULATION. SO THAT'S NOT A NECESSARY TASK FOR THE DEPARTMENT. AND SO THOSE ARE THE RECOMMENDATION. BUT FOR THE RECORD, WE SUPPORT THE WAIVING OF THE FEE. WE SUPPORT STUDENTS ENTREPRENEURSHIP, BUT WE DO NOT SUPPORT THE LESSENING OF ANY SAFETY HEALTH AND SAFETY STANDARD. THANK YOU SO MUCH AND MERRY CHRISTMAS.

SENATOR SABRINA SALAS MATANANE

THANK YOU, DIRECTOR. THANKYOU, DIRECTOR ARRIOLA. WE WILL CERTAINLY PROVIDE THESE TO THE BILL'S AUTHOR AND ALSO INCORPORATE THEM INTO THE MARKED UP VERSION OF THIS LEGISLATION. AND I THINK FOR THE PUBLIC THAT'S WATCHING TODAY'S PUBLIC HEARING THAT THIS BILL REALLY IS JUST ABOUT WAIVING THE FEE. IT DOES NOT WAIVE SANITATION STANDARDS. SO, SENATOR BARNETT, DO YOU HAVE ANY QUESTIONS?

SENATOR CHRIS BARNETT

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SI YU’OS MA’ASE MADAM CHAIR FOR THE OPPORTUNITY TO TO SPEAK. I SUPPORT THE BILL AS WELL AND DIRECTOR ARRIOLA AGAIN JUST TO BE CLEAR THE BILL AS WRITTEN ONLY WAIVES THE FEES FOR THE PERMIT. IT DOES NOT WAIVE SAFETY, DOES NOT WAIVE SANITATION. OKAY. YEAH. THANK YOU. THAT'S WHY WE DON'T NEED TO COME UP WITH THE RULES AND REGS BECAUSE WE'VE ALREADY GOT VERY STRINGENT RULES AND RAGS. I MIGHT KNOW A LITTLE BIT ABOUT THESE PUBLIC HEALTH RULES AND REGS AND SO I JUST WANTED TO ASK JUST FOR A LITTLE BACKGROUND. HOW MANY DO YOU KNOW OFF HAND HOW MANY PERMITS ARE ISSUED TO THE GUAM DEPARTMENT OF EDUCATION SCHOOLS? YEAH. FOR THESE STUDENT LED ACTIVITIES. SORRY, THAT'S THE ONLY QUESTION.

DPHSS

YEAH. NINE SCHOOLS THAT HAVE SUBMITTED FOR THIS YEAR. AND THEY PRETTY MUCH ALL EXPIRE NEXT YEAR. AND THEN FOR THIS SCHOOL YEAR 14 NOW HOPEFULLY I MEAN THERE'S MANY MORE SCHOOLS THAN 14 AND NINE AND SO HOPEFULLY THE WAIVING OF THE FEE WAS THE DECIDING FACTOR. IF THE WAIVING OF THE FEE IS GOING TO INCREASE THEIR ENTREPRENEURSHIP THEN WE EXPECT THESE TO BE RIGHT.

SENATOR CHRIS BARNETT

AND THAT'S BEEN THE THE ISSUE RIGHT DIRECTOR AREAS WHEN YOU HEAR FROM THESE STUDENT GROUPS THEY MIGHT BE FUNDRAISING FOR AN OFF ISLAND TRIP AND IF THEY RAISE \$1,000 WHAT WE'RE HEARING BACK HERE AT THE LEGISLATURE IS THEY HAVE TO TAKE OUT \$300 OR YOU KNOW WE HEAR DIFFERENT THINGS SOMETIMES WE HEAR 300, 600 A 1000 THAT'S WHAT I THOUGHT WAS INTERESTING ABOUT YOUR TESTIMONY WAS APPARENTLY THESE PERMITS CAN COVER DIFFERENT ACTIVITIES OVER A 180-DAY PERIOD. AM I CORRECT ON THAT?

DPHSS

YEAH, IF I CAN ASK LEILANI FROM DEH MAYBE SHE CAN ADD TO REGARDING THE FEE AND THE DIFFERENT FEE STRUCTURES.

LEILANI NAVARRO

OKAY. Hafa Adai. SENATOR SALAS MATANANE AND SENATOR BARNETT. MY NAME IS LEILANI NAVARRO. I'M AN ENVIRONMENTAL PUBLIC HEALTH OFFICER ADMINISTRATOR WITH THE DIVISION OF ENVIRONMENTAL HEALTH. SO, SENATOR BARNETT, IF I UNDERSTAND YOUR QUESTION CORRECTLY, YOU WERE ASKING THE FEE STRUCTURE FOR

SENATOR CHRIS BARNETT

I SEE IT IN THE TESTIMONY. YEAH, I'M GOOD ON THAT. I JUST WAS, I WASN'T CLEAR ON, THE PERMITS BECAUSE WE HEAR SO MANY DIFFERENT THINGS FROM THE STUDENT ORGANIZATIONS, BUT IN YOUR TESTIMONY, IT SAYS THAT THESE

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PERMITS OPERATE AT A FIXED LOCATION FOR A PERIOD OF 1 TO 180 DAYS. SO DOES THAT MEAN ONE PERMIT CAN COVER DIFFERENT STUDENT LED FUNDRAISING ACTIVITIES DURING THAT 100 DAY PER 180-DAY PERIOD?

LEILANI NAVARRO

YES, SENATOR. SO AS OUR DIRECTOR YOLA HAD MENTIONED THE SCHOOLS THAT HAVE APPLIED FOR A PERMIT FOR THIS CURRENT FISCAL YEAR. THERE WERE ACTUALLY EIGHT GDOE SCHOOLS AND ONE CHARTER FOR THIS CURRENT FY20 2026 AND ONE CHARTER SCHOOL AND ALL OF THEM HAVE APPLIED FOR THE TFSE X WHICH COVERS 180 DAYS SO THAT'S ACTUALLY THEY THAT WOULD HAVE ALLOWED THEM TO PAY \$300 FOR

SENATOR CHRIS BARNETT

RIGHT. YEAH. SEE, I DON'T KNOW IF THESE STUDENT LED ORGANIZATIONS ARE AWARE OF THIS BECAUSE WHAT WE HEAR IS THAT THEY'RE SAYING, "OH, THEY GOT TO GET A PERMIT FOR EVERY LITTLE FUNDRAISING ACTIVITY." AND THAT'S WHY WE'RE HEARING THESE DOLLAR AMOUNTS LIKE 3 600, YOU KNOW, A THOUSAND. SO, I DON'T EVEN KNOW IF THEY'RE AWARE THAT, YOU KNOW, YOU COULD GET THIS PERMIT FOR 180 DAYS AND YOU COULD HAVE 20 DIFFERENT STUDENT LED FUNDRAISERS ON IT. SO, IF ANYBODY OUT THERE FROM DOE IS WATCHING, I DON'T KNOW, MR. MONFORTE, WERE YOU GUYS AWARE OF THAT?

SEAN MONFORTE

SO WE WERE AWARE OF IT. WE REACHED OUT AND IN A COUPLE OF PRINCIPLES MEETINGS AGO THAT WE WILL BE THE ONES ASSISTING BECAUSE THERE'S DIFFERENT PUBLIC HEALTH OFFERS DIFFERENT HEALTH CERTIFICATES. I MEAN SANITARY PERMITS. SO, THE SCHOOLS WERE KIND OF LIKE RIGHT WHERE THEY APPLIED FOR WHATEVER THEY WANTED. WE HAVE BEEN ADVISING EVERYBODY TO DO THE 180. WE'VE BEEN BACK AND FORTH WITH EVERYBODY TO GO BACK. THEY'VE BEEN DROPPING THE APPLICATIONS OFF TO US AND WE'VE BEEN RUNNING IT THROUGH THEM AND TRYING TO MAKE SURE THAT WE GET EVERYBODY TAKEN CARE OF. YEAH. THERE'S ANOTHER THING TOO THAT IS FOR THE SANITARY PERMITS. IS IT JUST FOR THE ONE PLACE ON FOR THE WAIVER OR IS IT GOING TO BE THE SCHOOL ONE SANITARY PERMIT TAKING CARE OF THE SCHOOL OR IS IT PER CLUB BECAUSE RIGHT NOW THEY'VE BEEN TOLD THAT IT WAS PER CLUB.

SENATOR CHRIS BARNETT

YEAH. SO MAYBE THAT'S WHERE WE'RE COMING INTO THESE ISSUES. BUT IT'S ACTUALLY PER DO YOU HAVE THE SCHOOL PERMIT WHICH IS THE PUBLIC HEALTH INSPECTION THEN YOU HAVE THE PERMIT AND IDEALLY THEY SHOULD BE APPLYING FOR A 180DAY PERMIT FOR THE SCHOOL THAT COVERS ALL OF

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THE DIFFERENT ORGANIZATIONS AND THAT WOULD MEAN THAT'S THE WHOLE IS THAT THE WHOLE SCHOOL YEAR OR THAT'S 6 MONTHS?

SEAN MONFORTE

THAT'S THE WHOLE SCHOOL YEAR.

LEILANI NAVARRO

THAT'S EVERY 6 MONTHS 180 DAYS.

SENATOR CHRIS BARNETT

WOW. I MEAN, I TOTALLY SUPPORT THE BILL, BUT YOU KNOW, IT'S INTERESTING BECAUSE WHAT WE'RE HEARING FROM THESE STUDENT CLUBS IS, OH, IF THEY'RE GOING TO HAVE A FUNDRAISER, THEY GOT TO GO AND THEY GOT TO GET A PERMIT EVERY SINGLE TIME THEY HAVE A FUNDRAISER. AND THAT'S KIND OF WHAT MADE THE BILL NECESSARY, I THINK, IS HEARING THAT. BUT NOW WE'RE HEARING THAT YOU ACTUALLY GET A PERMIT, IT'S 300 BUCKS, LAST YOU THE WHOLE SCHOOL YEAR, WHICH, YOU KNOW, I MEAN,

DPHSS

AND HONESTLY, THAT'S WHY THE, YOU KNOW, THE FEE WAS NOT TO GET RICH FROM STUDENTS. AND THAT'S WHY YOU ONLY SEE \$3,000 BEING COLLECTED BECAUSE THERE'S REALLY NOT.

SENATOR CHRIS BARNETT

YEAH. SO, I JUST WONDER IF THERE'S KIND OF JUST THIS BIG IT SOUNDS LIKE THERE IS A BIG MISUNDERSTANDING ABOUT WHAT THE POLICY ACTUALLY IS PER SCHOOL AND HAD EVERYBODY BEEN ON THE SAME PAGE, YOU KNOW, I'M NOT SAYING WE DON'T NEED THE BILL, BUT IF EVERYBODY BEEN ON THE SAME PAGE, THEN MAYBE WE WOULDN'T BE HAVING THIS CONVERSATION HERE. SO, WOW.

LEILANI NAVARRO

SO I THINK THE MISUNDERSTANDING WAS BECAUSE IN THE REGULATIONS THERE'S DIFFERENT CATEGORIES LIKE FOR AS WRITTEN IN THE TESTIMONY FOR EXAMPLE FOR ONE DAY EVENT IS \$150 IF I RECALL THAT CORRECTLY BUT TECHNICALLY AS LONG AS THE FUNDRAISER HAPPENS IN SPECIFIC LOCATIONS IN THE SCHOOL THEN IT DOESN'T MATTER WHICH ORGANIZATION AS LONG IT'S FOR EXAMPLE IN THE COURTYARD OR IN THE GYM RIGHT

SENATOR CHRIS BARNETT

SO, THE SCHOOL SHOULD HAVE THE FUNDRAISERS ALL AT THE SAME PLACE WHETHER IT'S THE COURT CAN YOU TAKE THIS BACK TO THE GDOE LEADERSHIP MR. MONTFORTE?

SEAN MONFORTE

SO, WE HAVE BEEN WORKING TOGETHER AND THAT'S HOW A COUPLE OF SINCE SO DR. ADAMUS IS THIS WAS REALLY A BIG THING FOR DR. ADAMUS THAT SHE WANTED US TO ADDRESS THIS. WE'VE BEEN WORKING WITH THEM THE WHOLE

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TIME. WHEN WE FOUND OUT THAT IT WAS A SINGLE SANITARY PERMIT APPLICATION WOULD COVER ALL THE CLUBS AND NOT EVERY CLUB WOULD HAVE TO APPLY FOR A NEW SANITARY PERMIT. IT KIND OF CHANGED THE WHOLE THING BECAUSE IN THE BEGINNING AND I TOO THOUGHT, "OH, WOW. EVERY CLUB IS APPLYING." WHEN WE ACTUALLY TALKED TO LEILANI, IT WAS LIKE, "NO, JUST GET THE ONE FOR THE ONE SCHOOL." SO NOW WHAT WE'RE DOING, MY DIVISION, THE SCHOOLS REACH OUT TO US, THEY GIVE US THE APPLICATIONS, WE REVIEW THEIR APPLICATIONS FOR THEM, LET THEM KNOW WHAT THEY'RE DOING, THEN WE DROP IT TO THEM, THEY PAY IT, THEN WE BRING IT BACK TO THEM.

SENATOR CHRIS BARNETT

SO, IF THAT'S THE WAY MOVING FORWARD AND YOU'RE NOW GETTING THIS, SORRY, MADAM CHAIR, YOU'RE NOW GETTING THIS BLANKET PERMIT THAT COVERS EVERYBODY \$300 THE WHOLE SCHOOL YEAR, WHO PAYS THAT \$300 IF THIS IS HOW YOU'RE DOING IT NOW?

SEAN MONFORTE

WELL, USUALLY THE SCHOOLS ARE DOING IT RIGHT NOW. THE LIKE WE JUST WE'RE STILL IN THE PROCESS OF JFK. BUT THEY PAY FOR IT THEMSELVES. I'M NOT SURE WHERE THEY GET THE MONEY. THEY JUST GAVE THEY GIVE US THIS THE.

SENATOR CHRIS BARNETT

SO IF WE'RE JUST MOVING FORWARD I'LL DO IT THAT WAY I THINK THAT IN THE MEANTIME UNTIL WE GET THE BILL PASSED THAT REALLY LESSENS THE IMPACT TO THE INDIVIDUAL CLUBS BECAUSE AGAIN THAT'S HOW IT WAS TOLD TO US WAS THAT HEY IF WE RAISE \$500 THEN WE GOT TO MINUS OUT \$300 TO GO PAY PUBLIC HEALTH THAT IT KIND OF SOUNDS LIKE GDOE SHOULD START ASKING FOR SOME REFUNDS ON THESE PERMITS NO JUST KIDDING NOW MR. MONFORTE, LAST QUESTION, MADAM CHAIR, IF YOU WOULD JUST INDULGE ME. YOU MENTIONED THAT THE SALES HAVE TO ALIGN WITH THE CFR. CAN YOU KIND OF EXPAND ON THAT A LITTLE BIT?

