

I MINA'TRENTAI SAIS NA LIHESLATURAN GUÅHAN
2021 (FIRST) Regular Session
VOTING RECORD

Resolution No. 42-36 (COR)	Speaker Antonio R. Unpingco Legislative Session Hall Guam Congress Building April 30, 2021					
NAME	Aye	Nay	Not Voting/ Abstained	Out During Roll Call	Absent	Excused
Senator V. Anthony Ada	√					
Senator Frank Blas Jr.	√					
Senator Joanne Brown	√					
Senator Christopher M. Dueñas	√					
Senator James C. Moylan	√					
Vice Speaker Tina Rose Muña Barnes	√					
Senator Telena Cruz Nelson	√					
Senator Sabina Flores Perez	√					
Senator Clynton E. Ridgell	√					
Senator Joe S. San Agustin	√					
Senator Amanda L. Shelton	√					
Senator Telo T. Taitague	√					
Senator Jose "Pedo" Terlaje	√					
Speaker Therese M. Terlaje	√					
Senator Mary Camacho Torres	√					

TOTAL

15

0

Aye

Nay

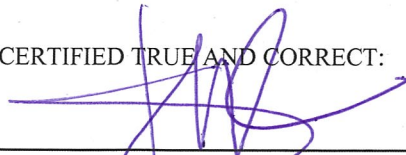
**Not
Voting/
Abstained**

**Out
During
Roll Call**

Absent

Excused

CERTIFIED TRUE AND CORRECT:



RENNAE V. C. MENO
 Clerk of the Legislature

I = Pass

I MINA'TRENTAI SAIS NA LIHESLATURAN GUÅHAN
2021 (FIRST) Regular Session

Resolution No. 42-36 (COR)

*

Introduced by:

Telena Cruz Nelson
Therese M. Terlaje
Amanda L. Shelton
Mary C. Torres
Clynton E. Ridgell
V. Anthony Ada
Joe S. San Agustin
Tina Rose Muña Barnes
Joanne Brown
Jose "Pedo" Terlaje
James C. Moylan

Relative to expressing the support of *I Mina'trentai Sais na Liheslaturan Guåhan* for the passage of H.R. 265, the "Insular Area Medicaid Parity Act," introduced by the Honorable Gregorio Kili Camacho Sablan, CNMI Delegate, and the Honorable Michael F.Q. San Nicolas, Guam Delegate, which eliminates the general Medicaid funding limitations for U.S. territories; and to further support the protection of access to healthcare and the federal funding that ensures the necessary resources for Medicaid programs benefiting the people of Guam and all the U.S. territories.

1 **BE IT RESOLVED BY *I MINA'TRENTAI SAIS NA LIHESLATURAN***
2 ***GUÅHAN*:**

3 **WHEREAS**, the Medicaid program was established in 1965 pursuant to U.S.
4 Public Law 89-97 and is authorized under Title XIX of the Social Security Act (SSA).

1 The program serves as the largest source of public health insurance in the nation; and
2 mandatory benefits include, but are not limited to, lab and X-ray services, inpatient
3 hospital services, home health services, and freestanding birth centers, along with other
4 optional benefits for states and certain territories; and

5 **WHEREAS**, from its establishment, Medicaid worked in service of the elderly
6 and certain low-income individuals. Since then, it has welcomed steady population
7 growth and now covers a wider demographic. Under the Patient Protection and
8 Affordable Care Act, Medicaid expanded its programs to serve a new adult group with
9 incomes below one hundred thirty-three percent (133%) of the poverty level; and, the
10 provision covers low-income adults sixty-five (65) years and younger, including parents
11 and adults without dependent children (U.S. Pub. L. No. 111-48, as amended); and

12 **WHEREAS**, the Medicaid expansion program known as the Children’s Health
13 Insurance Program (CHIP) provides health coverage for enrolled children through both
14 Medicaid and separate CHIP programs; and, similar to Medicaid, it is jointly funded by
15 local and federal governments; and

16 **WHEREAS**, an omnibus COVID relief bill signed into law on December 28,
17 2020 extended Medicaid services to Compact of Free Association (COFA) citizens, and
18 the law serves an estimated one hundred thousand (100,000) COFA migrants who live
19 in the fifty (50) U.S. states and the District of Columbia, and who meet all Medicaid
20 eligibility rules; and

