



EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

February 29, 2012

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Unu Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guam 96910

011-2-1370000

Dear Madame Speaker:

Transmitted herewith is Bill No.276-31 (COR) "AN ACT TO REQUIRE THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES TO CONDUCT A FEASIBILITY STUDY ON PROVIDING AFTER-HOUR URGENT CARE SERVICES AT THE PUBLIC HEALTH CENTERS", which I signed into law on February 27, 2012 as **Public Law 31-184**.

Senseramente.

RAY TENORIO
I Maga'láhen Guåhan para pa'go
Acting Governor of Guam

69
31-11-1370000

Office of the Speaker
Judith T. Won Pat, Ed. D.

Date 2/29/12
Time 3:18
Received by JD

Attachment: copy of Bill

I MINA'TRENTAI UNU NA LIHESLATURAN GUÅHAN
2012 (SECOND) Regular Session

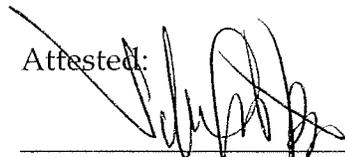
CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUÅHAN

This is to certify that Bill No. 276-31 (COR), "AN ACT TO REQUIRE THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES TO CONDUCT A FEASIBILITY STUDY ON PROVIDING AFTER-HOUR URGENT CARE SERVICES AT THE PUBLIC HEALTH CENTERS", was on the 17th day of February, 2012, duly and regularly passed.



Judith T. Won Pat, Ed.D.
Speaker

Attested:



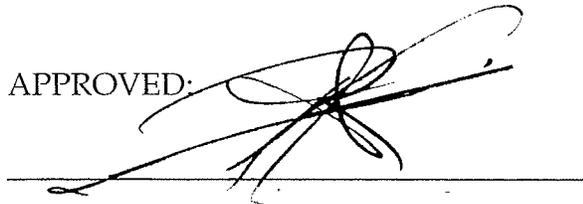
Tina Rose Muña Barnes
Legislative Secretary

This Act was received by *I Maga'lahaen Guåhan* this 17 day of FEB, 2012, at 1:22 o'clock P.M.



Assistant Staff Officer
Maga'lahi's Office

APPROVED:



RAYMOND S. TENORIO
Acting Governor of Guam

Date:

Feb. 27, 2012

Public Law No. 31-184

I MINA'TRENTAI UNU NA LIHESLATURAN GUÅHAN
2011 (FIRST) Regular Session

Bill No. 276-31 (COR)

Introduced by:

V. Anthony Ada
v. c. pangelinan
T. C. Ada
F. F. Blas, Jr.
B. J.F. Cruz
Chris M. Dueñas
Judith P. Guthertz, DPA
Sam Mabini, Ph.D.
T. R. Muña Barnes
Adolpho B. Palacios, Sr
R. J. Respicio
Dennis G. Rodriguez, Jr.
M. Silva Taijeron
Aline A. Yamashita, Ph.D.
Judith T. Won Pat, Ed.D.

**AN ACT TO REQUIRE THE DEPARTMENT OF
PUBLIC HEALTH AND SOCIAL SERVICES TO
CONDUCT A FEASIBILITY STUDY ON PROVIDING
AFTER-HOUR URGENT CARE SERVICES AT THE
PUBLIC HEALTH CENTERS.**

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

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds
3 that a significant number of patients seen and treated at the GMH emergency room
4 can be classified as urgent care cases, rather than emergency or triage cases. It has
5 been a widely accepted belief within the medical and health insurance
6 communities that the GMH emergency room is the most expensive urgent care

1 clinic on Guam. The GMH emergency room is also the *only* source of urgent care
2 treatment for most people between the hours of 5:00 p.m. and 8:00 a.m. on
3 weekdays; and twenty-four (24) hours on weekends.

4 It is the intent of *I Liheslatura* to provide the residents of Guam, regardless
5 of means, with after-hour urgent care medical services in the northern, east-central
6 and southern areas of Guam.

7 **Section 2.** The Guam Department of Public Health and Social Services
8 *shall* conduct a Feasibility Study on providing after-hour urgent care services at
9 the Public Health Centers.

10 **Scope of the Feasibility Study.**

11 (a) **Clinic Operator.** The study *shall* include, but *not* be limited
12 to, the viability of the following options:

13 (1) A clinic administered and operated by the Guam
14 Department of Public Health and Social Services (DPHSS) personnel,
15 that may include full-time and part-time positions.

16 (2) A clinic administered and operated by an independent
17 contractor of the Guam Department of Public Health and Social
18 Services (DPHSS).

19 (3) A fully private clinic operated by a private organization,
20 rent, utility and insurance free; in exchange for accepting MIP,
21 Medicaid and self-paying patients.

22 (b) **Minimum Standards.** All options *shall* meet the minimum
23 industry standards for an urgent care clinic that may include diagnostic
24 equipment, such as x-ray, ultrasound and electrocardiogram equipment, lab
25 facilities for obtaining specimens, and a pharmacy or dispensary.

1 (c) **Funding Support.** All options *shall* consider the factor of
2 accepting self-pay and insured patients as a means to defray and/or support
3 the cost of operations.

4 **Section 3. Presentation of the Feasibility Study.** The feasibility study
5 required herein *shall* be presented to the Speaker of *I Liheslatura* within six (6)
6 months of the enactment of this Act.

7 **Section 4. Appropriation.** *I Maga'lahen Guåhan* is authorized to
8 transfer *up to* Ten Thousand Dollars (\$10,000) from any unencumbered
9 appropriations of the General Fund or Healthy Futures Fund to cover the cost of
10 the feasibility study authorized herein.



Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.

I Mina'trentai Unu Na Liheslaturan Guåhan

CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

October 24, 2011

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Unu Na Liheslaturan Guåhan
155 Hesler Place
Hagåtña, Guam 96910

2011 OCT 27 PM 11:55
W

VIA: The Honorable Rory J. Respicio *Rory J. Respicio*
Chairperson, Committee on Rules

RE: Committee Report – Bill No. 276-31(COR)

Dear Speaker Won Pat:

Transmitted herewith, for your consideration, is the **Committee Report on BILL NO. 276-31(COR)- An act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers;** Sponsored by Senator V. Anthony Ada, and referred to the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform. Bill No. 276-31(COR) was publicly heard on September 15, 2011.

Committee votes are as follows:

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

Senseramente,

Senator Dennis G. Rodriguez, Jr.
Chairman

Attachments



Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.

I Mina'trentai Unu Na Liheslaturan Guåhan

CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

**COMMITTEE REPORT
ON**

Bill 276-31 (COR)

Sponsored by: Senator V. Anthony Ada

BILL NO. 276-31(COR)- An act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers.



Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.

I Mina'trentai Unu Na Liheslaturan Guåhan

CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

October 20, 2011

MEMORANDUM

To: **ALL MEMBERS**
Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform.

From: **Senator Dennis G. Rodriguez, Jr.** *ej*
Committee Chairperson

Subject: **Committee Report on Bill no. 276-31(COR).**

Transmitted herewith, for your consideration, is the **Committee Report on BILL NO. 276-31(COR)- An act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers;** Sponsored by Senator V. Anthony Ada.

This report includes the following:

- Committee Voting Sheet
- Committee Report Narrative/Digest
- Copy of Bill No. 276-31 (COR)
- Public Hearing Sign-in Sheet
- Copies of Submitted Testimony and Supporting Documents
- Copy of COR Referral of Bill No. 276-31 (COR)
- Notices of Public Hearing (1st and 2nd)
- Copy of the Public Hearing Agenda
- Related News Articles (Public hearing publication of public notice)

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

Si Yu'os Ma'åse'!