SEAN MONFORTE

OKAY. SO, THE CFRS, IF WE'RE SELLING FOOD SNACKS DURING THE SCHOOL DAY OR HALF AN HOUR AFTER THE LAST SCHOOL BELL, WE SHOULD BE SELLING SMART SNACKS. IF WE'RE NOT SELLING SMART SNACKS, WE'RE IN VIOLATION OF THE POLICIES, RIGHT? OF THE CFRS. OF COURSE THERE IS EXEMPTIONS THAT WE CAN SET FOR IT. WE'VE BEEN IN CONTACT WITH REGION 9 WRO AND THEY'VE BEEN THEY'RE TELLING US WHAT WE SHOULD DO, WHAT WE SHOULDN'T DO. WE'RE TRYING TO ALIGN EVERYTHING TOGETHER. IT'S A

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PROCEDURAL IT'S A OPERATIONS ISSUE. BUT OF COURSE, WE'RE GOING WITH THE KIDS. WE WANT TO MAKE SURE THAT IF WE ARE GOING TO DO ANYTHING, WE'RE NOT GOING TO JEOPARDIZE THE C OR THE COMMUNITY ELIGIBILITY PROGRAMS, THE MEALS AT NO COST. BUT AFTERWARDS FOR THE SANITARY PERMITS, WE WANT TO MAKE SURE THAT OUR STUDENTS ARE GETTING THE SANITARY PERMITS. MY DIVISION RIGHT NOW WE OFFER SERVE SAFE WHERE WE CAN WE HAVE PEOPLE SERVE SAFE CERTIFIED TO TEACH AND WE WILL BE REACHING OUT WITH PUBLIC HEALTH TO SEE IF WE CAN SET SOME SANITARY CLASSROOM SANITARY PERMIT CLASS.

SENATOR CHRIS BARNETT

SORRY TO INTERRUPT IF YOU'RE SELLING YOU KNOW PREPACKAGED DO YOU HAVE TO GET THE SERVE SAFE?

SEAN MONFORTE

NOT PREPACKAGED. OKAY. NOT PREPACKAGED BUT ANYTHING COOKED YOU NEED RIGHT YEAH BUT THAT DOES NOT INCLUDE.

LEILANI NAVARRO

YEAH IF I MAY ADD ACTUALLY THE CURRENT LAW WHICH IS THE GUAM FOOD CODE AND THE HEALTH CERTIFICATE REGULATIONS REQUIRE SERVE SAFE MANAGER CERTIFICATION EVEN FOR PRE SELLING OF PREPACKAGED FOODS OKAY.

SENATOR CHRIS BARNETT

SO MAYBE THAT'S ANOTHER ONE WE NEED TO KIND OF LOOK INTO WHO GETS THE SERVE SAFE WHEN YOU KNOW THE JAPANESE CLUB IS HAVING THEIR LITTLE FUNDRAISER WHERE THEY'RE SELLING THE CHIPS A HOY OR THE LITTLE FRUIT GUMMIES. SO, THANK YOU, MADAM CHAIR, AND AGAIN, YOU KNOW, HAPPY HOLIDAYS AND I'M SORRY TO TAKE UP SOME OF YOUR LUNCH, BUT HOPE YOU GUYS HAVE A GREAT REST OF THE YEAR AND IT'S ALWAYS GOOD TO SEE OUR FRIENDS FROM PUBLIC HEALTH AND OF COURSE MR. MONFORTE FROM THE GUAM DEPARTMENT OF EDUCATION, BIBA PUBLIC SCHOOLS, MADAM CHAIR.

SENATOR SABRINA SALAS MATANANE

THANK YOU, SENATOR BARNETT, AND THANK YOU TO THE PANEL FOR TAKING THEIR TIME TO COME OUT TODAY. CHARLIE, MISS NAVARRO, DIRECTOR ARRIOLA, AND MR. MONFORTE. MAY THE FORCE BE WITH YOU AND MERRY CHRISTMAS EVERYBODY. THIS PUBLIC HEARING IS NOW CONCLUDED AND ADJOURNED. THE TIME IS NOW 12:16 IN THE AFTERNOON.

The Public Hearing was adjourned at 12:16 P.M.

III. Findings and Recommendations

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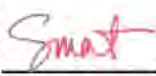
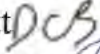
The committee reviewed Bill 169-38, which seeks to establish the Guam Community Health Centers (GCHC) as an autonomous agency, transitioning them from their current status under the Department of Public Health and Social Services. Testimony from stakeholders, including the director of public health, board members, medical trainees, and community representatives, overwhelmingly supported the measure. Key findings highlight that autonomy will allow GCHC greater flexibility in decision-making, improved responsiveness to health needs, and the ability to hire and manage staff more efficiently. The committee acknowledged the importance of a phased, carefully planned transition to autonomy, incorporating safeguards for funding and program income, and ensuring compliance with federal requirements to maintain critical grant funding. Testimonies emphasized that autonomy will help expand services, address physician shortages, and improve healthcare access, especially in underserved regions. The committee recommends passage of Bill 169-38, with careful attention to provisions that protect GCHC’s operational income, ensure a robust transition plan, and maintain alignment with federal standards. The committee finds that the bill will strengthen Guam’s healthcare infrastructure and recommends moving it to the session agenda for further legislative action.

The Committee on Health and Veterans Affairs hereby reports- out on [Bill No. 169-38 \(COR\)](#) As amended – Therese M. Terlaje, Sabrina Salas Matanane, Sabina Flores Perez, Chris Barnett, Telo T. Taitague, Joe S. San Agustin, Frank F. Blas, Jr. – “AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.” “With the recommendation **TO REPORT OUT ONLY.**

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

Bill No. 169-38 (COR)

Introduced by:

Therese M. Terlaje 
Sabrina Salas Matanane 
Sabina Flores Perez 
Chris Barnett 
Telo T. Taitague 
Joe S. San Agustin 
Frank F. Blas, Jr. 

**AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE
10 GUAM CODE ANNOTATED RELATIVE TO
ESTABLISHING GUAM COMMUNITY HEALTH
CENTERS AS AN AUTONOMOUS AGENCY.**

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Findings and Intent. *I Liheslaturan Guåhan* finds that access to comprehensive, high-quality, and affordable healthcare services is a fundamental necessity for the residents of Guam.

I Liheslaturan Guåhan finds that the current Community Health Centers Program, administered under the Department of Public Health and Social Services (DPHSS) pursuant to Title 10 GCA Chapter 3 Article 8, requires modernization to fully meet federal compliance standards. The transition of the program to an autonomous agency model will ensure stronger oversight, better governance, and alignment with federal requirements, including the Health Resources and Services Administration (HRSA) Health Centers Program Compliance Manual.

I Liheslaturan Guåhan finds that that the current community health centers program on Guam faces compliance challenges. The transition of the Guam

1 Community Health Centers as an autonomous agency will address these challenges
2 by ensuring full compliance with federal requirements, including the governance and
3 other standards set forth by the Health Resources and Services Administration
4 (HRSA). This alignment with HRSA guidelines will facilitate the ability to secure
5 and effectively administer federal grants, ensuring the sustainability and expansion
6 of critical health services for Guam’s residents.

7 *I Liheslaturan Guåhan* finds that maintaining local control while leveraging
8 federal resources can enhance healthcare delivery. By ensuring the inclusion of
9 patient representation on its governing board, the Guam Community Health Centers
10 will be responsive to community needs, uphold federal standards, and remain
11 accountable to the people of Guam.

12 Therefore, it is the intent of *I Liheslaturan Guåhan* to establish the Guam
13 Community Health Centers as a public corporation and autonomous instrumentality
14 within the Government of Guam, providing it with the authority, governance
15 structure, and resources needed to fulfill its mission of improving

16 **Section 2.** Article 8 of Chapter 3 Title 10 is hereby amended to read:

17 **“ARTICLE 8**

18 **GUAM COMMUNITY HEALTH CENTERS PROGRAM**

19 § 3801. Legislative Intent and Purpose.

20 § 3802. Title.

21 § 3803. Program.

22 § 3804. Personnel.

23 § 3805. General Duties.

24 § 3806. Federal Grants.

25 § 3807. Authority to Set Fees.

26 § 3808. Establishment of Regional Community Health Centers

27 Centers.

1 § 3809. ~~Continuing~~ Contractual Service.

2 § 3810. Primary and Urgent Care Service.

3 § 3811. Revolving Fund.

4 § 3812. Fee Schedule.

5 § 3813. ~~Advisory Council on~~ Guam Community Health Centers Board of
6 Directors.

7 § 3814. Duties of ~~Council~~ Guam Community Health Centers Board of
8 Directors.

9 § 3815. ~~Repeal.~~ Transition to Full Autonomy.

10 § 3816. ~~Effective Date.~~ Repeal.

11 § 3817. ~~Severability.~~ Effective Date.

12 § 3818. Severability.

13
14 **§ 3801. Legislative Intent and Purpose.**

15 It is the intent of *I Liheslaturan Guåhan* to provide permanent
16 guidelines to govern the creation, operation and maintenance of Guam's
17 community health centers for the purpose of providing basic quality health
18 care to the people of Guam ~~in a joint partnership between~~ as a government
19 ~~agencyies and/or private entities.~~

20 **§ 3802. Title.**

21 This Act shall be known as, 'The Community Health Centers Act of
22 ~~1998-2025.~~'

23 **§ 3803. Program.**

24 There is hereby established within the ~~Department of Public~~
25 ~~Health and Social Services (Department)~~ Bureau of Primary Care
26 ~~Services (Bureau)~~ a the Government of Guam, a public corporation and
27 autonomous instrumentality called the Guam Community Health

Centers (GCHC) Program ~~(Program)~~ to be administered by ~~on a~~
collateral duty basis by the Health Services Administrator of the
Bureau, and who shall serve as the Guam Community Health Centers
Board of Directors (GCHCBD) and a Community Health Center Chief
Executive Officer of the Program. The Program GCHC shall cover two
~~(2)~~ regions of Guam ~~(northern and southern)~~ as the GCHCBD
determines. ~~With the collateral duty, t~~The Guam Community Health
Center Board and Chief Executive Officer's shall ~~additional role shall~~
~~include~~ adherence to the following ~~nineteen (19)~~ federal program
requirements as stipulated by the Health Resources & Services
Administration (HRSA's) rules and regulations in Exhibit A:

(a) ~~development and implementation of a needs~~
assessment;

(b) ~~implementing required and additional primary~~
health care services;

(d) ~~adhering to staffing requirements;~~

(e) ~~conducting accessible hours of operation and~~
location;

(f) ~~after hours coverage;~~

(g) ~~hospital admitting privileges and continuum of care;~~

(h) ~~sliding fee discount;~~

(i) ~~quality improvement/quality assurance plan;~~

(j) ~~key management staff;~~

(k) ~~contractual/affiliation agreements;~~

(l) ~~collaborative relationships;~~

(m) ~~financial management and control policies;~~

(n) ~~billing and collection;~~

- (o) ~~budget;~~
- (p) ~~program data reporting systems;~~
- (q) ~~scope of project;~~
- (r) ~~board authority;~~
- (s) ~~board composition; and~~
- (t) ~~conflict of interest.~~

§ 3804. Personnel.

There shall be assigned sufficient number of administrative personnel, as may be determined by the Community Health Center Chief Executive Officer, to provide staff assistance on a full-time basis to Guam Community Health Centers, and ensure that the general duties assigned to the Guam Community Health Centers are adequately administered. It is further provided:

(a) There is hereby established within the ~~Program~~ GCHC, the administrative position of Community Health Center Chief Executive Officer, who shall be responsible for managing the overall operations, finances, personnel, and facilities of the community health centers in accordance with the mission, vision, values, ~~Advisory Council~~ GCHCBD approved policies, Strategic Plan, and other operational policies, ~~and as further delineated in the position description adopted as Exhibit B pursuant to this Act, and which may be amended pursuant to Subsection (d) of this Section.~~

(1) Salary. The salary of the Community Health Center Chief Executive Officer shall be based upon the national standard of Community Health Center Chief Executive Officers of Federally Qualified Health Centers in the U.S., subject to availability of funds for FY ~~2015~~ 2025, and included in all subsequent budgets.

1 (b) There is hereby established within the ~~Program~~ GCHC, the
2 senior administrative financial position of Chief Financial Officer. The
3 responsibility of the position shall include, but is not limited to, assisting the
4 Chief Executive Officer and the ~~Advisory Council on Community Health~~
5 ~~Centers~~ GCHCBD in the development, implementation and coordination of
6 the ~~Program's~~ GCHC's financial policy, fund management, internal audits,
7 billings and collection, and, the performance of all other associated
8 administrative functions and tasks as are necessary in directly providing and
9 ensuring sound fiscal stability and support for the ~~Program~~ GCHC, and as
10 ~~further delineated in the position description adopted as Exhibit C pursuant to~~
11 ~~this Act, and which may be amended pursuant to Subsection (d) of this~~
12 ~~Section.~~

13 (1) Salary. The salary of the Chief Financial Officer shall be based upon
14 the national standard for the position, as found within the Community Health
15 Center instrumentality of a U.S., subject to availability of funds for FY
16 ~~2015~~2025, and included in all subsequent budgets.

17 (c) There is hereby established within the ~~Program~~ GCHC, the
18 administrative and clinical position of Medical Director. The responsibility of
19 the position shall include, but is not limited to, assisting the Community
20 Health Center Chief Executive Officer and the ~~Advisory Council on~~
21 ~~Community Health Centers~~ GCHCBD in the development, implementation
22 and coordination of the Program's medical services policy and the
23 performance of associated administrative tasks, and directly providing clinical
24 medical support for all medical services provided by the ~~Program~~ GCHC, and
25 ~~as further delineated in the position description adopted as Exhibit D pursuant~~
26 ~~to this Act, and which may be amended pursuant to Subsection (d) of this~~
27 ~~Section.~~

1 The Medical Director shall preferably be a board certified or board
2 eligible physician specialist in a medical field deemed to be an appropriate,
3 requisite field of practice, or multiple field specialties, as is necessary to best
4 meet the mandates and needs of the Program GCHC, ~~and as further delineated~~
5 ~~in the position description adopted as Exhibit D pursuant to this Act, and~~
6 ~~which may be amended pursuant to Subsection (d) of this Section.~~

7 Preferable consideration for selection as the Medical Director shall be
8 given to a board certified or board eligible physician specialist with
9 experience as a primary care family practice physician.

10 (1) Salary. The salary of the Medical Director shall be based upon the
11 national standard for Community Health Center Medical Directors in the U.S.,
12 subject to availability of funds for FY ~~2015~~ 2025, and included in all
13 subsequent budgets.