21 **WHEREAS**, Medicaid is offered in all the U.S. territories, including Guam,
22 American Samoa, the Commonwealth of the Northern Mariana Islands (CNMI), the
23 Commonwealth of Puerto Rico, and the United States Virgin Islands (USVI); and

24 **WHEREAS**, Medicaid was established on Guam in 1975 and is administered by
25 the Guam Department of Public Health and Social Services (DPHSS); and

1 **WHEREAS**, the program operates on a fee-for-service (FFS) basis, and nearly
2 twenty-one percent (21%) of Guam’s residents are enrolled in Medicaid. While Guam,
3 Puerto Rico, and the USVI are required to provide mandatory Medicaid benefits, Guam
4 is the only U.S. territory to do so, also providing the optional benefits of dental and
5 prescription services; and

6 **WHEREAS**, an increase in Medicaid funding aided one-fifth of the island’s
7 population during the unprecedented effects of the COVID-19 pandemic. Guam’s
8 primary public hospital, Guam Memorial Hospital (GMH), reported that its Medicaid
9 collections for Fiscal Year 2020 (FY 2020) increased to \$26,999,457, which is \$9.4
10 million dollars more than the Fiscal Year 2019 (FY 2019) collections set at
11 \$17,579,613. The recent FY 2020 appropriations package and the Families First
12 Coronavirus Response Act increased Guam’s federal Medicaid allotment from \$18.4
13 million dollars to \$130.9 million dollars (U.S. Pub. L. No. 116-94; U.S. Pub. L. No.
14 116-127). The FY 2021 allotment was raised from approximately \$18.8 million dollars
15 to \$129.7 million dollars; and

16 **WHEREAS**, while the U.S. Congress has provided limited supplemental federal
17 Medicaid funds to Guam and other territories on several occasions, the territories only
18 have access to federal dollars that are not to exceed the annual, mandatory ceiling
19 amount provided in § 1108(c)(4) of the SSA. If federal dollars are exhausted, local funds
20 are used to fund the program. This is unlike the states where federal Medicaid spending
21 is open-ended; and

22 **WHEREAS**, the Federal Medical Assistance Percentage (FMAP) for Guam and
23 the territories is statutorily set at fifty-five percent (55%) , unlike that of the states where
24 the FMAP is set using a formula based on state per capita income. [*See* 42 U.S.C. §
25 1396d(b)]. For FY 2020 and FY 2021, Guam has a temporary FMAP of eighty-three
26 percent (83%); and, during the national public health emergency declared in response

1 to the COVID-19 outbreak, Guam received the 6.2 percentage point increase provided
2 by the Families First Coronavirus Response Act (FFCRA) to all states and territories,
3 which went into effect January 1, 2020. This increase brought Guam’s FMAP to 89.2
4 percent, and Guam also received a one hundred percent (100%) CHIP enhanced FMAP
5 during the emergency period. Like the states and other territories, Guam’s matching rate
6 for almost all program administrations is set at fifty percent. [*See* 42 U.S.C. §
7 1396b(a)(7)]; and

8 **WHEREAS**, while Medicaid administered a funding increase for FY 2020 and
9 FY 2021, the annual allotment for the fiscal years succeeding FY 2021 will revert back
10 to a fifty-five percent (55%) federal matching rate. This means that if Guam were to
11 spend \$10 million dollars in local funds for Medicaid services, the federal government
12 would provide \$12.2 million dollars, or fifty-five percent (55%), which is only five
13 percent (5%) above the statutory minimum; and

14 **WHEREAS**, H.R. 265 recognizes the need to address the inequitable distribution
15 of federal funds to the territories as they face a unique set of challenges due to their
16 geographic locations. The U.S. Department of Health and Human Services designated
17 Guam as a Health Professional Shortage Area (HPSA) and a Medically Underserved
18 Area (MUA). These designations demonstrate a need for more health care providers,
19 practitioners, and health-related resources. The shortage in certain physician specialists
20 and specialty care nurses is only expected to increase in the succeeding years; and