Attachments



Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.

I Mina'trentai Unu Na Liheslaturan Guåhan

CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

COMMITTEE VOTING SHEET

BILL NO. 276-31(COR)- An act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers; Introduced by Sen. V. Anthony Ada

	SIGNATURE	TO PASS	NOT TO PASS	ABSTAIN	REPORT OUT ONLY	PLACE IN INACTIVE FILE
DENNIS G. RODRIGUEZ, Jr. Chairman					✓ 10/20/11	
ADOLPHO B. PALACIOS, Sr. Vice Chairman					✓ 10/20/11	
JUDITH T. WON PAT, Ed.D. Speaker						
BENJAMIN J. F. CRUZ Vice-Speaker					✓ 10/24/11	
TINA ROSE MUÑA BARNES Legislative Secretary					✓	
THOMAS C. ADA	TC C. ADA				✓ 10/24/11	
VICENTE C. PANGELINAN						
RORY J. RESPICIO						
JUDITH P. GUTHERTZ, DPA						
FRANK F. BLAS, Jr.	FB				10/24/11	
V. ANTHONY ADA						
ALINE A. YAMASHITA, Ph.D.					10/24/11	
SAM MABINI, Ph.D.						
MANA SILVA TAIJERON					10/24/11 ✓	
CHRISTOPHER M. DUENAS	CD		✓		10/24/11	



Ufisinan Todu Guam
SENATOR DENNIS G. RODRIGUEZ, Jr.
I Mina'trentai Unu Na Liheslaturan Guåhan
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

COMMITTEE REPORT DIGEST

Bill No. 276-31(COR)

I. OVERVIEW: The Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform conducted a public hearing on September 15, 2011. The hearing convened at 8:30AM in I Liheslatura's Public Hearing Room. Among the items on the agenda was the consideration of **BILL NO. 276-31(COR)- An act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers;** Sponsored by Senator V. Anthony Ada.

Public Notice Requirements

Notices were disseminated via hand-delivery/fax and/or email to all senators and all main media broadcasting outlets on September 08, 2011 (5-day notice), and again on September 13, 2011 (48-hour notice).

Senators Present

Senator Dennis G. Rodriguez, Jr.	Chairman
Senator Adolpho B. Palacios, Sr.	Vice-Chairman
Senator Benjamin J. F. Cruz	Committee Member
Senator V. Anthony Ada	Committee Member

The public hearing on agenda item Bill No. 276-31(COR) was called to order at 8:33AM.

II. SUMMARY OF TESTIMONY & DISCUSSION.

Chairman Dennis G. Rodriguez, Jr., convened the Public Hearing on Bill 276-31(COR). **Chairman Rodriguez invited Sen. Ada, as the author of Bill 276-31 (COR), to explain the intent of the bill.**

Sen. VA Ada: The intent of this bill is to conduct a feasibility study to provide overnight urgent care and services at DPHSS health centers. That's what we're looking at, so that we will be able to ensure that we are able to move the burden away from the Guam Memorial Hospital and be able to provide these after hour care centers in the northern, central and southern part of our island. And it's also beneficial to the people of Guam. I look forward again, to hearing the testimony from Ms. Denorcey and Public Health and hopefully we will be able to shed some light on how this feasibility study will be able to help.

Mrs. Linda Unpingco-DeNorcey: Provided written testimony **OPPOSED** to Bill 276-31 (COR).

Sen. VA Ada: The bill was just to do a feasibility study and also to simply utilize the facilities, not the personnel, just simply the facilities. Such as a private clinic was to use their doctors and nurses and utilize the facilities there, that's what they'd be able to do.

Mrs. Linda Unpingco-DeNorcey: I understand that, that is why I pointed out some facts there such as the supplies and maintaining them. You may not be familiar with is that these community health centers were built with Hill Burton Funds. This funding is specifically used to public health, not to make money, specifically for public health centers. So we must be very mindful of that.

Chairman Rodriguez: I just wanted to share that we have also introduced a bill that will create urgent care services at the hospital and that we are still working together with the hospital and other stakeholders to see if this is feasible so that when we get a cut the magnet is that we go to GMH. This will alleviate the strain on the ER. This bill will call that the urgent care center be within the premises of the hospital. Hopefully we will be able to move forward.

Mrs. Linda Unpingco-DeNorcey: The real question here is do we have adequate access to care? The only way we will have access to care is to open up the entire community is to see these patients. Because of Obama act, we will see most of the patients eligible for Medicaid. If we increase the poverty rate so that now they are no longer in poverty, we will see the shift of patients from Medicaid or MIP.

Mayor Melissa Savares: Provided oral testimony OPPOSED to Bill 276-31 (COR). As a Member of the Board of Directors for the Guam Community Health Centers. She understands that this bill is to conduct a study, however, the health centers is a primary care operation. Due to grants that support the operations of the centers, northern, central and southern centers, the board does not want to jeopardize the funding received. Both northern and southern facilities have been renovated and the new exam rooms, pharmacy, new electronic health records will begin soon. All the different services that are provided and the grants that are provided to the health centers could be jeopardized should we implement an urgent care or emergency room type facility at the health centers. We focus on primary care and health prevention, we teach and try to share patients how to take care of themselves. Nutritional information is also provided. The health centers will be working soon with traditional aspects of healing, medicinal plants and how we can grow our own medicinal plants. All those programs will be implemented soon just as we've seen at other health centers like in Hawaii. This work is done as we work and meet with other health center boards across the nation. Ultimately, we do not want to jeopardize our funding.

Mr. Jim Gillan: Provided written testimony OPPOSED to Bill 276-31 (COR). See attached.

There being no other testimony, or comments by Senators, Chairman Rodriguez declared the bill as having been heard, and concluded the public hearing on Bill No. 276-31(COR). The committee would continue to accept written testimony for a period of ten (10) days subsequent to the public hearing.

Fiscal Note: Requested on August 04, 2011 (attached) and pending receipt.

III. FINDINGS AND RECOMMENDATIONS

The Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform, hereby reports out Bill No. 276-31(COR), with the recommendation to REPORT OUT ONLY.

I MINA' TRENTAI UNU NA LIHESLATURAN GUÅHAN
2011 (FIRST) Regular Session

APR 28 AM 10:57

Bill No. 276-31(corr)

Introduced by:

V. Anthony Ada
v.c. pangelinan



AN ACT TO REQUIRE THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES TO CONDUCT A FEASIBILITY STUDY ON PROVIDING AFTER-HOUR URGENT CARE SERVICES IN THE PUBLIC HEALTH CENTERS.

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

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds
3 that a significant number of patients seen and treated at the GMH emergency room
4 can be classified as urgent care cases rather than emergency or triage cases. It has
5 been a widely accepted belief within the medical and health insurance communities
6 that the GMH emergency room is the most expensive urgent care clinic on Guam.
7 The GMH emergency room is also the only source of urgent care treatment for
8 most of the hour between 5:00pm and 8:00am and 24 hours on weekends.

9 It is the intent of *I Liheslatura* to provide the residents of Guam, regardless
10 of means, with after-hour urgent care medical services in the northern, east-central
11 and southern areas of Guam.

12

13 **Section 2. Scope of the Study.**

14

15 **(a) Clinic Operator.** The study shall include, *but not be limited to*, the
16 viability of the following options:

1 (1) Clinic administered and operated by Department of Public Health
2 and Social Services (DPHSS) personnel that may include full-time and part-
3 time positions.