14 (d) Amendment of Position Description. ~~The Advisory Council on~~
15 ~~Community Health Centers~~ GCHCBD shall, in keeping with the provisions
16 of Article 3- Rule Making Procedures, of Chapter 9, Title 5, Guam Code
17 Annotated, review and amend, as may be necessary, the position descriptions
18 adopted pursuant to Subsections (a), (b), and (c) of this Section.

19 **§ 3805. General Duties.**

20 The general duties of the ~~Bureau for the Program~~ CEO are:

21 (a) to oversee the maintenance and operation of all existing
22 community health centers and implement measures approved and
23 promulgated by the ~~Advisory Council on Community Health Centers~~
24 Guam Community Health Centers Board of Directors or GCHCBD;

25 (b) to maintain and initiate the updating of Fees Schedule in
26 effect;

1 (c) to initiate the budgetary requirements, for both Federal and
2 local funding, of the ~~Program~~ GCHC;

3 (d) to account for all generated revenues and prepare periodic
4 reports required;

5 (e) to administer the Community Health Center Revolving Fund
6 for the ~~Director of the Department~~ Guam Community Health Centers
7 and initiate the required periodic Statement of Condition of such Fund;

8 (f) to provide administrative support and refer matters needing
9 advice or approval to the ~~Advisory Council on Community Health~~
10 ~~Centers~~ GCHCBD;

11 (g) With the approval of the GCHCBD, to establish additional
12 community health centers and services required by the community for
13 basic medical care that private clinics are either saturated or not meeting
14 the demand of the community or unavailable in the area of primary care,
15 pediatric care, prenatal care, infectious disease care, urgent care and to
16 other areas that the ~~Director~~ GCHCBD designates as a community
17 requirement, but are inadequately being provided to the community;

18 ~~(h) to obtain a listing of all persons with health insurance coverage from~~
19 ~~their respective health insurance company or providers; and~~

20 ~~(i)~~ (h) to perform other duties as may be assigned by the ~~Director of the~~
21 ~~Department~~ GCHCBD.”

22 **§ 3806. Federal Grants.**

23 The ~~Bureau~~ Guam Community Health Center shall comply with all
24 Federal requirements and procedures necessary for the administration of grant
25 programs. The ~~Director~~ CEO, Program Manager, or designee shall have the
26 authority to apply for Federal Grants.

27 **§ 3807. Authority to Set Fees.**

1 The ~~Director~~ CEO in consultation with and upon approval of the
2 GCHCBD is authorized to establish fees for health care services in accordance
3 with the Administrative Adjudication Law and as may be required to qualify
4 for grant programs. The fees shall not be deterrent to receiving health care.
5 ~~The fees shall be no less than the Medicare Regional Fees established under~~
6 ~~Title XVIII of the Social Security Act.~~

7 **§ 3808. Establishment of Regional Community Health Centers.**

8 The following Regional Community Health Centers established in the
9 past by virtue of Executive Orders and laws specifically issued for the purpose
10 ~~shall~~ may hereafter be governed by the GCHCBD and provisions of this Act:

11 (a) the Southern Regional Community Health Center
12 (‘SRCHC’), located in the village of ~~Inarajan~~ Inalåhan, which is tasked
13 to provide quality comprehensive primary health care services to all the
14 residents of ~~the Southern villages of~~ Guam;

15 (b) the Northern Regional Community Health Center
16 (‘NRCHC’), located in the Village of Dededo, which is tasked to
17 provide quality comprehensive primary health care services to all the
18 residents of ~~the Northern villages of~~ Guam; and

19 (c) such other regional community health centers that may later
20 be established by the ~~Director~~ GCHCBD for similar purpose.

21 ~~The administrative rules and regulations that may be promulgated to~~
22 ~~improve the operation and maintenance of all regional community health~~
23 ~~centers on Guam shall be in conformance with the provisions of this Article.~~
24 ~~In case of conflict, the provisions of this Article shall prevail. The overall~~
25 ~~management, budgeting, cash and property accounting, and operating~~
26 ~~oversight of all regional community health centers shall be exercised by the~~
27 ~~Director of the Department of Public Health and Social Services to whom the~~

1 Bureau head reports to, namely, the Chief Public Health Officer of the
2 Division of Public Health.

3 **§ 3809. Contractual Service.**

4 The ~~Director~~ CEO in consultation with and upon approval of the
5 GCHCBD may enter into a contractual agreement with other government
6 agencies or health care provider(s) to provide either, totally or partially,
7 Community Health Center services. The ~~Director~~ GCHCBD or CEO shall also
8 negotiate contractual agreement for reimbursement of services by the
9 beneficiaries of Health Insurance Providers or Health Maintenance
10 Organization or other entities providing health benefits, or shall allow those
11 government agencies or health care providers to seek reimbursement for their
12 services rendered in the Community Health Centers.

13 **§ 3810. Primary and Urgent Care Service.**

14 The Community Health Center ~~shall~~ may provide primary and urgent
15 care services based on the unavailability of such service in the community and
16 ~~shall~~ may enter into a contractual agreement with the Guam Memorial
17 Hospital Authority or other health care providers to provide such service. The
18 ~~urgent care service must be adequate to meet the following medical care:~~

19 (a) ~~conditions that are non-emergency in nature (Emergency~~
20 ~~conditions are those illness that may result in the loss of life or limb if~~
21 ~~not treated immediately.);~~

22 (b) ~~services are competent to manage and treat patients of all~~
23 ~~ages;~~

24 (c) ~~the facility shall have at least basic pharmacy, radiology,~~
25 ~~laboratory and patient transport to move cases that require a higher level~~
26 ~~of patient care management;~~

1 ~~(d) the facility shall be certifiable by either the Joint Commission~~
2 ~~of Accreditation of Health Organization or Health Care Financing~~
3 ~~Administration, or equivalent certifying health care organization~~
4 ~~acceptable by the Health Planning Council of the Division of Health~~
5 ~~Planning of DISID; and~~

6 ~~(e) the urgent care service shall consider initially opening at least~~
7 ~~five (5) days a week between the hours of 6:00 p.m. to 11:00 p.m. and~~
8 ~~extend the hours and/or days as the demand arises and availability of~~
9 ~~resources. The Director shall evaluate at least annually the service hours~~
10 ~~and/or days and make necessary adjustment based on the community~~
11 ~~needs and availability of resources in consultation with the Council.~~

12 **§ 3811. Revolving Fund.**

13 (a) Community Health Center Revolving Fund. There is hereby
14 established a Community Health Center Revolving Fund (Fund) to be
15 maintained by the ~~Administrator~~ CEO, ~~of the~~ Community Health Centers, ~~of~~
16 ~~the Department of Public Health & Social Services.~~ The Fund shall be
17 established and maintained in a bank account apart and separate from the
18 General Fund or any other bank account(s) of the government of Guam, and
19 shall not be co-mingled with, or a part of, the General Fund. All funds due or
20 accruing to the account from whatever source(s), as provided or authorized
21 pursuant to applicable law, inclusive of any interest, shall be deposited in the
22 Fund in its entirety immediately upon receipt by the government of Guam.

23 (1) ~~The Administrator~~ CEO ~~of Community Health Centers, of the~~
24 ~~Department of Public Health & Social Services~~ shall report monthly
25 and maintain full compliance with all financial reporting requirements
26 of the government of Guam pursuant to applicable law.

1 (2) Any and all collections deposited into and/or expenditures
2 from the Fund shall be reported to the members of the ~~Advisory Council~~
3 ~~of Community Health Centers~~ GCHCBD.

4 (b) Independent Records and Accounts. The Fund shall be maintained
5 separate and apart from all other government funds; have an independent
6 records and accounts concerning the Fund; and audited as directed by the
7 GCHCBD or the Office of Public Accountability ~~by the Public Internal~~
8 ~~Auditor or the Department of Interior for each fiscal year~~ and shall provide *I*
9 *Maga'lahaen Guahan* and ~~the Council~~ I Liheslaturan Guahan a copy of the
10 audited report.

11 (c) Deposits. All monies collected for products and services rendered at
12 the community health centers shall be accounted for and deposited into the
13 Fund and available to pay for the expenses of the community centers.

14 (d) Application. All monies deposited in the Fund shall be available to
15 be used to pay for the expenses of the community center allowable by Federal
16 regulations and guidelines as the non-Federal share of project costs in
17 accordance with the Department's grant from the U.S. Department of Health
18 and Human Services. The Fund may also be used for the following expenses:

19 (1) payment(s) for contractual services;

20 (2) payment(s) for supplies;

21 (3) payment(s) for any other expenses, which if remains unpaid may
22 result in an emergency situation as approved by the Board in a resolution;

23 (4) the Fund shall be reimbursed from other appropriated fund
24 sources for any expenditure made as a result of circumstances outlined in
25 Subsection (3) if the expenditure was budgeted from said appropriated
26 source; and

27 (5) board stipends, as provided by applicable law.

1 (e) Accounts Receivables. The Community Health Centers
2 ~~Administrator~~ CEO, in consultation with and upon approval of the Council
3 GCHCBD, is hereby authorized to pursue accounts receivables payment in
4 whatever manner allowable by law, including contractual services for
5 collection and tax refund garnishments. The Community Health Centers
6 ~~Administrator~~ CEO shall promulgate rules and regulations through the
7 Administrative Adjudication Law governing collection and reduction of
8 uncollectible accounts receivables.

9 (f) The Community Health Centers ~~Administrator~~ CEO in consultation
10 with and upon approval of the GCHCBD shall submit an annual spending plan
11 for the Fund in accordance with and at the same time as the Bureau of Budget
12 and Management Research budget call.

13 (g) The Community Health Center ~~Council~~ CEO shall, by no later than
14 the 20th day of each ~~month~~ quarter, submit a financial report relative to the
15 status and activities of the Community Health Center Revolving Fund. The
16 ~~monthly~~ quarterly report shall be submitted, via the *Office of I Maga'lahi*, to
17 the Speaker of *I Liheslaturan Guåhan*, and the Chairpersons of the Committee
18 on Finance, and the Committee on Health of *I Liheslaturan Guåhan*. The
19 report shall, at a minimum, contain:

20 (1) all expenditures and encumbrances (monthly and year-to-
21 date);

22 (2) funds received and source(s);

23 (3) status of accounts receivable for outstanding debts and/or
24 delinquent payment obligations owed to the Community Health
25 Center(s); and

26 (4) any and all other pertinent information relative to the Fund.

1 (h) The Community Health Center Revolving Fund shall be included in
2 the government of Guam annual audit review and report.

3 (i) The funds shall be exempt from all transfer authority granted to the
4 Director of the Department of Administration, the Director of Department of
5 Health and Social Services and the Governor of Guam.

6 **§ 3812. Fee Schedule.**

7 (a) The ~~Department~~ GCHCBD is hereby authorized to implement a fee
8 schedule. The provision of this Act shall be repealed upon subsequent
9 submission and approval of the fee schedule through the Administrative
10 Adjudication Law. The fee schedule must give discounts accordingly to the
11 Federal Income Poverty Guideline. The health centers must operate in a
12 manner such that no patient shall be denied service due to an individual's
13 inability to pay.

14 (b) Individuals or families whose income falls below the federal
15 poverty guidelines shall apply for subsidized medical services through the
16 Medically Indigent Program or other medically subsidized program.

17 (1) The Program shall submit a billing claim to the Guam
18 Medically Indigent Program Administrator for the necessary amount to
19 recover the cost of services rendered to the Medically Indigent Program
20 patients at the fee schedule rates established for reimbursement
21 pursuant to applicable law, rules and regulations.

22 (A) Notwithstanding any other provision of law, rule or
23 regulation, for the purposes of billing and collections, the
24 Community Regional Health Centers Program shall be deemed
25 apart and separate from the Department, and the Guam Medically
26 Indigent Program shall promptly remit payment to the Program

1 as reimbursement for services rendered to MIP patients, for
2 deposit into the Community Health Center Revolving Fund.

3 **§ 3813. ~~Advisory Council on~~ Guam Community Health Centers**
4 **Board of Directors (GCHCBD).**

5 ~~(a) — Council~~ GCHCBD Established. There shall be established
6 within the Bureau an ~~Advisory Council on a~~ Guam Community Health
7 Centers Board of Directors (“~~Council~~GCHCBD”)—to serve in an
8 advisory governing capacity and maintains oversight of the Community
9 Health Centers. ~~for each Region. The Council shall consist of seven~~
10 ~~(7) members appointed by~~ *I Magsa'laken Guåhan* [Governor]. Members
11 of the Council shall include a Village Mayor from the Region of the
12 Community Health Center and one (1) of the Municipal Planning
13 Council member from the Region, other than the Mayor or the Mayor's
14 staff, which shall serve their term as long as they are serving in their
15 respective positions. The other members of the Council shall serve for
16 four (4) years; provided that, of the members first appointed two (2)
17 shall serve for two (2) years and three (3) shall serve for four (4) years.

18 ~~(b) — Officers; Meeting Requirements. The Council shall~~
19 ~~annually elect a Chairperson, Vice-Chairperson and Recorder from~~
20 ~~among its membership. The Council shall meet at least quarterly at such~~
21 ~~time and place as the Chairperson may designate. Meetings shall be~~
22 ~~well publicized and shall be open to the public. The Director or the~~
23 ~~Division Head, or both, shall be present on all Council GCHCBD~~
24 ~~meetings. Executive sessions are permitted only in accordance with the~~
25 ~~Open Government Law. Four (4) members shall constitute a quorum of~~
26 ~~the Council for the transaction of business. The concurrence of a~~

majority of the members present shall constitute official action of the Council.

(a) The composition of the board shall be defined by the GCHCBD bylaws and shall at a minimum adhere to the following Health Resources and Services Administration (HRSA) requirements, subject to updates in HRSA rules:

(i) The health center's governing board must consist of at least 9 and no more than 25 members.

(ii) The majority [at least 51 percent] of the health center board members must be patients served by the health center. Patient board members are also often referred to as "user" or "consumer" board members. However, for the purposes of this chapter, only the term "patient" or "non-patient" board member will be used for ease of reference. These health center patient board members must, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender.

(iii) Non-patient health center board members must be representative of the community served by the health center and must be selected for their expertise in relevant subject areas, such as community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.

(iv) Of the non-patient health center board members, no more than one-half may derive more than 10 percent of their annual income from the health care industry.

(v) A health center board member may not be an employee of the center, or spouse or child, parent, brother or sister by blood or marriage

1 of such an employee. The CEO may be a non-voting, ex-officio
2 member of the board.

3 (vi) The health center bylaws or other internal governing rules
4 must prescribe the process for selection and removal of all governing
5 board members. This selection process must ensure that the governing
6 board is representative of the health center patient population. The
7 selection process in the bylaws or other rules is subject to approval by
8 HRSA.

9 (b) The GCHCBD may amend their by-laws as may be necessary for
10 the conduct and administration of its activities and the exercise of the powers
11 and performance of the duties conferred or imposed upon the CHC or the
12 Board by this Chapter.