21 **WHEREAS**, architects and engineers from the Army Corps of Engineers
22 (ACOE) deemed the Guam Memorial Hospital to be in an overall state of failure, citing
23 pre-existing issues that include unsafe infrastructure, an outdated HVAC (heating,
24 ventilation, and air conditioning) system, and a lack of financial resources available to
25 adequately address these pressing issues. The cost of repairs recommended by ACOE

1 is an estimated \$21 million dollars and would go towards replacing the existing facility
2 and immediately repairing critical life safety items; and

3 **WHEREAS**, adding to the financial strains of the Guam Memorial Hospital
4 Authority (GMHA), it reported up to \$145.5 million dollars in uncollectable debt for
5 the ending of FY 2019. The average debt acquired from patient receivables is estimated
6 to be \$16.5 million dollars annually, meaning GMHA receives twenty-seven cents (27¢)
7 per dollar for self-pay patients. With the \$658,000 decrease in federal grants for FY
8 2019, GMHA is further burdened by its negatively operating cash flow; and

9 **WHEREAS**, recognizing the need for additional federal funding for the U.S.
10 territories, the Honorable Gregorio Kilili Camacho Sablan, Delegate from the
11 Commonwealth of the Northern Mariana Islands, introduced H.R. 265, titled the
12 “Insular Area Medicaid Parity Act.” The bill is further supported by several U.S. state
13 representatives and the Honorable Michael F.Q. San Nicolas, Guam Delegate. The Act
14 provides that Section 1108, Section 1902, and Section 1903 of the SSA, relative to the
15 allocation of federal funds to territories, be amended to eliminate the cap on Medicaid
16 funding provided by the federal government. [*See* H.R. 265, 117th Congress (2021)];
17 and

18 **WHEREAS**, the additional funds would increase the capacity of the medical
19 community to provide a steadier allocation of resources and programs geared toward
20 improving health services. These financial resources could go towards several capital
21 projects that are currently unfunded and address GMHA’s dire need for personnel,
22 which would help stabilize the Hospital’s financial health; and

23 **WHEREAS**, increasing the funding that goes towards health care should not be
24 contingent on a pandemic but should be a matter discussed for communities in need
25 even beyond the impacts of COVID-19, and the “Insular Area Medicaid Parity Act”
26 would provide a more equitable distribution of federal funds to territories and ensure

1 that Guam’s FMAP is proportionate to the financial needs of the island; and, H.R. 265
2 would aid not only the health of low-income individuals, but the wider community as a
3 whole; and

4 **WHEREAS**, despite the persistent challenges to Guam’s medical community,
5 the joint efforts of local and federal entities have done much in service to the people of
6 Guam; however, more can and should be done, and the continued efforts and support
7 of local and state representatives is crucial to protecting the public’s access to Medicaid
8 and health care; now therefore, be it

9 **RESOLVED**, that *I Mina'trentai Sais Na Liheslaturan Guåhan* does hereby, on
10 behalf of the people of Guam, express its support for the passage of H.R. 265, the
11 “Insular Area Medicaid Parity Act,” and for protecting access to healthcare and federal
12 assistance that ensures the necessary resources for Medicaid programs benefiting the
13 people of Guam and all the U.S. territories; and be it further

14 **RESOLVED**, that the Speaker certify, and the Legislative Secretary attest to, the
15 adoption hereof, and that copies of the same be thereafter transmitted to the Honorable
16 Senator Charles Schumer, U.S. Senate Majority Leader; to the Honorable Senator Mitch
17 McConnell, U.S. Senate Minority Leader; to the Honorable Nancy Pelosi, Speaker of
18 the House; to the Honorable Congressman Frank Pallone, Jr., Chairman, Committee on
19 Energy and Commerce; to the Honorable Congresswoman Anna G. Eshoo,
20 Chairwoman, Health Subcommittee; to the Honorable Gregorio Kilili Camacho Sablan,
21 Delegate from the Commonwealth of the Northern Mariana Islands; to the Honorable
22 Michael F.Q. San Nicolas, Delegate from Guam; and to the Honorable Lourdes A. Leon
23 Guerrero, *I Maga'hågan Guåhan*.

DULY AND REGULARLY ADOPTED BY I MINA'TRENTAI SAIS NA LIHESLATURAN GUÅHAN ON THE DAY OF APRIL 2021.

THERESE M. TERLAJE
Speaker

AMANDA L. SHELTON
Legislative Secretary