4 (2) Clinic administered and operated by an independent contractor of
5 Department of Public Health and Social Services (DPHSS).

6 (3) A fully private clinic operated, rent, utility and insurance free; by a
7 private organization in exchange for accepting MIP, Medicaid and Self-
8 paying patients.

9
10 **(c) Minimum Standards.** All options shall meet the minimum industry
11 standards for an urgent care clinic that *may* include diagnostic equipment such as
12 x-ray, ultrasound and electrocardiogram equipment, lab facilities for obtaining
13 specimens, and a pharmacy or dispensary.

14
15 **(c) Funding support.** All options shall consider the factor of accepting self-
16 pay and insured patients as a means to defray and/or support the cost of operations.

17
18 **Section 3. Presentation of the Study.** The study required herein shall be
19 presented to the Speaker of I Liheslatura within six (6) months of the enactment of
20 this Act.

21
22 **Section 4. Appropriation.** I *Maga Lahi Guåhan* is authorized to transfer up
23 to Ten Thousand Dollars (\$10,000) from any unencumbered appropriations of the
24 *General Fund* or *Healthy Futures Fund* to cover the cost of the study authorize
25 herein.



EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR



JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

September 15, 2011

Honorable Dennis G. Rodriguez, Jr.
Chairman, Committee on Health and
Human Services, Senior Citizens,
Economic Development and Election reform

**RE: Bill No. 276-31 AN ACT TO REQUIRE THE DEPARTMENT OF PUBLIC HEALTH
AND SOCIAL SERVICES TO CONDUCT A FEASIBILITY STUDY ON PROVIDING
AFTER-HOUR URGENT CARE SERVICES IN THE PUBLIC HEALTH CENTERS.
(Senators V. Anthony Ada and v.c. Pangelinan)**

Dear Mr. Chairman:

Thank you for allowing me the opportunity to comment on this bill. If it becomes law, the Department will have no choice but to implement it. A feasibility study, if done correctly regarding the three options, the myriad of logistical questions these options raise, will cost more than \$10,000. Anyone offering to do a study of this scope for this amount would be suspect. You would get only what ten thousand dollars would buy and in my long years of experience, I believe that the study would not be very good.

You will have testimony today from the Board of the Community Health Centers, and I am sure that the Board will point out in detail and quite eloquently why the idea of opening the Health Centers for after hour care is not a good idea. You will also hear from Ms. Linda Denorcey, who will also present information in her capacity as the Administrator of the Bureau of Primary Care Services. Ms. Denorcey, for all intent and purposes acts as the Executive Officer to the CHC Board. Any information she offers should be taken with that job task in mind.

The Department's position on using the Health Centers for after hours care is that at this time, it would not be cost effective in that it would spread scarce resources. Additionally, recouping the expense to maintain three after hours operations would not be realistic as most of the patients who seek the care would be the same patients who currently use the GMH Emergency Room as

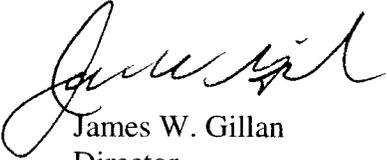
their after hours clinic. Almost all of these patients either have no insurance, insurance with large deductibles, or are underinsured.

We have seen several attempts in the past where private businesses have failed at providing after hours care.

After hours care can be a break-even venture if payment for that care was available. MIP has a reputation for delayed and inadequate payment. Medicaid also reimburses at a fee schedule which would not make after hours "urgent care" workable.

Given the current state of inadequate financing for health care for a population without the means to pay is the real issue here. Solve that first and the provision of after hours care will not be a problem.

Thank you again for the opportunity to present my views on this matter.



James W. Gillan
Director



GOVERNMENT OF GUAM

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



EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

WRITTEN TESTIMONY BILL 276-31

JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

My name is Linda Unpingco-DeNorcey and I am the Health Services Administrator of the Northern and Southern Region Community Health Centers.

Bill No 276-31 states that it is the intent of I Liheslatura to provide residents of Guam, regardless of means, with after-hour urgent care medical services in the northern, east-central, and southern areas of Guam.

The Northern and Southern Region Community Health Centers are Federally Qualified Health Centers (FQHCs) funded through Health Resources and Services Administration (HRSA) under the Health Center Program authorized in Section 330(e) of the Public Health Service (PHS) Act (42 U.S.C. 254b). The mission of the community health centers is to increase access to comprehensive primary and preventive health care and improve the health status of those most in need and least able to find care.

Bill276-31 proposes to conduct a feasibility study on providing after hour urgent medical services in the Public Health Centers. As the Health Services Administrator, **I am not in support of Bill 276-31 because urgent care services do not belong at the Guam Community Health Centers.** According to U.S. Public Law 104-299, Federally Qualified Health Centers are public, or non-profit private entities that provide family-oriented primary and preventive care and according to the U.S. Bureau of Primary Health Care Program Expectations, the focus of health center services is primary and preventive care, not urgent care services.

Primary Health Care Services include, but are not limited to: acute care, prenatal care, postpartum care, family planning, STD/HIV Counseling & Treatment, Immunizations, OB/GYN, chronic disease care, developmental screening, nutrition counseling, case management, eligibility assistance, health education, home visit, community outreach screening, "special kids" clinic, laboratory, and pharmacy services.

Urgent care is defined as: "outpatient services required by an unexpected illness or accidental injury that is not life-threatening, but should be treated by a provider within 24 hours". Urgent care services include, but are not limited to: febrile illnesses including otitis media, pneumonia, minor lacerations and contusions, dehydration, febrile seizures, uncomplicated asthma, and gastroenteritis with mild dehydration.

The first option of the urgent care clinic administered by the DPHSS personnel that may include full-time and part-time position is certainly not practicable. The Guam CHCs and Central Public Health are operating with the minimum staffing threshold providing services in spite of an ever increasing patient caseload as seen by the increase in the number of patients and medical visits this past year (the CHCs served 14,350 unduplicated patients and 40,670 medical encounters in

2010). Unlike most government of Guam agencies that operate 40 hours weekly, the NRCHC opens for business 52.5 hours per week and SRCHC 40 hours per week. Given the extended hours, more and more patients are coming to the Guam CHCs, resulting in staffing shortage. The existing staff are already pulled “too thin” and there is no means of stretching them any further without additional manpower and other type of resources. For instance, the CHCs have 3 full-time providers and Central Public Health has only 1 physician, the latter provider does not have another “back-up” physician. Additionally, there is a lack of nursing, x-ray technicians, laboratory, pharmacy, and other ancillary workers. With the scarcity of staff, recruiting health and allied-health professionals has been quite problematic. Although the Guam CHCs aggressively make every effort to hire more personnel, recruiting physicians has been exceptionally difficult and it takes a while to successfully hire on or off-island physicians and mid-level providers even though the CHCs are announcing job vacancies through the National Health Service Corp website as well as the local newspapers. Recruitment difficulty also is of no surprise since there is a shortage of providers throughout the U.S. and certainly in Guam. Additionally, local physicians are unwilling to work for the DPHSS due to the DPHSS’ low salary pay as compared that of the private sector and GMH. There also has not been any physician salary adjustment over the past two decades.

Other than having limited personnel resources, the Northern and Southern Region Community Health Centers are NOT equipped for urgent care clinic in that they do not have x-ray, ultrasound, CT-Scan, and other diagnostic equipment that would certainly be needed and used for an urgent care operation. If these diagnostic equipment were to be purchased, additional cost needs to be considered to hire technicians to operate such machinery as well as cost for maintenance fees to keep the equipment operational and again more cost to fix these expensive equipment when they breakdown (Government of Guam is notorious for poorly maintaining equipment as evident by the unavailability of ambulances, school buses, transit buses, etc.).