13 (c) The GCHCBD may adopt such rules and regulations pursuant to the
14 Administrative Adjudication Act as may be necessary for the exercise of the
15 powers and performance of the duties conferred or imposed upon the CHC or
16 the Board by this Chapter.

17 ~~(e)~~ (d) Compensation. The compensation that members of the ~~Advisory~~
18 ~~Council~~ GCHCBD may receive shall be the compensation provided by Guam
19 law.

20 (e) The GCHCBD may enter into a co-applicant agreement with
21 another government of Guam agency for purposes of meeting Health Center
22 Program requirements.

23 **§ 3814. Duties of ~~Council~~ Guam Community Health Centers Board**
24 **of Directors.**

25 The ~~Council~~ GCHCBD shall develop bylaws which specify the
26 responsibilities of the board, review and approve the plans and programs of

1 the Community Health Centers ~~by the Bureau~~ and for that purpose shall
2 perform the following duties:

3 (a) review and ~~make recommendation~~ approve ~~of the~~
4 ~~Bureau's~~ annual budget for the Community Health Centers;

5 (b) review and ~~make recommendation~~ approve ~~of the~~
6 ~~Bureau's~~ three (3) - year Plan and its annual update for the Community
7 Health Centers;

8 (c) periodically review available and needed services
9 provided by the Centers;

10 (d) promote the utilization and assistance of interested
11 persons, including recovered clients, volunteering their service to the
12 patients of the Center in whatever qualified service they can provide;
13 and

14 (e) review and comment on all new and renewed Federal
15 grants applications.

16 (f) Shall approve by resolution all expenditures allowed in §
17 3811 of this Chapter greater than Five Thousand Dollars (\$5,000);

18 ~~(g) may approve by resolution a Memorandum of~~
19 ~~Understanding between the Community Health Centers and the~~
20 ~~Department of Revenue and Taxation to garnish income tax refunds of~~
21 ~~recipients of products and services rendered by the Community Health~~
22 ~~Centers who have not fulfilled their payment obligation for said~~
23 ~~products and services. The Board shall adopt a policy to govern the~~
24 ~~referral of such tax refund garnishment requests to the Department of~~
25 ~~Revenue and Taxation.~~

26 **§ 3815. ~~Repeal.~~ Transition to Full Autonomy.**

1 ~~Executive Order Nos. 70-25 and 86-05 pertaining to the Southern~~
2 ~~Regional Community Health Center are hereby repealed.~~

3 A three (3) year transition period shall commence upon enactment of
4 this Act, during which the GCHC shall work toward full administrative and
5 operational independence. Upon completion of the transition period, all
6 duties, authorities, and resources currently administered by the Department of
7 Public Health and Social Services (DPHSS) under the Guam Community
8 Health Centers Program, pursuant to Article 8, Chapter 3 of Title 10, Guam
9 Code Annotated, shall be fully transferred to the GCHC as established under
10 this Chapter.

11 (a) The GCHC shall directly apply for federal grants and assume
12 responsibility for all federal compliance, program administration, and
13 service delivery functions for the program.

14 (b) All real and personal property, facilities, equipment, supplies,
15 and financial assets allocated to the Guam Community Health Centers
16 Program under DPHSS shall be transferred to the CHC.

17 (c) All employees assigned to the Guam Community Health
18 Centers Program under DPHSS shall be transferred to the GCHC.
19 Transferred personnel shall retain their current employment status,
20 salaries, accrued benefits, and rights under applicable government
21 employment laws.

22 (d) The current bylaws shall remain in effect for twelve (12)
23 months or until new bylaws can be adopted, whichever comes first.

24 (e) Notwithstanding any other provision of this Article, the
25 Department of Administration (DOA), shall provide interim technical
26 assistance to the GCHC, in the following areas:

1 (i) Developing and implementing its own financial
2 management system, including accounting, payroll, and other
3 internal fiscal controls.

4 (ii) Establishing a human resource management system for
5 hiring.

6 (iii) Assist the GCHC in developing and adopting
7 procurement rules and procedures consistent with applicable
8 government and federal guidelines.

9 (f) All contracts' agreements, and memoranda of understanding
10 or agreement related to the Guam Community Health Centers Program
11 shall remain in effect unless terminated by the GCHC.

12 (g) Upon request by the GCHC and with notification submitted
13 to I Maga'hågan Guåhan and I Liheslaturan Guåhan, the transition
14 period may be extended for one (1) year at a time, not to exceed a total
15 of three (3) additional years. Any request for extension shall include a
16 status report on transition progress and a revised timeline for
17 completion.

18 **§ 3816. Effective Date Repeal.**

19 ~~The provisions contained in this Act shall take effect upon enactment.~~
20 Executive Order Nos. 70-25 and 86-05 pertaining to the Southern Regional
21 Community Health Center are hereby repealed.

22 **§ 3817. ~~Severability~~ Effective Date.**

23 ~~If any of the provisions of this Act or the application thereof to any~~
24 ~~person or circumstance are held invalid, such invalidity shall not affect any~~
25 ~~other provision or application of this Act, which can be given effect without~~
26 ~~the invalid provision or application, and to this end the provisions of this Act~~

1 ~~are severable.~~ The provisions contained in this Act shall take effect upon
2 enactment.

3 **§ 3818. Severability.**

4 If any of the provisions of this Act or the application thereof to any
5 person or circumstance are held invalid, such invalidity shall not affect any
6 other provision or application of this Act, which can be given effect without
7 the invalid provision or application, and to this end the provisions of this Act
8 are severable."

9 **Section 3. Authorization for Amendments by the Compiler of Laws**

10 Pursuant to §1606 Chapter 16, Title 1 GCA, the Compiler of Laws is hereby
11 authorized to make amendments to Chapter 3 of Title 10 Guam Code Annotated
12 including renumbering or rearranging the Chapter so that it fits harmoniously within
13 the Guam Code Annotated.

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

Bill No. 169-38 (COR)

As Amended by the Committee
on Health and Veterans Affairs

Introduced by:

Therese M. Terlaje
Sabrina Salas Matanane
Sabina Flores Perez
Chris Barnett
Telo T. Taitague
Joe S. San Agustin
Frank F. Blas, Jr.

**AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE
10 GUAM CODE ANNOTATED RELATIVE TO
ESTABLISHING GUAM COMMUNITY HEALTH
CENTERS AS AN AUTONOMOUS AGENCY.**

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Findings and Intent. *I Liheslaturan Guåhan* finds that access to comprehensive, high-quality, and affordable healthcare services is a fundamental necessity for the residents of Guam.

I Liheslaturan Guåhan finds that the current Community Health Centers Program, administered under the Department of Public Health and Social Services (DPHSS) pursuant to Title 10 GCA Chapter 3 Article 8, requires modernization to fully meet federal compliance standards. The transition of the program to an autonomous agency model will ensure stronger oversight, better governance, and alignment with federal requirements, including the Health Resources and Services Administration (HRSA) Health Centers Program Compliance Manual.

I Liheslaturan Guåhan finds that that the current community health centers program on Guam faces compliance challenges. The transition of the Guam

1 Community Health Centers as an autonomous agency will address these challenges
2 by ensuring full compliance with federal requirements, including the governance and
3 other standards set forth by the Health Resources and Services Administration
4 (HRSA). This alignment with HRSA guidelines will facilitate the ability to secure
5 and effectively administer federal grants, ensuring the sustainability and expansion
6 of critical health services for Guam’s residents.

7 *I Liheslaturan Guåhan* finds that maintaining local control while leveraging
8 federal resources can enhance healthcare delivery. By ensuring the inclusion of
9 patient representation on its governing board, the Guam Community Health Centers
10 will be responsive to community needs, uphold federal standards, and remain
11 accountable to the people of Guam.

12 Therefore, it is the intent of *I Liheslaturan Guåhan* to establish the Guam
13 Community Health Centers as a public corporation and autonomous instrumentality
14 within the Government of Guam, providing it with the authority, governance
15 structure, and resources needed to fulfill its mission of providing basic quality health
16 care to the people of Guam.

17 **Section 2.** Article 8 of Chapter 3 Title 10 is hereby amended to read:

18 **“ARTICLE 8**

19 **GUAM COMMUNITY HEALTH CENTERS PROGRAM**

20 § 3801. Legislative Intent and Purpose.

21 § 3802. Title.

22 § 3803. Program.

23 § 3804. Personnel.

24 § 3805. General Duties.

25 § 3806. Federal Grants.

26 § 3807. Authority to Set Fees.

27 § 3808. Establishment of Regional Community Health Centers.

1 § 3809. ~~Continuing~~ Contractual Service.

2 § 3810. Primary and Urgent Care Service.

3 § 3811. Revolving Fund.

4 § 3812. Fee Schedule.

5 § 3813. ~~Advisory Council on~~ Guam Community Health Centers Board of
6 Directors.

7 § 3814. Duties of ~~Council~~ Guam Community Health Centers Board of
8 Directors.

9 § 3815. ~~Repeal.~~ Transition to Full Autonomy.

10 § 3816. ~~Effective Date.~~ Repeal.

11 § 3817. ~~Severability.~~ Effective Date.

12 § 3818. Severability.

13
14 **§ 3801. Legislative Intent and Purpose.**

15 It is the intent of *I Liheslaturan Guåhan* to provide permanent
16 guidelines to govern the creation, operation and maintenance of Guam's
17 community health centers for the purpose of providing basic quality health
18 care to the people of Guam ~~in a joint partnership between~~ as a government
19 ~~agencyies and/or private entities.~~

20 **§ 3802. Title.**

21 This Act shall be known as, 'The Community Health Centers Act of
22 ~~1998-2025.~~'

23 **§ 3803. Program.**

24 There is hereby established within the ~~Department of Public~~
25 ~~Health and Social Services (Department) Bureau of Primary Care~~
26 ~~Services (Bureau)~~ a the Government of Guam, a public corporation and
27 autonomous instrumentality called the Guam Community Health

Centers (GCHC) Program ~~(Program)~~ to be administered ~~by on a~~
collateral duty basis by the ~~Health Services Administrator of the~~
~~Bureau, and who shall serve as the~~ Guam Community Health Centers
Board of Directors (GCHCBD) and a Community Health Center Chief
Executive Officer ~~of the Program~~. The ~~Program~~ GCHC shall cover two
(2) regions of Guam ~~(northern and southern)~~ as the GCHCBD
determines. ~~With the collateral duty, t~~The Guam Community Health
Center Board and Chief Executive Officer's shall additional role shall
include adherence to the following ~~nineteen (19)~~ federal program
requirements as stipulated by the Health Resources & Services
Administration (HRSA's) rules and regulations in Exhibit A:

(a) ~~development and implementation of a needs~~
assessment;

(b) ~~implementing required and additional primary~~
health care services;

(d) ~~adhering to staffing requirements;~~

(e) ~~conducting accessible hours of operation and~~
location;

(f) ~~after hours coverage;~~

(g) ~~hospital admitting privileges and continuum of care;~~

(h) ~~sliding fee discount;~~

(i) ~~quality improvement/quality assurance plan;~~

(j) ~~key management staff;~~

(k) ~~contractual/affiliation agreements;~~

(l) ~~collaborative relationships;~~

(m) ~~financial management and control policies;~~

(n) ~~billing and collection;~~

- (o) ~~budget;~~
- (p) ~~program data reporting systems;~~
- (q) ~~scope of project;~~
- (r) ~~board authority;~~
- (s) ~~board composition; and~~
- (t) ~~conflict of interest.~~

§ 3804. Personnel.

There shall be assigned sufficient number of administrative personnel, as may be determined by the Community Health Center Chief Executive Officer, to provide staff assistance on a full-time basis to Guam Community Health Centers, and ensure that the general duties assigned to the Guam Community Health Centers are adequately administered. It is further provided:

(a) There is hereby established within the ~~Program~~ GCHC, the administrative position of Community Health Center Chief Executive Officer, who shall be responsible for managing the overall operations, finances, personnel, and facilities of the community health centers in accordance with the mission, vision, values, ~~Advisory Council~~ GCHCBD approved policies, Strategic Plan, and other operational policies, ~~and as further delineated in the position description adopted as Exhibit B pursuant to this Act, and which may be amended pursuant to Subsection (d) of this Section.~~

(1) Salary. The salary of the Community Health Center Chief Executive Officer shall be based upon the national standard of Community Health Center Chief Executive Officers of Federally Qualified Health Centers in the U.S., subject to availability of funds for FY ~~2015~~ 2025, and included in all subsequent budgets.

1 (b) There is hereby established within the ~~Program~~ GCHC, the
2 senior administrative financial position of Chief Financial Officer. The
3 responsibility of the position shall include, but is not limited to, assisting the
4 Chief Executive Officer and the ~~Advisory Council on Community Health~~
5 ~~Centers~~ GCHCBD in the development, implementation and coordination of
6 the ~~Program's~~ GCHC's financial policy, fund management, internal audits,
7 billings and collection, and, the performance of all other associated
8 administrative functions and tasks as are necessary in directly providing and
9 ensuring sound fiscal stability and support for the ~~Program~~ GCHC, and as
10 ~~further delineated in the position description adopted as Exhibit C pursuant to~~
11 ~~this Act, and which may be amended pursuant to Subsection (d) of this~~
12 ~~Section.~~

13 (1) Salary. The salary of the Chief Financial Officer shall be based upon
14 the national standard for the position, as found within the Community Health
15 Center instrumentality of a U.S., subject to availability of funds for FY
16 ~~2015~~2025, and included in all subsequent budgets.

17 (c) There is hereby established within the ~~Program~~ GCHC, the
18 administrative and clinical position of Medical Director. The responsibility of
19 the position shall include, but is not limited to, assisting the Community
20 Health Center Chief Executive Officer and the ~~Advisory Council on~~
21 ~~Community Health Centers~~ GCHCBD in the development, implementation
22 and coordination of the Program's medical services policy and the
23 performance of associated administrative tasks, and directly providing clinical
24 medical support for all medical services provided by the ~~Program~~ GCHC, and
25 ~~as further delineated in the position description adopted as Exhibit D pursuant~~
26 ~~to this Act, and which may be amended pursuant to Subsection (d) of this~~
27 ~~Section.~~

1 The Medical Director shall preferably be a board certified or board
2 eligible physician specialist in a medical field deemed to be an appropriate,
3 requisite field of practice, or multiple field specialties, as is necessary to best
4 meet the mandates and needs of the ~~Program GCHC~~, and as further delineated
5 ~~in the position description adopted as Exhibit D pursuant to this Act, and~~
6 ~~which may be amended pursuant to Subsection (d) of this Section.~~

7 Preferable consideration for selection as the Medical Director shall be
8 given to a board certified or board eligible physician specialist with
9 experience as a primary care family practice physician.

10 (1) Salary. The salary of the Medical Director shall be based upon the
11 national standard for Community Health Center Medical Directors in the U.S.,
12 subject to availability of funds for FY 2015 2025, and included in all
13 subsequent budgets.

14 (d) Amendment of Position Description. The ~~Advisory Council on~~
15 ~~Community Health Centers~~ GCHCBD shall, in keeping with the provisions
16 of Article 3- Rule Making Procedures, of Chapter 9, Title 5, Guam Code
17 Annotated, review and amend, as may be necessary, the position descriptions
18 adopted pursuant to Subsections (a), (b), and (c) of this Section.

19 **§ 3805. General Duties.**

20 The general duties of the ~~Bureau for the Program~~ CEO are:

21 (a) to oversee the maintenance and operation of all existing
22 community health centers and implement measures approved and
23 promulgated by the ~~Advisory Council on Community Health Centers~~
24 Guam Community Health Centers Board of Directors or GCHCBD;

25 (b) to maintain and initiate the updating of Fees Schedule in
26 effect;

1 (c) to initiate the budgetary requirements, for both Federal and
2 local funding, of the ~~Program~~ GCHC;

3 (d) to account for all generated revenues and prepare periodic
4 reports required;

5 (e) to administer the Community Health Center Revolving Fund
6 for the ~~Director of the Department~~ Guam Community Health Centers
7 and initiate the required periodic Statement of Condition of such Fund;

8 (f) to provide administrative support and refer matters needing
9 advice or approval to the ~~Advisory Council on Community Health~~
10 ~~Centers~~ GCHCBD;

11 (g) With the approval of the GCHCBD, to establish additional
12 community health centers and services required by the community for
13 basic medical care that private clinics are either saturated or not meeting
14 the demand of the community or unavailable in the area of primary care,
15 pediatric care, prenatal care, infectious disease care, urgent care and to
16 other areas that the ~~Director~~ GCHCBD designates as a community
17 requirement, but are inadequately being provided to the community;

18 ~~(h) to obtain a listing of all persons with health insurance coverage from~~
19 ~~their respective health insurance company or providers; and~~

20 ~~(i)~~ (h) to perform other duties as may be assigned by the ~~Director of the~~
21 ~~Department~~ GCHCBD.”

22 **§ 3806. Federal Grants.**

23 The ~~Bureau~~ Guam Community Health Center shall comply with all
24 Federal requirements and procedures necessary for the administration of grant
25 programs. The ~~Director~~ CEO, Program Manager, or designee shall have the
26 authority to apply for Federal Grants.

27 **§ 3807. Authority to Set Fees.**

1 The ~~Director~~ CEO in consultation with and upon approval of the
2 GCHCBD is authorized to establish fees for health care services in accordance
3 with the Administrative Adjudication Law and as may be required to qualify
4 for grant programs. The fees shall not be deterrent to receiving health care.
5 ~~The fees shall be no less than the Medicare Regional Fees established under~~
6 ~~Title XVIII of the Social Security Act.~~

7 **§ 3808. Establishment of Regional Community Health Centers.**

8 The following Regional Community Health Centers established in the
9 past by virtue of Executive Orders and laws specifically issued for the purpose
10 ~~shall~~ may hereafter be governed by the GCHCBD and provisions of this Act:

11 (a) the Southern Regional Community Health Center
12 (‘SRCHC’), located in the village of ~~Inarajan~~ Inalåhan, which is tasked
13 to provide quality comprehensive primary health care services to all the
14 residents of ~~the Southern villages of~~ Guam;

15 (b) the Northern Regional Community Health Center
16 (‘NRCHC’), located in the Village of Dededo, which is tasked to
17 provide quality comprehensive primary health care services to all the
18 residents of ~~the Northern villages of~~ Guam; and

19 (c) such other regional community health centers that may later
20 be established by the ~~Director~~ GCHCBD for similar purpose.

21 ~~The administrative rules and regulations that may be promulgated to~~
22 ~~improve the operation and maintenance of all regional community health~~
23 ~~centers on Guam shall be in conformance with the provisions of this Article.~~
24 ~~In case of conflict, the provisions of this Article shall prevail. The overall~~
25 ~~management, budgeting, cash and property accounting, and operating~~
26 ~~oversight of all regional community health centers shall be exercised by the~~
27 ~~Director of the Department of Public Health and Social Services to whom the~~

1 Bureau head reports to, namely, the Chief Public Health Officer of the
2 Division of Public Health.

3 **§ 3809. Contractual Service.**

4 The ~~Director~~ CEO in consultation with and upon approval of the
5 GCHCBD may enter into a contractual agreement with other government
6 agencies or health care provider(s) to provide either, totally or partially,
7 Community Health Center services. The ~~Director~~ GCHCBD or CEO shall also
8 negotiate contractual agreement for reimbursement of services by the
9 beneficiaries of Health Insurance Providers or Health Maintenance
10 Organization or other entities providing health benefits, or shall allow those
11 government agencies or health care providers to seek reimbursement for their
12 services rendered in the Community Health Centers.

13 **§ 3810. Primary and Urgent Care Service.**

14 The Community Health Center ~~shall~~ may provide primary and urgent
15 care services based on the unavailability of such service in the community and
16 ~~shall~~ may enter into a contractual agreement with the Guam Memorial
17 Hospital Authority or other health care providers to provide such service. ~~The~~
18 ~~urgent care service must be adequate to meet the following medical care:~~

19 (a) ~~conditions that are non-emergency in nature (Emergency~~
20 ~~conditions are those illness that may result in the loss of life or limb if~~
21 ~~not treated immediately.);~~

22 (b) ~~services are competent to manage and treat patients of all~~
23 ~~ages;~~

24 (c) ~~the facility shall have at least basic pharmacy, radiology,~~
25 ~~laboratory and patient transport to move cases that require a higher level~~
26 ~~of patient care management;~~

1 ~~(d) the facility shall be certifiable by either the Joint Commission~~
2 ~~of Accreditation of Health Organization or Health Care Financing~~
3 ~~Administration, or equivalent certifying health care organization~~
4 ~~acceptable by the Health Planning Council of the Division of Health~~
5 ~~Planning of DISID; and~~

6 ~~(e) the urgent care service shall consider initially opening at least~~
7 ~~five (5) days a week between the hours of 6:00 p.m. to 11:00 p.m. and~~
8 ~~extend the hours and/or days as the demand arises and availability of~~
9 ~~resources. The Director shall evaluate at least annually the service hours~~
10 ~~and/or days and make necessary adjustment based on the community~~
11 ~~needs and availability of resources in consultation with the Council.~~

12 **§ 3811. Revolving Fund.**

13 (a) Community Health Center Revolving Fund. There is hereby
14 established a Community Health Center Revolving Fund (Fund) to be
15 maintained by the ~~Administrator~~ CEO, ~~of the~~ Community Health Centers, ~~of~~
16 ~~the Department of Public Health & Social Services.~~ The Fund shall be
17 established and maintained in a bank account apart and separate from the
18 General Fund or any other bank account(s) of the government of Guam, and
19 shall not be co-mingled with, or a part of, the General Fund. All funds due or
20 accruing to the account from whatever source(s), as provided or authorized
21 pursuant to applicable law, inclusive of any interest, shall be deposited in the
22 Fund in its entirety immediately upon receipt by the government of Guam.

23 (1) ~~The Administrator~~ CEO of Community Health Centers, ~~of the~~
24 ~~Department of Public Health & Social Services~~ shall report monthly
25 and maintain full compliance with all financial reporting requirements
26 of the government of Guam pursuant to applicable law.

1 (2) Any and all collections deposited into and/or expenditures
2 from the Fund shall be reported to the members of the ~~Advisory Council~~
3 ~~of Community Health Centers~~ GCHCBD.

4 (b) Independent Records and Accounts. The Fund shall be maintained
5 separate and apart from all other government funds; have an independent
6 records and accounts concerning the Fund; and audited as directed by the
7 GCHCBD or the Office of Public Accountability ~~by the Public Internal~~
8 ~~Auditor or the Department of Interior~~ for each fiscal year and shall provide *I*
9 *Maga'lahaen Guahan* and ~~the Council-I~~ Liheslaturan Guahan a copy of the
10 audited report.

11 (c) Deposits. All monies collected for products and services rendered at
12 the community health centers shall be accounted for and deposited into the
13 Fund and available to pay for the expenses of the community centers.

14 (d) Application. All monies deposited in the Fund shall be available to
15 be used to pay for the expenses of the community center allowable by Federal
16 regulations and guidelines as the non-Federal share of project costs in
17 accordance with the Department's grant from the U.S. Department of Health
18 and Human Services. The Fund may also be used for the following expenses:

19 (1) payment(s) for contractual services;

20 (2) payment(s) for supplies;

21 (3) payment(s) for any other expenses, which if remains unpaid may
22 result in an emergency situation as approved by the Board in a resolution;

23 (4) the Fund shall be reimbursed from other appropriated fund
24 sources for any expenditure made as a result of circumstances outlined in
25 Subsection (3) if the expenditure was budgeted from said appropriated
26 source; and

27 (5) board stipends, as provided by applicable law.

1 (6) Program income shall not be redirected, reprogrammed, or used
2 for any purpose other than the Guam Community Health Centers
3 operations.

4 (e) Accounts Receivables. The Community Health Centers
5 ~~Administrator~~ CEO, in consultation with and upon approval of the Council
6 GCHCBD, is hereby authorized to pursue accounts receivables payment in
7 whatever manner allowable by law, including contractual services for
8 collection and tax refund garnishments. The Community Health Centers
9 ~~Administrator~~ CEO shall promulgate rules and regulations through the
10 Administrative Adjudication Law governing collection and reduction of
11 uncollectible accounts receivables.

12 (f) The Community Health Centers ~~Administrator~~ CEO in consultation
13 with and upon approval of the GCHCBD shall submit an annual spending plan
14 for the Fund in accordance with and at the same time as the Bureau of Budget
15 and Management Research budget call.

16 (g) The Community Health Center ~~Council~~ CEO shall, by no later than
17 the 20th day of each ~~month~~ quarter, submit a financial report relative to the
18 status and activities of the Community Health Center Revolving Fund. The
19 ~~monthly~~ quarterly report shall be submitted, via the *Office of I Maga'lahi*, to
20 the Speaker of *I Liheslaturan Guåhan*, and the Chairpersons of the Committee
21 on Finance, and the Committee on Health of *I Liheslaturan Guåhan*. The
22 report shall, at a minimum, contain:

23 (1) all expenditures and encumbrances (monthly and year-to-
24 date);

25 (2) funds received and source(s);

1 (3) status of accounts receivable for outstanding debts and/or
2 delinquent payment obligations owed to the Community Health
3 Center(s); and

4 (4) any and all other pertinent information relative to the Fund.

5 (h) The Community Health Center Revolving Fund shall be included in
6 the government of Guam annual audit review and report.

7 (i) The funds shall be exempt from all transfer authority granted to the
8 Director of the Department of Administration, the Director of Department of
9 Health and Social Services and the Governor of Guam.

10 **§ 3812. Fee Schedule.**

11 (a) The ~~Department~~ GCHCBD is hereby authorized to implement a fee
12 schedule. The provision of this Act shall be repealed upon subsequent
13 submission and approval of the fee schedule through the Administrative
14 Adjudication Law. The fee schedule must give discounts accordingly to the
15 Federal Income Poverty Guideline. The health centers must operate in a
16 manner such that no patient shall be denied service due to an individual's
17 inability to pay.

18 (b) Individuals or families whose income falls below the federal
19 poverty guidelines shall apply for subsidized medical services through the
20 Medically Indigent Program or other medically subsidized program.

21 (1) The Program shall submit a billing claim to the Guam
22 Medically Indigent Program Administrator for the necessary amount to
23 recover the cost of services rendered to the Medically Indigent Program
24 patients at the fee schedule rates established for reimbursement
25 pursuant to applicable law, rules and regulations.

26 (A) Notwithstanding any other provision of law, rule or
27 regulation, for the purposes of billing and collections, the

1 Community Regional Health Centers Program shall be deemed
2 apart and separate from the Department, and the Guam Medically
3 Indigent Program shall promptly remit payment to the Program
4 as reimbursement for services rendered to MIP patients, for
5 deposit into the Community Health Center Revolving Fund.

6 **§ 3813. ~~Advisory Council on~~ Guam Community Health Centers**
7 **Board of Directors (GCHCBD).**

8 (a) ~~Council~~ GCHCBD Established. There shall be established
9 within the Bureau an ~~Advisory Council on a~~ Guam Community Health
10 Centers Board of Directors (“~~Council~~GCHCBD”) to serve in an
11 advisory governing capacity and maintains oversight of the Community
12 Health Centers. ~~for each Region. The Council shall consist of seven~~
13 ~~(7) members appointed by~~ *I Maga'laha* ~~Guahan~~ [Governor]. Members
14 of the Council shall include a Village Mayor from the Region of the
15 Community Health Center and one (1) of the Municipal Planning
16 Council member from the Region, other than the Mayor or the Mayor's
17 staff, which shall serve their term as long as they are serving in their
18 respective positions. The other members of the Council shall serve for
19 four (4) years; provided that, of the members first appointed two (2)
20 shall serve for two (2) years and three (3) shall serve for four (4) years.

21 (b) ~~Officers; Meeting Requirements.~~ The Council shall
22 annually elect a Chairperson, Vice-Chairperson and Recorder from
23 among its membership. The Council shall meet at least quarterly at such
24 time and place as the Chairperson may designate. Meetings shall be
25 well publicized and shall be open to the public. The Director or the
26 Division Head, or both, shall be present on all Council GCHCBD
27 meetings. Executive sessions are permitted only in accordance with the

1 ~~Open Government Law. Four (4) members shall constitute a quorum of~~
2 ~~the Council for the transaction of business. The concurrence of a~~
3 ~~majority of the members present shall constitute official action of the~~
4 ~~Council.~~

5 (a) The composition of the board shall be defined by the GCHCBD
6 bylaws and shall at a minimum adhere to the following Health Resources and
7 Services Administration (HRSA) requirements, subject to updates in HRSA
8 rules:

9 (i) The health center’s governing board must consist of at least 9
10 and no more than 25 members.

11 (ii) The majority [at least 51 percent] of the health center board
12 members must be patients served by the health center. Patient board
13 members are also often referred to as “user” or “consumer” board
14 members. However, for the purposes of this chapter, only the term
15 “patient” or “non-patient” board member will be used for ease of
16 reference. These health center patient board members must, as a group,
17 represent the individuals who are served by the health center in terms
18 of demographic factors, such as race, ethnicity, and gender.

19 (iii) Non-patient health center board members must be
20 representative of the community served by the health center and must
21 be selected for their expertise in relevant subject areas, such as
22 community affairs, local government, finance and banking, legal
23 affairs, trade unions, and other commercial and industrial concerns, or
24 social service agencies within the community.

25 (iv) Of the non-patient health center board members, no more
26 than one-half may derive more than 10 percent of their annual income
27 from the health care industry.