Other than the unavailability of diagnostic equipment, if urgent care services were to be administered by the DPHSS personnel, one also needs to take into consideration the ordering, replenishment, and accountability of medical, laboratory, and pharmaceutical drugs. The latter certainly would be a major issue now that the Guam CHCs are enrolled in the 340B Drug Discount Pricing Program. Federal law mandates the reporting of all 340B drugs dispensed and the physicians prescribing all of the dispensed medications. Currently, the CHCs have to maintain perpetual, physical, and virtual inventories of retail and 340 B Drugs in separate inventory systems. Medicaid patients are “carved-out” of the 340B Drugs Discount Pricing program so patients under Medicaid are charged for the acquisition price of the drug plus the dispensing fee so they are not given the 340B Drug Discount pricing. This is due to Medicaid already receiving discounts through the Medicaid formulary reimbursement. By doing this, the Guam CHCs are preventing “double discounting”, which is a federal violation. Thus, if one introduces urgent care clinic into the existing CHCs, there must be a completely separate inventory system that has been already created for primary care and preventive services. Otherwise, if 340B drugs are not properly accounted for, so drugs are issued to non 340B patients (i.e., diverting 340 B drugs-meaning the reselling or transferring drugs purchased at 340B discounted prices to anyone who is not a patient of the covered entity), one would be violating the federal law and yes, may be subject to federal imprisonment. Thus, having to closely monitor all pharmaceutical inventory is not an easy task, and with the addition of an

electronic health record system, the inventory tracking system becomes even more complicated!! Currently, the Guam CHCs have only one pharmacist operating two CHC sites. Adding urgent care into the CHCs in the evening, additional pharmacists and pharmacy technicians need to be recruited and they must be knowledgeable about 340 B Drug Discount Pricing ordering, dispensing, tracking, and maintaining dual inventory systems.

Other than supplies, the cost for utilities must be accounted for in terms of how much power and water is consumed during the time of urgent care clinic services (i.e., from 6:00 p.m. to 7:30 a.m.). How can one separate the power and water bills according to time? Certainly this needs to be taken into consideration when it comes to budgeting for utilities to operate urgent care clinic within the two CHCs under the auspices of the DPHSS.

Additionally, having DPHSS personnel operate urgent care services at the Guam CHCs is not a viable option since urgent care services is not within the health center scope. Health Resources and Services Administration has approved the health center scope, which is the services and sites clearly defined in **Form 5 A, B, and C** (see attachment). Health centers are encouraged to have referral arrangements for other services that are unavailable at the CHC sites, which are inclusive, but not limited to urgent medical care and hospital admissions to ensure continuity of care. However, federally qualified health centers must maintain their focus on primary and preventive care. Over the past years, other senators have tried to implement urgent care services at the Northern and Southern Region Community Health Centers as well as reorganize the Guam Community Health Center under the administration of the Guam Memorial Hospital. HRSA responded indicating that the U.S. Bureau of Primary Health Care Program Expectations require all health centers to maintain their focus on primary and preventive care and any deviation from meeting the requirement as described in federal statutes and regulations as well as the CHCs being organized under GMH may call into question Guam's continued eligibility for Section 330 community health center funding (federal funding of \$1,128,071) (see attached letter from HRSA). Moreover, according to the Region IX Project Officer, **no additional federal funding can be requested and used for urgent care services** even if such services were to be operated after the CHCs close.

The second option of urgent care clinic administered and operated by an independent contractor of DPHSS is also not a viable option. Most of the physicians on Guam are currently not accepting MIP and Medicaid due to the slow and low reimbursement rate and to expect an independent contractor, or a group of networking physicians to accept this proposal is not a realistic expectation especially given the bleak financial realities facing the government. Who would work for DPHSS in the face of no funding source? Having an independent contractor is not going to solve the problem. The root cause of providers not accepting MIP and Medicaid patients is the fact that they are not paid on time and the reimbursement rates are far too low as compared to private insurance indemnities. Therefore, to solve the root cause of the problem is not to contract providers, but to pay community providers a comparable rate and have reimbursements done in a timely manner, in lieu of paying them whenever cash is available through Department of Administration. If this happens, providers who are currently unwilling to take MIP and Medicaid patients would certainly change their mind and begin accepting these patients. Moreover, if this solution is not addressed, Guam will have an even bigger problem when it comes to the Patient Affordability Care Act when nearly 50,000 people on Guam will

become eligible for Medicaid once the poverty rate increases from 100 to 133%. When this happens, you need the help of the community providers and not just providers working at the Guam CHCs and GMHA, not to mention only a handful of providers that now are accepting MIP and Medicaid patients.

If urgent care services is not in the community health center facilities, but in a separate facility and operated by a organization at which rent, utility, and insurance costs are free in exchange for accepting MIP, Medicaid, and Self-paying patients, may be a viable option, but is quite expensive. Currently, private providers accepting MIP and Medicaid patients are reimbursed only 50%-60% of charges that they bill, so from a provider's perspective, what real incentive do they get back from providing care? With this option, however, it gives providers the incentive of paying overhead cost for them, which may work for some providers. The local government must be prepared to identify funding to pay for overhead cost and the possibility of malpractice insurance, which is quite astronomical on Guam.

Thus, of the three proposed options, two certainly are not feasible and the last option is expensive. Providing after hour urgent care services in the community health centers is not feasible because urgent care services do not belong at the Guam Community Health Centers. Urgent Care services are not an approved "scope of work". Failing to adhere with HRSA program expectations may jeopardize future CHC funding (funding of \$1,128,071) as clearly specified from written correspondences with HRSA. However, one workable solution would be not having urgent care services accessible through the high priced GMHA Emergency Room, but to have an "Urgent Care Center" available close to GMHA, or have urgent care services available at the hospital (next to GMHA ER), which allows patients to access medical care and by doing so, patients would not be charged ER rates (urgent care rates would be lower than Emergency Room rate). The latter reduces GMHA's billing cost, resulting in lower medical expenses paid for by the local government.

 M.P.H.
LINDA UNPINGCO-DENORCEY, M.P.H.

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Public Health Service

Health Resources and
Services Administration
Bethesda MD 20814

Linda Umpingco DeNorcey, MPH
Administrator
Southern Regional Community Health Center
Department of Public Health and Social Services
PO Box 2816
Agana, Guam 96932

Dear Ms. DeNorcey:

It has come to the attention of the Bureau of Primary Health Care (BPHC) program staff that the Ministry of Health of Guam is considering an internal reorganization in which the BPHC supported health center program would be under the administration of the Guam Memorial Hospital and tasked with providing urgent care services. As this proposal is explored I would like to take this opportunity to clarify the mission and purpose of the section 330 funded community health center program.

In accordance with Public Law 104-299, community health centers are public or non-profit private entities that provide family-oriented primary and preventive health care services for people living in rural and urban medically underserved communities. As stated in the BPHC Program Expectations for health centers, "The focus of health center services is primary and preventive care." Health centers are encouraged to have referral arrangements with hospitals to ensure continuity of care, but must maintain their focus of primary and preventive care. In addition, as outlined in the BPHC Program Expectations, "health centers must have a governing body which assumes full authority and oversight and responsibility for the health center. A majority of the members of the governing board must be people who are served by the health center and who, as a group, represent the individuals being served." In the case of public entities, the public entity may retain the responsibility of establishing fiscal and personnel policies. However, a separate health center governing board must be established to carry out the responsibilities of primary care service delivery and quality assurance practices.