1 (v) A health center board member may not be an employee of the
2 center, or spouse or child, parent, brother or sister by blood or marriage
3 of such an employee. The CEO may be a non-voting, ex-officio
4 member of the board.

5 (vi) The health center bylaws or other internal governing rules
6 must prescribe the process for selection and removal of all governing
7 board members. This selection process must ensure that the governing
8 board is representative of the health center patient population. The
9 selection process in the bylaws or other rules is subject to approval by
10 HRSA.

11 (b) The GCHCBD may amend their by-laws as may be necessary for
12 the conduct and administration of its activities and the exercise of the powers
13 and performance of the duties conferred or imposed upon the CHC or the
14 Board by this Chapter.

15 (c) The GCHCBD may adopt such rules and regulations pursuant to the
16 Administrative Adjudication Act as may be necessary for the exercise of the
17 powers and performance of the duties conferred or imposed upon the CHC or
18 the Board by this Chapter.

19 ~~(e)~~ (d) Compensation. The compensation that members of the ~~Advisory~~
20 ~~Council~~ GCHCBD may receive shall be the compensation provided by Guam
21 law.

22 (e) The GCHCBD may enter into a co-applicant agreement with
23 another government of Guam agency for purposes of meeting Health Center
24 Program requirements.

25 **§ 3814. Duties of ~~Council~~ Guam Community Health Centers Board**
26 **of Directors.**

1 The ~~Council~~ GCHCBD shall develop bylaws which specify the
2 responsibilities of the board, review and approve the plans and programs of
3 the Community Health Center ~~by the Bureau~~ and for that purpose shall
4 perform the following duties:

5 (a) review and ~~make recommendation~~ approve ~~of the~~
6 ~~Bureau's~~ annual budget for the Community Health Centers;

7 (b) review and ~~make recommendation~~ approve ~~of the~~
8 ~~Bureau's~~ three (3) - year Plan and its annual update for the Community
9 Health Centers;

10 (c) periodically review available and needed services
11 provided by the Centers;

12 (d) promote the utilization and assistance of interested
13 persons, including recovered clients, volunteering their service to the
14 patients of the Center in whatever qualified service they can provide;
15 and

16 (e) review and comment on all new and renewed Federal
17 grants applications.

18 (f) Shall approve by resolution all expenditures allowed in §
19 3811 of this Chapter greater than Five Thousand Dollars (\$5,000);

20 (g) may approve by resolution a Memorandum of
21 Understanding between the Community Health Centers and the
22 Department of Revenue and Taxation to garnish income tax refunds of
23 recipients of products and services rendered by the Community Health
24 Centers who have not fulfilled their payment obligation for said
25 products and services. The Board shall adopt a policy to govern the
26 referral of such tax refund garnishment requests to the Department of
27 Revenue and Taxation.

1 **§ 3815. ~~Repeal.~~ Transition to Full Autonomy.**

2 ~~Executive Order Nos. 70-25 and 86-05 pertaining to the Southern~~
3 ~~Regional Community Health Center are hereby repealed.~~

4 A three (3) year transition period shall commence upon enactment of
5 this Act, during which the GCHC shall work toward full administrative and
6 operational independence. Upon completion of the transition period, all
7 duties, authorities, and resources currently administered by the Department of
8 Public Health and Social Services (DPHSS) under the Guam Community
9 Health Centers Program, pursuant to Article 8, Chapter 3 of Title 10, Guam
10 Code Annotated, shall be fully transferred to the GCHC as established under
11 this Chapter.

12 (a) The GCHC shall directly apply for federal grants and assume
13 responsibility for all federal compliance, program administration, and
14 service delivery functions for the program.

15 (b) All real and personal property, facilities, equipment, supplies,
16 and financial assets allocated to the Guam Community Health Centers
17 Program under DPHSS shall be transferred to the CHC.

18 (c) All employees assigned to the Guam Community Health
19 Centers Program under DPHSS shall be transferred to the GCHC.
20 Transferred personnel shall retain their current employment status,
21 salaries, accrued benefits, and rights under applicable government
22 employment laws.

23 (d) The current bylaws shall remain in effect for twelve (12)
24 months or until new bylaws can be adopted, whichever comes first.

25 (e) Notwithstanding any other provision of this Article, the
26 Department of Administration (DOA), shall provide interim technical
27 assistance to the GCHC, in the following areas:

1 (i) Developing and implementing its own financial
2 management system, including accounting, payroll, and other
3 internal fiscal controls.

4 (ii) Establishing a human resource management system for
5 hiring.

6 (iii) Assist the GCHC in developing and adopting
7 procurement rules and procedures consistent with applicable
8 government and federal guidelines.

9 (f) All contracts' agreements, and memoranda of understanding
10 or agreement related to the Guam Community Health Centers Program
11 shall remain in effect unless terminated by the GCHC.

12 (g) Upon request by the GCHC and with notification submitted
13 to I Maga'hågan Guåhan and I Liheslaturan Guåhan, the transition
14 period may be extended for one (1) year at a time, not to exceed a total
15 of three (3) additional years. Any request for extension shall include a
16 status report on transition progress and a revised timeline for
17 completion.

18 **§ 3816. Effective Date Repeal.**

19 ~~The provisions contained in this Act shall take effect upon enactment.~~
20 Executive Order Nos. 70-25 and 86-05 pertaining to the Southern Regional
21 Community Health Center are hereby repealed.

22 **§ 3817. ~~Severability~~ Effective Date.**

23 ~~If any of the provisions of this Act or the application thereof to any~~
24 ~~person or circumstance are held invalid, such invalidity shall not affect any~~
25 ~~other provision or application of this Act, which can be given effect without~~
26 ~~the invalid provision or application, and to this end the provisions of this Act~~

1 ~~are severable.~~ The provisions contained in this Act shall take effect upon
2 enactment.

3 **§ 3818. Severability.**

4 If any of the provisions of this Act or the application thereof to any
5 person or circumstance are held invalid, such invalidity shall not affect any
6 other provision or application of this Act, which can be given effect without
7 the invalid provision or application, and to this end the provisions of this Act
8 are severable."

9 **Section 3. Authorization for Amendments by the Compiler of Laws**

10 Pursuant to §1606 Chapter 16, Title 1 GCA, the Compiler of Laws is hereby
11 authorized to make amendments to Chapter 3 of Title 10 Guam Code Annotated
12 including renumbering or rearranging the Chapter so that it fits harmoniously within
13 the Guam Code Annotated.

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

Bill No. 169-38 (COR)

As Amended by the Committee
on Health and Veterans Affairs

Introduced by:

Therese M. Terlaje
Sabrina Salas Matanane
Sabina Flores Perez
Chris Barnett
Telo T. Taitague
Joe S. San Agustin
Frank F. Blas, Jr.

**AN ACT TO AMEND ARTICLE 8 OF CHAPTER 3, TITLE
10 GUAM CODE ANNOTATED RELATIVE TO
ESTABLISHING GUAM COMMUNITY HEALTH
CENTERS AS AN AUTONOMOUS AGENCY.**

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Findings and Intent. *I Liheslaturan Guåhan* finds that access to comprehensive, high-quality, and affordable healthcare services is a fundamental necessity for the residents of Guam.

I Liheslaturan Guåhan finds that the current Community Health Centers Program, administered under the Department of Public Health and Social Services (DPHSS) pursuant to Title 10 GCA Chapter 3 Article 8, requires modernization to fully meet federal compliance standards. The transition of the program to an autonomous agency model will ensure stronger oversight, better governance, and alignment with federal requirements, including the Health Resources and Services Administration (HRSA) Health Centers Program Compliance Manual.

I Liheslaturan Guåhan finds that that the current community health centers program on Guam faces compliance challenges. The transition of the Guam

Community Health Centers as an autonomous agency will address these challenges by ensuring full compliance with federal requirements, including the governance and other standards set forth by the Health Resources and Services Administration (HRSA). This alignment with HRSA guidelines will facilitate the ability to secure and effectively administer federal grants, ensuring the sustainability and expansion of critical health services for Guam’s residents.

I Liheslaturan Guåhan finds that maintaining local control while leveraging federal resources can enhance healthcare delivery. By ensuring the inclusion of patient representation on its governing board, the Guam Community Health Centers will be responsive to community needs, uphold federal standards, and remain accountable to the people of Guam.

Therefore, it is the intent of *I Liheslaturan Guåhan* to establish the Guam Community Health Centers as a public corporation and autonomous instrumentality within the Government of Guam, providing it with the authority, governance structure, and resources needed to fulfill its mission of ~~improving~~ providing basic quality health care to the people of Guam.

Section 2. Article 8 of Chapter 3 Title 10 is hereby amended to read:

“ARTICLE 8

GUAM COMMUNITY HEALTH CENTERS PROGRAM

§ 3801. Legislative Intent and Purpose.

§ 3802. Title.

§ 3803. Program.

§ 3804. Personnel.

§ 3805. General Duties.

§ 3806. Federal Grants.

§ 3807. Authority to Set Fees.

§ 3808. Establishment of Regional Community Health Centers.

~~Centers.~~

§ 3809. ~~Continuing~~ Contractual Service.

§ 3810. Primary and Urgent Care Service.

§ 3811. Revolving Fund.

§ 3812. Fee Schedule.

§ 3813. ~~Advisory Council on~~ Guam Community Health Centers Board of
Directors.

§ 3814. Duties of ~~Council~~ Guam Community Health Centers Board of
Directors.

§ 3815. ~~Repeal.~~ Transition to Full Autonomy.

§ 3816. ~~Effective Date.~~ Repeal.

§ 3817. ~~Severability.~~ Effective Date.

§ 3818. Severability.

§ 3801. Legislative Intent and Purpose.

It is the intent of *I Liheslaturan Guåhan* to provide permanent guidelines to govern the creation, operation and maintenance of Guam's community health centers for the purpose of providing basic quality health care to the people of Guam ~~in a joint partnership between~~ as a government ~~agencyies and/or private entities.~~

§ 3802. Title.

This Act shall be known as, 'The Community Health Centers Act of ~~1998-2025.~~'

§ 3803. Program.

There is hereby established within the ~~Department of Public Health and Social Services (Department)~~ Bureau of Primary Care Services (Bureau) a the Government of Guam, a public corporation and

1 autonomous instrumentality called the Guam Community Health
2 Centers (GCHC) Program ~~(Program)~~ to be administered by ~~on a~~
3 ~~collateral duty basis by the Health Services Administrator of the~~
4 ~~Bureau, and who shall serve as the~~ Guam Community Health Centers
5 Board of Directors (GCHCBD) and a Community Health Center Chief
6 Executive Officer ~~of the Program~~. The ~~Program~~ GCHC shall cover ~~two~~
7 ~~(2)~~ regions of Guam ~~(northern and southern)~~ as the GCHCBD
8 determines. ~~With the collateral duty, t~~The Guam Community Health
9 Center Board and Chief Executive Officer's shall ~~additional role shall~~
10 ~~include~~ adherence to the following ~~nineteen (19)~~ federal program
11 requirements as stipulated by the Health Resources & Services
12 Administration (HRSAs) rules and regulations in Exhibit A:

13 (a) ~~development and implementation of a needs~~
14 ~~assessment;~~

15 (b) ~~implementing required and additional primary~~
16 ~~health care services;~~

17 (d) ~~adhering to staffing requirements;~~

18 (e) ~~conducting accessible hours of operation and~~
19 ~~location;~~

20 (f) ~~after hours coverage;~~

21 (g) ~~hospital admitting privileges and continuum of care;~~

22 (h) ~~sliding fee discount;~~

23 (i) ~~quality improvement/quality assurance plan;~~

24 (j) ~~key management staff;~~

25 (k) ~~contractual/affiliation agreements;~~

26 (l) ~~collaborative relationships;~~

27 (m) ~~financial management and control policies;~~

- (n) ~~billing and collection;~~
- (o) ~~budget;~~
- (p) ~~program data reporting systems;~~
- (q) ~~scope of project;~~
- (r) ~~board authority;~~
- (s) ~~board composition; and~~
- (t) ~~conflict of interest.~~

§ 3804. Personnel.

There shall be assigned sufficient number of administrative personnel, as may be determined by the Community Health Center Chief Executive Officer, to provide staff assistance on a full-time basis to Guam Community Health Centers, and ensure that the general duties assigned to the Guam Community Health Centers are adequately administered. It is further provided:

(a) There is hereby established within the ~~Program~~ GCHC, the administrative position of Community Health Center Chief Executive Officer, who shall be responsible for managing the overall operations, finances, personnel, and facilities of the community health centers in accordance with the mission, vision, values, ~~Advisory Council~~ GCHCBD approved policies, Strategic Plan, and other operational policies, ~~and as further delineated in the position description adopted as Exhibit B pursuant to this Act, and which may be amended pursuant to Subsection (d) of this Section.~~

(1) Salary. The salary of the Community Health Center Chief Executive Officer shall be based upon the national standard of Community Health Center Chief Executive Officers of Federally Qualified Health Centers in the U.S., subject to availability of funds for FY ~~2015~~ 2025, and included in all subsequent budgets.

1 (b) There is hereby established within the ~~Program~~ GCHC, the
2 senior administrative financial position of Chief Financial Officer. The
3 responsibility of the position shall include, but is not limited to, assisting the
4 Chief Executive Officer and the ~~Advisory Council on Community Health~~
5 ~~Centers~~ GCHCBD in the development, implementation and coordination of
6 the ~~Program's~~ GCHC's financial policy, fund management, internal audits,
7 billings and collection, and, the performance of all other associated
8 administrative functions and tasks as are necessary in directly providing and
9 ensuring sound fiscal stability and support for the ~~Program~~ GCHC, and as
10 ~~further delineated in the position description adopted as Exhibit C pursuant to~~
11 ~~this Act, and which may be amended pursuant to Subsection (d) of this~~
12 ~~Section.~~

13 (1) Salary. The salary of the Chief Financial Officer shall be based upon
14 the national standard for the position, as found within the Community Health
15 Center instrumentality of a U.S., subject to availability of funds for FY
16 ~~2015~~2025, and included in all subsequent budgets.

17 (c) There is hereby established within the ~~Program~~ GCHC, the
18 administrative and clinical position of Medical Director. The responsibility of
19 the position shall include, but is not limited to, assisting the Community
20 Health Center Chief Executive Officer and the ~~Advisory Council on~~
21 ~~Community Health Centers~~ GCHCBD in the development, implementation
22 and coordination of the Program's medical services policy and the
23 performance of associated administrative tasks, and directly providing clinical
24 medical support for all medical services provided by the ~~Program~~ GCHC, and
25 ~~as further delineated in the position description adopted as Exhibit D pursuant~~
26 ~~to this Act, and which may be amended pursuant to Subsection (d) of this~~
27 ~~Section.~~

1 The Medical Director shall preferably be a board certified or board
2 eligible physician specialist in a medical field deemed to be an appropriate,
3 requisite field of practice, or multiple field specialties, as is necessary to best
4 meet the mandates and needs of the Program GCHC, ~~and as further delineated~~
5 ~~in the position description adopted as Exhibit D pursuant to this Act, and~~
6 ~~which may be amended pursuant to Subsection (d) of this Section.~~

7 Preferable consideration for selection as the Medical Director shall be
8 given to a board certified or board eligible physician specialist with
9 experience as a primary care family practice physician.