The proposed reorganization of the community health center program in Guam would make it difficult for the program to meet its requirements as described in statute and regulation. The proposed reorganization may call into question your continued eligibility for section 330 community health center funding. If you have any questions, please call Ms. Julie Stelman Moreno at 301-594-4476.

Sincerely,

Thomas M. Coughlin,

Deputy Director

Division of Programs for Special Populations



POLICY INFORMATION NOTICE

Policy Information Notice 2007-09

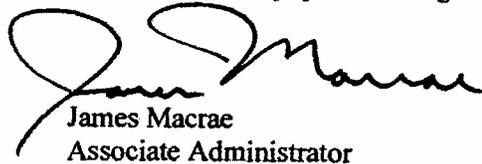
DOCUMENT NAME: Service Area Overlap: Policy and Process

DATE: **MAR 12 2007**

TO: Health Center Program Grantees
Federally Qualified Health Center Look-Alikes
Primary Care Associations
Primary Care Offices

This Policy Information Notice (PIN) describes the Health Resources and Services Administration's policies and processes for health center service area overlap. As the number of health center and Federally Qualified Health Center (FQHC) Look-Alike sites grows, so does the potential that service areas will overlap. Consequently, there are an increasing number of service area overlap-related issues emerging that involve federally funded health centers, FQHC Look-Alikes, and/or current applicants for Federal health center funding.

Please contact Shannon Dunne Falten at 301-594-4060 for any questions regarding this PIN.



James Macrae
Associate Administrator

- Health Care for the Homeless (HCH) Programs, funded under section 330(h); and
- Public Housing Primary Care (PHPC) Programs, funded under section 330(i).

B. FQHC Look-Alike

FQHC Look-Alikes do not receive Federal funding under section 330 of the PHS Act; however, to receive the FQHC Look-Alike designation and the benefits of that designation, FQHC Look-Alikes must meet the same statutory, regulatory, and policy requirements as grantee health centers. Applicants for FQHC Look-Alike designation must meet the following requirements:

- be a public or a private nonprofit entity;
- serve, in whole or in part, a federally designated Medically Underserved Area (MUA) or Medically Underserved Population (MUP);
- meet the same statutory, regulatory, and policy requirements as grantees supported under section 330 of the PHS Act; and
- comply with section 1905(I)(2)(B) of the Social Security Act which states that an FQHC Look-Alike entity may not be owned, controlled, or operated by another entity.

When appropriate, this PIN will specifically reference FQHC Look-Alikes to emphasize the applicability of the PIN to these entities.

C. Health Centers

As used in this PIN, the term “health centers” includes both federally funded health centers and FQHC Look-Alikes.

D. Service Area

A service area, which is one element of a health center’s scope of project, is comprised of several factors. Although, in general, the service area is the area in which the majority of the health center’s patients reside, health centers may use other geographic or demographic characteristics to describe their service area.

1. Overview and Statutory Requirements

The concept of a “service” or “catchment” area has been part of the Health Center Program since its beginning. The Health Center Program’s authorizing statute requires that each grantee periodically review its catchment area to:

- i. ensure that the size of such area is such that the services to be provided through the center (including any satellite) are available and accessible to the residents of the area promptly and as appropriate;¹
- ii. ensure that the boundaries of such area conform, to the extent

¹ Primary health services of the center must also be provided “in a manner which assures continuity.” (PHS Act section 330(k)(3)(A).)

Competition (SAC) funding application. The funded NAP or SAC application is the basis for determining a grantee's initial service area. Similarly, FQHC Look-Alikes initially document their service area in the designation application. Once established, health centers should incorporate periodic service area assessments into the annual grant application (competing or non-competing) or FQHC Look-Alike annual re-certification application.

A grantee or FQHC Look-Alike that wishes to expand its service area by opening a new site may submit a change in scope request at any time. For grantees, they must demonstrate that this expansion will not require additional grant funds. Grantees may also expand their service area through a funded NAP application which requests additional grant support to add a new service delivery location to the approved scope of project. (See PIN 2002-07, "Scope of Project Policy," for information on change in scope requests.)

E. Health Center Service Site

For purposes of determining which sites are included within a health center's scope of project, a service site is any place where a health center, either directly or through a subrecipient² or contract arrangement, provides required primary health services and/or approved additional services to a defined service area or population. Service sites are defined as locations where all of the following conditions are met:³

- health center encounters are generated by documenting in the medical record face-to-face contacts between patients and providers;
- providers exercise independent judgment in the provision of services to the patient;
- services are provided directly by or on behalf of the grantee, whose governing board retains control and authority over the provision of the services at the location; and
- services are provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month).⁴ However, there is no minimum number of hours per week that services must be available at an individual site/location.

² For purposes of Medicaid and Medicare FQHC reimbursement, a subrecipient is an organization that: (1) receives funding from a section 330 grant through a contract with the recipient of such a grant and (2) is compliant with all of the requirements of section 330 of the PHS Act (see §1861(aa)(4) and §1905(1)(2)(B) of the Social Security Act).

³ Service sites are a critical component of a health center's scope of project. Other programs, (e.g., FTCA, 340B, and FQHC) have their own standards to determine eligibility for the benefits available through these programs. Each of these programs has a specific application process and a comprehensive set of requirements, of which service site is only one. In other words, identification as a service site within a scope of project is necessary, but not sufficient to ensure participation in the other programs. To participate, all of the requirements of the other programs must be met and coordination with these programs is required.

⁴ Again, note the statutory requirement in section 330(k)(3) of the PHS Act that "primary health services of the center will be available and accessible in the catchment area of the center promptly, as appropriate, and in a manner which assures continuity." In addition, note the regulatory requirement for community and migrant health center grantees that such centers "must be operated in a manner calculated to . . .

access (e.g., non-English speaking groups, people who are homeless, or newly arrived immigrants/refugees). In order to determine whether overlapping service areas could benefit the community without threatening the stability of existing health centers, some assessment of the degree and type of unmet need in the service area is necessary. The process for assessing unmet need in situations of service area overlap is explained further, below.

I. Collaboration

In order to maximize limited resources and access to care for their patients, health centers should coordinate and collaborate with other section 330 grantees, FQHC Look-Alikes, State and local health services delivery projects, and programs in the same or adjacent service areas serving underserved populations to create a community-wide service delivery system. Section 330 of the PHS Act specifically requires that applicants for health center funding have made “and will continue to make every reasonable effort to establish and maintain collaborative relationships with other health care providers in the catchment area of the center” (PHS Act section 330(k)(3)(B)). As stated in section V. of this PIN, “HRSA Policy,” the goal of collaboration is to utilize the strengths of all involved organizations to best meet the overall health care needs of the area’s underserved population. In addition, continued collaboration among providers will help to ensure that organizations are aware of and, where possible, maximize the benefits of, existing or potential service area overlaps.