10 (1) Salary. The salary of the Medical Director shall be based upon the
11 national standard for Community Health Center Medical Directors in the U.S.,
12 subject to availability of funds for FY ~~2015~~ 2025, and included in all
13 subsequent budgets.

14 (d) Amendment of Position Description. ~~The Advisory Council on~~
15 ~~Community Health Centers~~ GCHCBD shall, in keeping with the provisions
16 of Article 3- Rule Making Procedures, of Chapter 9, Title 5, Guam Code
17 Annotated, review and amend, as may be necessary, the position descriptions
18 adopted pursuant to Subsections (a), (b), and (c) of this Section.

19 **§ 3805. General Duties.**

20 The general duties of the ~~Bureau for the Program~~ CEO are:

21 (a) to oversee the maintenance and operation of all existing
22 community health centers and implement measures approved and
23 promulgated by the ~~Advisory Council on Community Health Centers~~
24 Guam Community Health Centers Board of Directors or GCHCBD;

25 (b) to maintain and initiate the updating of Fees Schedule in
26 effect;

1 (c) to initiate the budgetary requirements, for both Federal and
2 local funding, of the ~~Program~~ GCHC;

3 (d) to account for all generated revenues and prepare periodic
4 reports required;

5 (e) to administer the Community Health Center Revolving Fund
6 for the ~~Director of the Department~~ Guam Community Health Centers
7 and initiate the required periodic Statement of Condition of such Fund;

8 (f) to provide administrative support and refer matters needing
9 advice or approval to the ~~Advisory Council on Community Health~~
10 ~~Centers~~ GCHCBD;

11 (g) With the approval of the GCHCBD, to establish additional
12 community health centers and services required by the community for
13 basic medical care that private clinics are either saturated or not meeting
14 the demand of the community or unavailable in the area of primary care,
15 pediatric care, prenatal care, infectious disease care, urgent care and to
16 other areas that the ~~Director~~ GCHCBD designates as a community
17 requirement, but are inadequately being provided to the community;

18 ~~(h) to obtain a listing of all persons with health insurance coverage from~~
19 ~~their respective health insurance company or providers; and~~

20 ~~(i)~~ (h) to perform other duties as may be assigned by the ~~Director of the~~
21 ~~Department~~ GCHCBD.”

22 **§ 3806. Federal Grants.**

23 The ~~Bureau~~ Guam Community Health Center shall comply with all
24 Federal requirements and procedures necessary for the administration of grant
25 programs. The ~~Director~~ CEO, Program Manager, or designee shall have the
26 authority to apply for Federal Grants.

27 **§ 3807. Authority to Set Fees.**

1 The ~~Director~~ CEO in consultation with and upon approval of the
2 GCHCBD is authorized to establish fees for health care services in accordance
3 with the Administrative Adjudication Law and as may be required to qualify
4 for grant programs. The fees shall not be deterrent to receiving health care.
5 ~~The fees shall be no less than the Medicare Regional Fees established under~~
6 ~~Title XVIII of the Social Security Act.~~

7 **§ 3808. Establishment of Regional Community Health Centers.**

8 The following Regional Community Health Centers established in the
9 past by virtue of Executive Orders and laws specifically issued for the purpose
10 ~~shall~~ may hereafter be governed by the GCHCBD and provisions of this Act:

11 (a) the Southern Regional Community Health Center
12 (‘SRCHC’), located in the village of ~~Inarajan~~ Inalåhan, which is tasked
13 to provide quality comprehensive primary health care services to all the
14 residents of ~~the Southern villages of~~ Guam;

15 (b) the Northern Regional Community Health Center
16 (‘NRCHC’), located in the Village of Dededo, which is tasked to
17 provide quality comprehensive primary health care services to all the
18 residents of ~~the Northern villages of~~ Guam; and

19 (c) such other regional community health centers that may later
20 be established by the ~~Director~~ GCHCBD for similar purpose.

21 ~~The administrative rules and regulations that may be promulgated to~~
22 ~~improve the operation and maintenance of all regional community health~~
23 ~~centers on Guam shall be in conformance with the provisions of this Article.~~
24 ~~In case of conflict, the provisions of this Article shall prevail. The overall~~
25 ~~management, budgeting, cash and property accounting, and operating~~
26 ~~oversight of all regional community health centers shall be exercised by the~~
27 ~~Director of the Department of Public Health and Social Services to whom the~~

1 Bureau head reports to, namely, the Chief Public Health Officer of the
2 Division of Public Health.

3 **§ 3809. Contractual Service.**

4 The ~~Director~~ CEO in consultation with and upon approval of the
5 GCHCBD may enter into a contractual agreement with other government
6 agencies or health care provider(s) to provide either, totally or partially,
7 Community Health Center services. The ~~Director~~ GCHCBD or CEO shall also
8 negotiate contractual agreement for reimbursement of services by the
9 beneficiaries of Health Insurance Providers or Health Maintenance
10 Organization or other entities providing health benefits, or shall allow those
11 government agencies or health care providers to seek reimbursement for their
12 services rendered in the Community Health Centers.

13 **§ 3810. Primary and Urgent Care Service.**

14 The Community Health Center shall may provide primary and urgent
15 care services based on the unavailability of such service in the community and
16 ~~shall~~ may enter into a contractual agreement with the Guam Memorial
17 Hospital Authority or other health care providers to provide such service. The
18 ~~urgent care service must be adequate to meet the following medical care:~~

19 (a) ~~conditions that are non-emergency in nature (Emergency~~
20 ~~conditions are those illness that may result in the loss of life or limb if~~
21 ~~not treated immediately.);~~

22 (b) ~~services are competent to manage and treat patients of all~~
23 ~~ages;~~

24 (c) ~~the facility shall have at least basic pharmacy, radiology,~~
25 ~~laboratory and patient transport to move cases that require a higher level~~
26 ~~of patient care management;~~

1 ~~(d) the facility shall be certifiable by either the Joint Commission~~
2 ~~of Accreditation of Health Organization or Health Care Financing~~
3 ~~Administration, or equivalent certifying health care organization~~
4 ~~acceptable by the Health Planning Council of the Division of Health~~
5 ~~Planning of DISID; and~~

6 ~~(e) the urgent care service shall consider initially opening at least~~
7 ~~five (5) days a week between the hours of 6:00 p.m. to 11:00 p.m. and~~
8 ~~extend the hours and/or days as the demand arises and availability of~~
9 ~~resources. The Director shall evaluate at least annually the service hours~~
10 ~~and/or days and make necessary adjustment based on the community~~
11 ~~needs and availability of resources in consultation with the Council.~~

12 **§ 3811. Revolving Fund.**

13 (a) Community Health Center Revolving Fund. There is hereby
14 established a Community Health Center Revolving Fund (Fund) to be
15 maintained by the ~~Administrator~~ CEO, of the Community Health Centers, ~~of~~
16 ~~the Department of Public Health & Social Services.~~ The Fund shall be
17 established and maintained in a bank account apart and separate from the
18 General Fund or any other bank account(s) of the government of Guam, and
19 shall not be co-mingled with, or a part of, the General Fund. All funds due or
20 accruing to the account from whatever source(s), as provided or authorized
21 pursuant to applicable law, inclusive of any interest, shall be deposited in the
22 Fund in its entirety immediately upon receipt by the government of Guam.

23 (1) ~~The Administrator~~ CEO of Community Health Centers, ~~of the~~
24 ~~Department of Public Health & Social Services~~ shall report monthly
25 and maintain full compliance with all financial reporting requirements
26 of the government of Guam pursuant to applicable law.

1 (2) Any and all collections deposited into and/or expenditures
2 from the Fund shall be reported to the members of the ~~Advisory Council~~
3 ~~of Community Health Centers~~ GCHCBD.

4 (b) Independent Records and Accounts. The Fund shall be maintained
5 separate and apart from all other government funds; have an independent
6 records and accounts concerning the Fund; and audited as directed by the
7 GCHCBD or the Office of Public Accountability ~~by the Public Internal~~
8 ~~Auditor or the Department of Interior for each fiscal year~~ and shall provide *I*
9 *Maga'lahaen Guahan* and ~~the Council~~ I Liheslaturan Guahan a copy of the
10 audited report.

11 (c) Deposits. All monies collected for products and services rendered at
12 the community health centers shall be accounted for and deposited into the
13 Fund and available to pay for the expenses of the community centers.

14 (d) Application. All monies deposited in the Fund shall be available to
15 be used to pay for the expenses of the community center allowable by Federal
16 regulations and guidelines as the non-Federal share of project costs in
17 accordance with the Department's grant from the U.S. Department of Health
18 and Human Services. The Fund may also be used for the following expenses:

19 (1) payment(s) for contractual services;

20 (2) payment(s) for supplies;

21 (3) payment(s) for any other expenses, which if remains unpaid may
22 result in an emergency situation as approved by the Board in a resolution;

23 (4) the Fund shall be reimbursed from other appropriated fund
24 sources for any expenditure made as a result of circumstances outlined in
25 Subsection (3) if the expenditure was budgeted from said appropriated
26 source; and

27 (5) board stipends, as provided by applicable law.

1 (6) Program income shall not be redirected, reprogrammed, or used
2 for any purpose other than the Guam Community Health Centers
3 operations.

4 (e) Accounts Receivables. The Community Health Centers
5 ~~Administrator~~ CEO, in consultation with and upon approval of the Council
6 GCHCBD, is hereby authorized to pursue accounts receivables payment in
7 whatever manner allowable by law, including contractual services for
8 collection and tax refund garnishments. The Community Health Centers
9 ~~Administrator~~ CEO shall promulgate rules and regulations through the
10 Administrative Adjudication Law governing collection and reduction of
11 uncollectible accounts receivables.

12 (f) The Community Health Centers ~~Administrator~~ CEO in consultation
13 with and upon approval of the GCHCBD shall submit an annual spending plan
14 for the Fund in accordance with and at the same time as the Bureau of Budget
15 and Management Research budget call.

16 (g) The Community Health Center ~~Council~~ CEO shall, by no later than
17 the 20th day of each ~~month~~ quarter, submit a financial report relative to the
18 status and activities of the Community Health Center Revolving Fund. The
19 ~~monthly~~ quarterly report shall be submitted, via the *Office of I Maga'lahi*, to
20 the Speaker of *I Liheslaturan Guåhan*, and the Chairpersons of the Committee
21 on Finance, and the Committee on Health of *I Liheslaturan Guåhan*. The
22 report shall, at a minimum, contain:

23 (1) all expenditures and encumbrances (monthly and year-to-
24 date);

25 (2) funds received and source(s);

1 (3) status of accounts receivable for outstanding debts and/or
2 delinquent payment obligations owed to the Community Health
3 Center(s); and

4 (4) any and all other pertinent information relative to the Fund.

5 (h) The Community Health Center Revolving Fund shall be included in
6 the government of Guam annual audit review and report.

7 (i) The funds shall be exempt from all transfer authority granted to the
8 Director of the Department of Administration, the Director of Department of
9 Health and Social Services and the Governor of Guam.

10 **§ 3812. Fee Schedule.**

11 (a) The ~~Department~~ GCHCBD is hereby authorized to implement a fee
12 schedule. The provision of this Act shall be repealed upon subsequent
13 submission and approval of the fee schedule through the Administrative
14 Adjudication Law. The fee schedule must give discounts accordingly to the
15 Federal Income Poverty Guideline. The health centers must operate in a
16 manner such that no patient shall be denied service due to an individual's
17 inability to pay.

18 (b) Individuals or families whose income falls below the federal
19 poverty guidelines shall apply for subsidized medical services through the
20 Medically Indigent Program or other medically subsidized program.

21 (1) The Program shall submit a billing claim to the Guam
22 Medically Indigent Program Administrator for the necessary amount to
23 recover the cost of services rendered to the Medically Indigent Program
24 patients at the fee schedule rates established for reimbursement
25 pursuant to applicable law, rules and regulations.

26 (A) Notwithstanding any other provision of law, rule or
27 regulation, for the purposes of billing and collections, the

1 Community Regional Health Centers Program shall be deemed
2 apart and separate from the Department, and the Guam Medically
3 Indigent Program shall promptly remit payment to the Program
4 as reimbursement for services rendered to MIP patients, for
5 deposit into the Community Health Center Revolving Fund.

6 **§ 3813. ~~Advisory Council on~~ Guam Community Health Centers**
7 **Board of Directors (GCHCBD).**

8 (a) ~~Council~~ GCHCBD Established. There shall be established
9 within the Bureau an ~~Advisory Council on a~~ Guam Community Health
10 Centers Board of Directors (“~~Council~~GCHCBD”) to serve in an
11 advisory governing capacity and maintains oversight of the Community
12 Health Centers. ~~for each Region. The Council shall consist of seven~~
13 ~~(7) members appointed by~~ *I Maga'laha* ~~Guahan~~ [Governor]. Members
14 of the Council shall include a Village Mayor from the Region of the
15 Community Health Center and one (1) of the Municipal Planning
16 Council member from the Region, other than the Mayor or the Mayor's
17 staff, which shall serve their term as long as they are serving in their
18 respective positions. The other members of the Council shall serve for
19 four (4) years; provided that, of the members first appointed two (2)
20 shall serve for two (2) years and three (3) shall serve for four (4) years.

21 (b) ~~Officers; Meeting Requirements.~~ The Council shall
22 annually elect a Chairperson, Vice Chairperson and Recorder from
23 among its membership. The Council shall meet at least quarterly at such
24 time and place as the Chairperson may designate. Meetings shall be
25 well publicized and shall be open to the public. The Director or the
26 Division Head, or both, shall be present on all Council GCHCBD
27 meetings. Executive sessions are permitted only in accordance with the

1 ~~Open Government Law. Four (4) members shall constitute a quorum of~~
2 ~~the Council for the transaction of business. The concurrence of a~~
3 ~~majority of the members present shall constitute official action of the~~
4 ~~Council.~~

5 (a) The composition of the board shall be defined by the GCHCBD
6 bylaws and shall at a minimum adhere to the following Health Resources and
7 Services Administration (HRSA) requirements, subject to updates in HRSA
8 rules:

9 (i) The health center's governing board must consist of at least 9
10 and no more than 25 members.

11 (ii) The majority [at least 51 percent] of the health center board
12 members must be patients served by the health center. Patient board
13 members are also often referred to as "user" or "consumer" board
14 members. However, for the purposes of this chapter, only the term
15 "patient" or "non-patient" board member will be used for ease of
16 reference. These health center patient board members must, as a group,
17 represent the individuals who are served by the health center in terms
18 of demographic factors, such as race, ethnicity, and gender.

19 (iii) Non-patient health center board members must be
20 representative of the community served by the health center and must
21 be selected for their expertise in relevant subject areas, such as
22 community affairs, local government, finance and banking, legal
23 affairs, trade unions, and other commercial and industrial concerns, or
24 social service agencies within the community.

25 (iv) Of the non-patient health center board members, no more
26 than one-half may derive more than 10 percent of their annual income
27 from the health care industry.

1 (v) A health center board member may not be an employee of the
2 center, or spouse or child, parent, brother or sister by blood or marriage
3 of such an employee. The CEO may be a non-voting, ex-officio
4 member of the board.

5 (vi) The health center bylaws or other internal governing rules
6 must prescribe the process for selection and removal of all governing
7 board members. This selection process must ensure that the governing
8 board is representative of the health center patient population. The
9 selection process in the bylaws or other rules is subject to approval by
10 HRSA.

11 (b) The GCHCBD may amend their by-laws as may be necessary for
12 the conduct and administration of its activities and the exercise of the powers
13 and performance of the duties conferred or imposed upon the CHC or the
14 Board by this Chapter.

15 (c) The GCHCBD may adopt such rules and regulations pursuant to the
16 Administrative Adjudication Act as may be necessary for the exercise of the
17 powers and performance of the duties conferred or imposed upon the CHC or
18 the Board by this Chapter.

19 ~~(e)~~ (d) Compensation. The compensation that members of the ~~Advisory~~
20 ~~Council~~ GCHCBD may receive shall be the compensation provided by Guam
21 law.

22 (e) The GCHCBD may enter into a co-applicant agreement with
23 another government of Guam agency for purposes of meeting Health Center
24 Program requirements.

25 **§ 3814. Duties of ~~Council~~ Guam Community Health Centers Board**
26 **of Directors.**

1 The ~~Council~~ GCHCBD shall develop bylaws which specify the
2 responsibilities of the board, review and approve the plans and programs of
3 the Community Health Centers ~~by the Bureau~~ and for that purpose shall
4 perform the following duties:

5 (a) review and ~~make recommendation~~ approve ~~of the~~
6 ~~Bureau's~~ annual budget for the Community Health Centers;

7 (b) review and ~~make recommendation~~ approve ~~of the~~
8 ~~Bureau's~~ three (3) - year Plan and its annual update for the Community
9 Health Centers;

10 (c) periodically review available and needed services
11 provided by the Centers;

12 (d) promote the utilization and assistance of interested
13 persons, including recovered clients, volunteering their service to the
14 patients of the Center in whatever qualified service they can provide;
15 and

16 (e) review and comment on all new and renewed Federal
17 grants applications.

18 (f) Shall approve by resolution all expenditures allowed in §
19 3811 of this Chapter greater than Five Thousand Dollars (\$5,000);

20 (g) may approve by resolution a Memorandum of
21 Understanding between the Community Health Centers and the
22 Department of Revenue and Taxation to garnish income tax refunds of
23 recipients of products and services rendered by the Community Health
24 Centers who have not fulfilled their payment obligation for said
25 products and services. The Board shall adopt a policy to govern the
26 referral of such tax refund garnishment requests to the Department of
27 Revenue and Taxation.

1 **§ 3815. Repeal. Transition to Full Autonomy.**

2 ~~Executive Order Nos. 70 25 and 86 05 pertaining to the Southern~~
3 ~~Regional Community Health Center are hereby repealed.~~

4 A three (3) year transition period shall commence upon enactment of
5 this Act, during which the GCHC shall work toward full administrative and
6 operational independence. Upon completion of the transition period, all
7 duties, authorities, and resources currently administered by the Department of
8 Public Health and Social Services (DPHSS) under the Guam Community
9 Health Centers Program, pursuant to Article 8, Chapter 3 of Title 10, Guam
10 Code Annotated, shall be fully transferred to the GCHC as established under
11 this Chapter.

12 (a) The GCHC shall directly apply for federal grants and assume
13 responsibility for all federal compliance, program administration, and
14 service delivery functions for the program.

15 (b) All real and personal property, facilities, equipment, supplies,
16 and financial assets allocated to the Guam Community Health Centers
17 Program under DPHSS shall be transferred to the CHC.

18 (c) All employees assigned to the Guam Community Health
19 Centers Program under DPHSS shall be transferred to the GCHC.
20 Transferred personnel shall retain their current employment status,
21 salaries, accrued benefits, and rights under applicable government
22 employment laws.

23 (d) The current bylaws shall remain in effect for twelve (12)
24 months or until new bylaws can be adopted, whichever comes first.

25 (e) Notwithstanding any other provision of this Article, the
26 Department of Administration (DOA), shall provide interim technical
27 assistance to the GCHC, in the following areas:

1 (i) Developing and implementing its own financial
2 management system, including accounting, payroll, and other
3 internal fiscal controls.

4 (ii) Establishing a human resource management system for
5 hiring.

6 (iii) Assist the GCHC in developing and adopting
7 procurement rules and procedures consistent with applicable
8 government and federal guidelines.

9 (f) All contracts' agreements, and memoranda of understanding
10 or agreement related to the Guam Community Health Centers Program
11 shall remain in effect unless terminated by the GCHC.

12 (g) Upon request by the GCHC and with notification submitted
13 to I Maga'hågan Guåhan and I Liheslaturan Guåhan, the transition
14 period may be extended for one (1) year at a time, not to exceed a total
15 of three (3) additional years. Any request for extension shall include a
16 status report on transition progress and a revised timeline for
17 completion.

18 **§ 3816. Effective Date Repeal.**

19 ~~The provisions contained in this Act shall take effect upon enactment.~~
20 Executive Order Nos. 70-25 and 86-05 pertaining to the Southern Regional
21 Community Health Center are hereby repealed.

22 **§ 3817. Severability Effective Date.**

23 ~~If any of the provisions of this Act or the application thereof to any~~
24 ~~person or circumstance are held invalid, such invalidity shall not affect any~~
25 ~~other provision or application of this Act, which can be given effect without~~
26 ~~the invalid provision or application, and to this end the provisions of this Act~~

1 ~~are severable.~~ The provisions contained in this Act shall take effect upon
2 enactment.

3 **§ 3818. Severability.**

4 If any of the provisions of this Act or the application thereof to any
5 person or circumstance are held invalid, such invalidity shall not affect any
6 other provision or application of this Act, which can be given effect without
7 the invalid provision or application, and to this end the provisions of this Act
8 are severable."

9 **Section 3. Authorization for Amendments by the Compiler of Laws**

10 Pursuant to §1606 Chapter 16, Title 1 GCA, the Compiler of Laws is hereby
11 authorized to make amendments to Chapter 3 of Title 10 Guam Code Annotated
12 including renumbering or rearranging the Chapter so that it fits harmoniously within
13 the Guam Code Annotated.



COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson
I Mina'trentai Ocho Na Liheslaturan Guåhan
38th Guam Legislature

October 9, 2025

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

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

Subject: **Fiscal Note for Bill No. 169-38 (COR)**

Håfa Adai!

Find the attached, Fiscal Note for the following bill:

Bill No. 169-38 (COR).

I also request that the same be sent to the respective Chairperson of the Standing Committee, to which this bill has been referred. Kindly copy the same to Management Information Services (MIS) for posting on our website.



Bureau of Budget & Management Research
Fiscal Note of Bill No. 169-38 (COR)

AN ACT TO AMEND AND RENUMBER ARTICLE 8 OF CHAPTER 3, TITLE 10 GUAM CODE ANNOTATED TO A NEW CHAPTER 98 TO TITLE 10 GUAM CODE ANNOTATED RELATIVE TO ESTABLISHING GUAM COMMUNITY HEALTH CENTERS AS AN AUTONOMOUS AGENCY.

Department/Agency Appropriation Information

Dept./Agency Affected: Department of Public Health & Social Services	Dept./Agency Head: Theresa C Arriola, Director
Department's General Fund (GF) appropriation(s) to date: Operations (\$59,693,405); Health Insurance Premiums for Foster Children (\$2,359,215); Child Protective Services Program (\$2,220,129); Bureau of Social Services Administration (\$7,558,215); Grants for Homelessness (\$500,000)	\$72,330,964
Department's Other Fund appropriation(s) to date: Environmental Health Fund (\$1,586,489); Health Professional Licensing Office Revolving Fund (\$333,181); Office of Vital Statistics Revolving Fund (\$224,713); DPHSS Sanitary Inspection Revolving Fund (\$481,089); Healthy Futures Fund for Guam Cancer Registry (\$389,144)	\$3,014,616
Total Department/Agency Appropriation(s) to date:	\$75,345,580

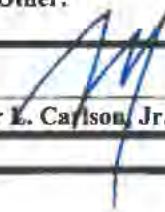
Fund Source Information of Proposed Appropriation

	General Fund:	(Specify Special Fund):	Total:
FY 2025 Unreserved Fund Balance		\$0	\$0
FY 2026 Adopted Revenues	\$0	\$0	\$0
FY 2026 Appro. (P.L. 38-60)	\$0	\$0	\$0
Sub-total:	\$0	\$0	\$0
Less appropriation in Bill	\$0	\$0	\$0
Total:	\$0	\$0	\$0

Estimated Fiscal Impact of Bill

	One Full Fiscal Year	For Remainder of FY 2026 (if applicable)	FY 2027	FY 2028	FY 2029	FY 2030
General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Special Fund	\$0	\$0	\$0	\$0	\$0	\$0
Total 1/	\$0	\$0	\$0	\$0	\$0	\$0

- | | | |
|---|---------------------------------|--------------------------------|
| 1. Does the bill contain "revenue generating" provisions?
If Yes, see attachment | / / Yes | / X / No |
| 2. Is amount appropriated adequate to fund the intent of the appropriation?
If no, what is the additional amount required? \$ _____ | / X / N/A
/ X / N/A | / / Yes
/ / No |
| 3. Does the Bill establish a new program/agency?
If yes, will the program duplicate existing programs/agencies?
Is there a federal mandate to establish the program/agency? | / / Yes
/ X / N/A
/ / Yes | / X / No
/ / No
/ X / No |
| 4. Will the enactment of this Bill require new physical facilities? | / / Yes | / X / No |
| 5. Was Fiscal Note coordinated with the affected dept/agency? If no, indicate reason:
/ / Requested agency comments not received by due date | / X / Yes
/ / Other: | / / No |

Analyst:  Tyler Bautista, BMA II	Date: 10/07/2025	Director:  Lester L. Carlson, Jr., Director	Date: OCT 08 2025
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Notes:
1/ See attached comments.

BUREAU OF BUDGET AND MANAGEMENT RESEARCH
COMMENTS ON BILL NO. 169-38 (COR)

The proposed legislation intends to Amend and renumber Article 8 of Chapter 3, Title 10 Guam Code Annotated to a new Chapter 98 to Title 10 Guam Code Annotated to establish the Guam Community Health Centers (GCHC) as a public corporation and autonomous instrumentality. Currently, the GCHC is administered by the Department of Public Health and Social Services (DPHSS).

Per the legislative findings and intent, the transition of the GCHC to an autonomous agency will ensure stronger oversight, better governance, and alignment with federal requirements, including the Health Resources and Services Administration (HRSA) Health Centers Program Compliance Manual due to current compliance challenges. The intent of *I Liheslaturan Guahan* is to provide permanent guidelines to govern the creation, operation and maintenance of the GCHC to provide basic quality health to the residents of Guam.

The proposed legislation seeks to establish a Board of Directors (GCHCBD) to govern the GCHC, in addition to the Chief Executive Officer (CEO). The GCHCBD and CEO shall adhere to the federal program requirements as stipulated by the HRSA rules and regulations. The implementation of a new Chapter 98 to Title 10 Guam Code Annotated will delineate the provisions on the operation of the GCHC as an autonomous entity, to include personnel (CEO, CFO, Medical Director, etc.), General Duties, Federal Grants, fee schedules, healthcare services that may be provided, funding source, and establish the duties of the GCHCBD. The CHC Revolving Fund is a potential source of annual revenue maintained in a bank account separate from the General Fund. The proposed legislation authorizes the CEO and the GCHCBD to set fees and implement a fee schedule in which funds collected are to be deposited into the CHC revolving fund for operational needs; however, the CHC shall not deny service to any individual due to an individual's inability to pay.

Further, the proposed legislation reflects that the transition to full autonomy shall be within a three (3) year period, upon commencement of the proposed legislation. Upon completion of the transition period, all duties, authorities, and resources currently administered by the DPHSS under the CHC Program shall be fully transferred to the GCHC. This will allow the GCHC to apply directly for federal grants. Additionally, all real and personal property, facilities, equipment, supplies, and financial assets allocated to the GCHC under the DPHSS shall be transferred to the GCHC. Employees assigned to the CHC Program at DPHSS shall be transferred to the GCHC at the same employment status, salaries, benefits accrued, and rights under applicable government employment laws. The transition period may be extended by one (1) year at a time, not to exceed an additional three (3) years; however, any request for extension shall include a status report on transition progress and a revised timeline for completion. Lastly, the proposed legislation seeks to repeal Executive Order Nos. 70-25 and 86-05 which pertains to the establishment of the Southern Regional Community Health Center.

Although mainly administrative in nature, the proposed legislation seeks to relieve the duties of administering the CHC Program from the DPHSS. In correspondence with the DPHSS, it is noted that the annual personnel cost is roughly \$6 million. The FY2025 funding sources that cover the \$6M personnel costs are HRSA (\$2.1M), Behavioral Health Grants (\$600K), Family Planning Grants (\$150K), and Patient Service Revenue (\$2.8M). The CHC Program currently runs on program income and federal grants without any subsidy from the General Fund appropriation to the DPHSS. Per the DPHSS, a transition to full autonomy will allow the GCHC to 1) respond faster to community health needs, 2) fully meet HRSA-FQHC requirements, 3) expand services, such as after-hours urgent care, and 4) streamline the hiring process of much-needed medical professional and support staff to fill current vacancies. Further, the transition to full autonomy will require building a new administrative capacity, such as, a Chief Financial Officer (CFO), Compliance, HR, and procurement staff, and legal and auditing support staff in addition to implementing new systems for infrastructure (payroll and HR management, procurement and supply chain management, financial management and accounting, and compliance monitoring and audit tracking).

Per the DPHSS, a one-time appropriation of \$1.9M would cover the estimated first-year cost impact for staffing and infrastructure (\$1.0M to \$1.4M) and for support urgent care expansion (\$500K) as the personnel and operations of

evening urgent care is estimated to be between \$700K and \$800K per annum, in which Medicaid reimbursement is projected to cover only between \$200K to \$300K per year, unless reimbursement rates improve or experience an increase in patient volume to improve program income. The DPHSS is in full support of the GCHC's move to full autonomy to provide a more efficient, community-driven health care system for Guam to deliver lasting benefits for its constituents.