IV. Identifying Service Area Overlap

HRSA examines issues of overlap in the context of the service area definition in section III of this PIN. As stated above, service areas are primarily defined by patient origin and identified by census tracts or other political or geographic subdivisions (e.g., zip codes). Issues of service area overlap are raised primarily in five types of situations, listed below:

1. an existing grantee health center, new entity, or FQHC Look-Alike applies for NAP or other funding to serve an area which includes all or part of the service area of another existing grantee health center;
2. an existing grantee health center or FQHC Look-Alike requests a “Change in Scope” to open a new health center service site to serve all or part of the service area of another health center, or to provide new services to all or part of the service area of another health center;
3. an existing grantee health center, non-grantee health center, or FQHC Look-Alike applies for NAP funding, other section 330 funding, or requests a Change in Scope at the same time as another grantee health center, non-grantee health center, or FQHC Look-Alike proposes to serve an area which, at the time of the application, is not served by either organization;
4. an existing grantee health center or FQHC Look-Alike relocates an existing clinic to an area served by another health center; or

may examine the past performance of the existing health center and its historical and current ability to meet the needs of the community.

VI. Process for Resolving Potential Service Area Overlap

HRSA's approach to resolving potential situations of service area overlap is based on: 1) early identification of potential overlap; 2) utilization of standard data to define service area and unmet need whenever possible; and/or 3) conducting site visits as appropriate. The actual steps may differ slightly depending on the individual circumstances and the data available.

The following list of steps outlines the process that will be undertaken by HRSA to resolve identified service area overlap issues:

1. Map the service area in question and its census tracts and/or zip codes;
2. Gather data (for example, current patient origin studies) in coordination with the relevant parties.⁷ Considerations such as community and financial support, current capacity, utilization rate, existing and proposed partnerships, and unmet need may be assessed; and/or
3. A site visit may be conducted.

VII. Data Sources

In order to analyze service area overlap, HRSA may request data from relevant parties to describe the service area, provider/population ratio, target population, and current patient population (for operational grantee health centers and FQHC Look-Alikes) or projected patient populations (for new grantee health centers or newly designated FQHC Look-Alikes). These data will be requested, as necessary and appropriate, from all organizations that are impacted by the service area overlap. The data requested may augment and/or substantiate data already on file at HRSA from the grant applications, change of scope requests, and/or UDS reports. Data submitted should be verifiable and site-specific.

A. Currently Reported Data

Grantee health centers define their service area and target population as part of their competing or non-competing section 330 grant application. Currently (as of fiscal year 2006), the NAP, SAC, and Budget Period Renewal (BPR) applications require applicants to list the census tracts and zip codes covered by the entire program (Form 1-Part A: General Information) while Form 5-Part B: Service Sites asks applicants to list the census tracts served by each site within their Scope of Project. The instructions ask applicants to define their target population and provide demographics for both the service area and target population in the narrative and on Form 4: Community/Target Population Characteristics.

⁷ Coordination with relevant parties will be consistent with HHS grants law, regulations, and policy.

3. Relationship of Patients to Service Area:

The purpose of collecting service area, target population, and patient origin data is to determine the extent to which an existing health center serves the area and population and whether there is sufficient remaining unmet need or a distinct underserved population in the area to justify approving a grant application of change in scope request.

VIII. Conclusion

While individual circumstances will affect the specific process used to resolve service area overlap issues, this PIN describes the overarching principles that will inform decisions related to service area overlap and providing examples of the types of data that may be requested. HRSA will make every effort to reach positive and timely resolutions of service area overlap issues.

Attachment

PHS Act Section 330(k)(3)(B)

“The Secretary may not approve an application for a grant . . . unless the Secretary determines that the entity . . . has made and will continue to make every reasonable effort to establish and maintain collaborative relationships with other health care providers in the catchment area of the center.”

PHS Act Section 330(k)(3)(J)

The center will review periodically its catchment area to--

- (i) ensure that the size of such area is such that the services to be provided through the center (including any satellite) are available and accessible to the residents of the area promptly and as appropriate;
- (ii) ensure that the boundaries of such area conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs; and
- (iii) ensure that the boundaries of such area eliminate, to the extent possible, barriers to access to the services of the center, including barriers resulting from the area's physical characteristics, its residential patterns, its economic and social grouping, and available transportation;

Section 330/Community Health Center Program implementing regulations

42 CFR 51c.102(b) “Catchment area means the area served by a project funded under section 330 of the Act.”

42 CFR 51c.104(b) “Applications must include . . . the precise boundaries of the catchment area to be served by the applicant, including an identification of the [MUPs] within the catchment area. In addition, the application shall include information sufficient to enable the Secretary to determine that the applicant’s catchment area meets the following criteria:

- (i) The size of such area is such that the services to be provided by the applicant are available and accessible to the residents of the area promptly and as appropriate;
- (ii) The boundaries of such area conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and areas served by Federal and State health and social service programs; and
- (iii) The boundaries of such area eliminate, to the extent possible, barriers resulting from the area's physical characteristics, its residential patterns, its economic and social groupings, and available transportation.”

U.S. Department of Health and Human Services www.hhs.gov

HRSA Primary Care







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About Health Centers

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[How to Apply \(How to Apply for Funding of Look-Alike Designation\)](#)

[Program Requirements](#)

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Program Requirements

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[Printer-friendly Summary of the key Health Center Program requirements](#)

Health centers are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. A summary of the key health center program requirements is provided below. For additional information on these requirements, please review:

[Health Center Program Statute](#)

Program Regulations:

[42 CFR Part 51c](#)

[42 CFR Parts 56.201-56.604](#)

Grants Regulations:

[45 CFR Part 74](#)

NEED	
■	Needs Assessment: Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate. (Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act)
SERVICES	
■	Required and Additional Services: Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act) Note: Health centers requesting funding to serve homeless individuals and their families must provide substance abuse services among their required services (Section 330(h)(2) of the PHS Act)
■	Staffing Requirement: Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately credentialed and licensed. (Section 330(a)(1) and (b)(1), (2) of the PHS Act)
■	Accessible Hours of Operation/Locations: Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served. (Section 330(k)(3)(A) of the PHS Act)
■	After Hours Coverage: Health center provides professional coverage during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act)

Health Center Requirements

[Section 330 Requirements](#)

[Center Site Visit Guide](#)

[Health Center Program Requirements](#)

[Health Center Program Requirement Slides \(PPT -2.3 MB\)](#)

Requirements & Regulations Related Links

[Authorizing Legislation](#) (Section 330 of the Public Health Service Act)

[Community Health Center Program Regulations](#)

[Migrant Health Program Regulations](#)

[Grant Award Requirements](#)

[Program Information Notices & Program Assistance Letters](#)

[Medicare Benefit Policy Manual, Chapter 13](#)

[Health Center Site Visit Guide](#)

[Health Center Program Requirement Slides \(PPT -2.3 MB\)](#)

	support from existing Federally Qualified Health Center(s) in the service area or provides an explanation for why such letter(s) of support cannot be obtained (Section 330(k)(3)(B) of the PHS Act)
■	Financial Management and Control Policies: Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. Health center assures an annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report. (Section 330(k)(3)(D), Section 330(q) of the PHS Act and 45 CFR Parts 74.14, 74.21 and 74.26)
■	Billing and Collections: Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures. (Section 330(k)(3)(F) and (G) of the PHS Act)
■	Budget: Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served. (Section 330(k)(3)(D), Section 330(k)(3)(I)(i), and 45 CFR Part 74.25)
■	Program Data Reporting Systems: Health center has systems which accurately collect and organize data for program reporting and which support management decision making. (Section 330(k)(3)(I)(ii) of the PHS Act)
■	Scope of Project: Health center maintains its funded scope of project (sites, services, service area, target population and providers), including any increases based on recent grant awards. (45 CFR Part 74.25)
GOVERNANCE	
■	<p>Board Authority: Health center governing board maintains appropriate authority to oversee the operations of the center, including:</p> <ul style="list-style-type: none"> ■ holding monthly meetings; ■ approval of the health center grant application and budget; ■ selection/dismissal and performance evaluation of the health center CEO; ■ selection of services to be provided and the health center hours of operations; ■ measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance;* and ■ establishment of general policies for the health center. <p>(Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304)</p> <p>Note: In the case of public centers (also referred to as public entities) with co-applicant governing boards, the public center is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center. (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304(d)(iii) and (iv))</p>

	<p>Note: Upon a showing of good cause the Secretary may waive, for the length of the project period, the monthly meeting requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p). (Section 330(k)(3)(H) of the PHS Act)</p>
<ul style="list-style-type: none"> ■ 	<p>Board Composition: The health center governing board is composed of individuals, a majority of whom are being served by the center and, who as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. Specifically:</p> <ul style="list-style-type: none"> ■ Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.* ■ The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community. * ■ No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.* <p>Note: Upon a showing of good cause the Secretary may waive, for the length of the project period, the patient majority requirement in the case of a health center that receives a grant pursuant to subsection (g), (h), (i), or (p).</p> <p>(Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304)</p>
<ul style="list-style-type: none"> ■ 	<p>Conflict of Interest Policy: Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center.</p> <ul style="list-style-type: none"> ■ No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as an ex-officio member of the board.* <p>(45 CFR Part 74.42 and 42 CFR Part 51c.304(b))</p>
<p>NOTE: Portions of program requirements notated by an asterisk "*" indicate regulatory requirements that are recommended but not required for grantees that receive funds solely for Health Care for the Homeless (section 330(h)) and/or the Public Housing Primary Care (section 330(i)) Programs.</p>	



GUAM COMMUNITY HEALTH CENTERS, INC.

520 W. Santa Monica Avenue

Dededo, Guam 96929

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Daniel Perez
President, Board of Directors

Mayor Carol Tayama
Vice-President

Jeanette Tanos
Secretary

Reynaldo Edrosa
Treasurer

WRITTEN TESTIMONY BILL NO. 276-31

My name is Daniel Perez and I am the President of the Guam Community Health Center Board of Directors. The board exercises governance and fiduciary responsibility over the Northern and Southern Region Community Health Centers. The board regularly evaluates the CHCs' effectiveness in achieving its mission through: verbal and written comments and suggestions, the review of "Patient Satisfaction" Survey to further improve quality patient care, the review and approval of the CHCs' annual budget, and financial performance measures. More importantly, it is the role of the board to ensure that the CHCs are in compliance with Section 330 Federal program requirements.

The Community Health Centers' mission is to increase access to primary health care and preventive services and reduce health disparity among those most in need and least able to find care. In FY 2010, **14,350 unduplicated patients** were seen and **40,670 medical visits** were made at Community Health Centers. As you know, most of these individuals are unable to obtain medical care elsewhere since only a handful of private providers accept uninsured, MIP, and Medicaid patients and so they all end up at the Guam Community Health Centers (CHCs) or the GMHA Emergency Room. The Guam CHCs play an essential role in the health care system in that patients without a primary health care provider and/or health insurance are referred to the Guam Community Health Centers after being seen at the GMHA ER, or discharged after hospitalization. Although these patients are not Community Health Center patients, the Guam CHCs absorb these patients and continue to provide care for them.

Given the excessive caseload, providers are already double or triple booked for appointments and only limited numbers of patients can be accommodated on a walk in basis. If the Guam CHCs cannot provide care to these patients who are most in need, they invariably end up in the GMH Emergency Room. Unfortunately the CHCs are already turning away dozens of patients every week because of the fact that the CHCs do not have sufficient resources or manpower to provide all the care that is needed. The **NRCHC providers see an average of 100-120 patients per day (3.7 FTE physicians and 1FTE mid-level provider) and SRCHC physicians (3.78 FTE) provide care to 50-60 patients per day with a total staffing of 7.5 FTE physicians (2 FTE Family practitioners, 0.7 FTE OB/GYNs, 2.08 FTE Pediatricians, 2.7 FTE internists) and 1 FTE mid-level provider (1 FTE Certified Nurse Midwife) shared between the two sites.** With this staffing, the Guam CHCs should be seeing 9,000 patients based on Health Resources and Services Administration's provider to patient ratio of: 1 physician

to 1,100 patients; 1 mid-level provider to 750 patients. Using this ratio calculation, the Guam CHCs have provided serves beyond the standard of quality care threshold in that 14,350 unduplicated patients were seen in 2010. With this number of patients, the CHCs should have 12.36 FTE physicians (12.36 x 1,100=13,596 patients) and 1 FTE mid-level provider (750 patients). **When the number of patients seen goes beyond the provider to patient ratio quota, this places the CHCs at potential risk for medical errors and the possibility of malpractice liabilities.**

Given the limited staffing, the Guam CHCs have been lobbying legislators over the past years to provide additional funding for the recruitment of providers and support staff in order to optimize the efficiency and flow of clinical operations. Fortunately, the CHCs have been successful in garnishing more funding locally as well as through federal support for the recruitment of additional providers and support staff. However, having more physicians/providers equates to attracting more and more patients into the CHCs, resulting in the demand for services outweighing the manpower for medical capacity. This situation is further aggravated by the government of Guam budget shortfall, federal budget cuts (\$600 million HRSA budget cut for the Community Health Centers in the U.S. and its territories), and Guam's dismal economy (high unemployment rate of 13.3% in March 2011). The latter has contributed to the increasing numbers of uninsured people as well as more individuals turning to government insurance plans as evident by the gradual rise in the number of Medicaid and MIP eligible patients.

Recent data from DPHSS Bureau of Health Care and Financing Administration (HCFA) reveals that there are **33,491 Medicaid** and **13,470 MIP eligible** patients respectively and according to **the 2010 Behavioral Risk Factor Surveillance Survey, 22.2% of respondents indicated that they do not have any kind of health insurance coverage.** Thus, at a time when the need for comprehensive primary health care and preventive services provided by the community health centers is greater than ever, the CHCs' ability to give that needed care has been severely hampered by not only the lack of resources, particularly personnel, but also the lack of funding.

Although the Guam CHCs have been successful in applying for multiple grants (ARRA Increased Demand for Services grant, ARRA Capital Improvement grant, Community Development Block Grant, and the Compact-Impact Assistance grants), funding from these grants have been all zeroed out (\$0 un-obligated federal balance) and there is no other extension of these federal funding since the term of these grants are limited to two years and have expired.

Recently, the CHCs submitted the "Expanded Services" grant proposal in hopes of acquiring additional federal funding for the recruitment of more providers and support staff and to expand the Southern Region Community Health Center hours in the evening and on the weekend. However, Guam and all the U.S. community health centers were not awarded any funding from such grant because U.S. Congress cut \$600 million out of HRSA funding for the community health centers. Realizing that the once "bloated" federal funding source has now dwindled in its revenue stream due to the U.S. debt ceiling, thus resulting in the federal government eliminating and/or reducing funding

sources, the Guam CHCs had no other option, but to turn to the local government for support, however, the local government likewise cannot offer any assistance due to its budgetary constraints. Thus, the Guam CHCs also experienced local budget cuts in FY 2011. The Guam CHCs applied for the Compact-Impact Assistance grant (\$750,000) from the U.S. Department of the Interior and the centers were awarded this grant in its entirety specifically to cover the cost for medical, laboratory, and pharmaceutical supplies in 2011. However, the entire \$750,000 was rescinded as per the Governor's directive in order to pay for other debts owed by the local Government. A letter was prepared and sent to the Governor informing him that the removal of \$750,000 for supplies leaves the clinic in a financial disarray. Other than the \$750,000 removed from the CHCs' funding stream, the "Vacant and Medicine" fund also was slashed so severely, (over \$300,000 eliminated) for pharmaceutical supplies. Other than budget cuts in 2011, there were also budget cuts in the FY 2012 budget. The CHCs submitted its 2012 budget, which includes personnel cost for 3 more physicians to be funded, but all three positions were not funded.

Furthermore, there was a drop of 4 percentage points in the overall charges collected in 2009 as compared to 2010 resulting in 23% of overall charges collected in 2010. The latter is attributed to patients being unable to pay for their medical bills since this is a low priority as compared to paying utility bills. Thus, the CHCs are not collecting as much revenues given the gradual increase in food, fuel, and utility costs.

Given all the aforementioned financial constraints (i.e., local and federal budget cuts) and the inability to collect account receivables, the Guam CHCs are financially crippled. Moreover, the proposal of adding emergency care services would further strain the financial stability of the Guam CHCs in that the Federally Qualified Health Centers do not have adequate personnel and are not equipped to handle major urgent and emergency care services. Thus, as the President of the Guam CHC Board of Directors, I am NOT in SUPPORT of Bill No. 276-31, an act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers. To impose that the Guam CHCs provide urgent care services to help alleviate the GMHA overcrowding would not resolve the problem, but only diverts the problem to the CHCs, which is already overflowing with needy patients who cannot get care elsewhere. The Guam CHCs are Federally Qualified Health Centers and **its focus is in providing PRIMARY HEALTH CARE AND PREVENTIVE SERVICES in lieu of urgent care services and HRSA's Policy Information Notice 2007-09 stipulates that health centers are not expected to extend services to additional patients residing inside or outside of the service area if (1) the demand for services exceeds available resources, and/or doing so would jeopardize the center's financial stability (see PIN 2007-09 attachment).**

DANIEL PEREZ
President, Guam CHC Board of Directors

programs. The most popular programs used by government and private healthcare organizations today are tuition repayment assistance programs. The average benefit paid by US organizations in 2009 was \$60,000 paid over a period of 5 to 10 years.

Bill No. 274-31 is a medical education program that takes the risk away from the Government. It provides monthly subsidies to doctors of \$500 a month for up to 10 years. It also provides a one-time bonus of \$2,500 for those physicians that complete at least 3 years of service on Guam.

All licensed physicians with student loan balances who practice on Guam will be eligible for this assistance. It provides substantial savings over the existing medical education program which could cost upwards of \$200,000 per student (and may be lost if the student drops out or fails to complete residency and board certification).

Notes

(1) There are, in federal law, student loan forgiveness programs in for doctors who do work as volunteers or work in certain types of facilities and communities. This benefit may provide additional incentive for doctors to practice on Guam.

(2) The assistance levels in the bill are on par with those offered elsewhere in the nation.

Bill No. 275-31 (COR) - V.A. Ada / R.J. Respicio / C.M. Duenas

An to add a new Item 15 to §58104 of Chapter 58 Title 12

relative to authorizing the granting of qualifying certificates as an incentive to attract Physicians/Clinics practicing in specialties where Guam patients are required to seek treatment outside of Guam. Received: 7/25/11 - 8:41 a.m.

What the Bill Does? The Bill gives Qualifying Certificates (Q.C.s) to the business of medicine.

Presentation notes

Each year Guam sends tens of millions of dollars off island to pay for healthcare services not available locally. These services include heart surgery and stents, back surgery, refractive eye surgery such as Lasik, some types of cancer treatment and organ transplants. Along with the money our health insurers and MIP/Medicaid programs ship off island, there are millions spent by local residents for airfare, temporary living quarters and other expenses associated with caring for loved ones in need of treatment abroad. Guam is literally hemorrhaging money for healthcare services.

I introduced Bill No. 275-31 to provide tax incentives for the business of medicine. It's a win-win for everyone. No off-island healthcare provider pays a dime of taxes on Guam so we won't lose any tax revenues by bringing the doctors here. **Best of all**, the bill makes healthcare more affordable by saving families from the cost of having to live off-island for an extended period of time.

The primary goal of bill 275 is to attract critical specialties to our island. I'm also considering expanding its scope to help local clinics bring down the prices of diagnostic procedures. If we can get more procedures like angioplasty

Notes

(1) QCs provide tax rebates of primarily income taxes and real

estate taxes. The customary rebate is 75% of the tax liability. For income tax purposes, only Guam residents who file a Guam Income Tax Return are eligible for rebates.

(2) The bill, as introduced, addresses only those services not currently available on Guam. The bill may be expanded to provide benefits for those doctors/clinics that agree to lower rates and fees for certain services. With some diagnostic procedures, the rates on Guam are nearly 10 times the rates charged in the Philippines. Many patients with high deductible plans are opting to obtain diagnostic procedures in the Philippines. This is not good for Guam's economy and maybe the bill should be amended to provide incentives for "existing" doctors to lower their fees.



COMMITTEE ON RULES

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E-mail: roryforguam@gmail.com • Tel: (671)472-7679 • Fax: (671)472-3547

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Rory J. Respicio
CHAIRPERSON
MAJORITY LEADER

Senator
Judith P. Guthertz
VICE CHAIRPERSON
ASST. MAJORITY LEADER

MAJORITY MEMBERS:

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Judith T. Won Pat

Vice Speaker
Benjamin J. F. Cruz

Senator
Tina Rose Muña Barnes
LEGISLATIVE SECRETARY
MAJORITY WHIP

Senator
Dennis G. Rodriguez, Jr.
ASST. MAJORITY WHIP

Senator
Thomas C. Ada

Senator
Adolpho B. Palacios, Sr.

Senator
vicente c. pangelinan

MINORITY MEMBERS:

Senator
Aline A. Yamashita
ASST. MINORITY LEADER

Senator
Christopher M. Duenas

Certification of Waiver of Fiscal Note Requirement

This is to certify that the Committee on Rules submitted to the Bureau of Budget and Management Research (BBMR) a request for a fiscal note, or applicable waiver, on **Bill No. 276-31 (COR)** – **“AN ACT TO REQUIRE THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES TO CONDUCT A FEASIBILITY STUDY ON PROVIDING AFTER-HOUR URGENT CARE SERVICES IN THE PUBLIC HEALTH CENTERS.”** – on August 3, 2011. COR hereby certifies that BBMR confirmed receipt of this request on August 3, 2011.

COR further certifies that a response to this request was not received by 5:00 P.M. on August 23, 2011, the fourteenth day after the request was received by BBMR. **Therefore, pursuant to 2 GCA §9105, the requirement for a fiscal note, or waiver thereof, on Bill 276 to be included in the committee report on said bill, is hereby waived.**

Certified by:

Rory J. Respicio
Senator Rory J. Respicio

10/27/11
Date



COMMITTEE ON RULES

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vicente c. pangelinan

MINORITY MEMBERS:

Senator
Aline A. Yamashita
ASST. MINORITY LEADER

Senator
Christopher M. Duenas

August 3, 2011

VIA FACSIMILE
(671) 472-2825

John A. Rios
Acting Director
Bureau of Budget & Management Research
P.O. Box 2950
Hagåtña, Guam 96910

RE: Request for Fiscal Note -
Bill Nos. 276-31 (COR) to 277-31 (COR) & 278 (LS)

Hafa Adai Mr. Rios:

Transmitted herewith is a listing of *I Mina'trentai Unu na Liheslaturan Guåhan's* most recently introduced bills. Pursuant to 2 GCA §9103, I respectfully request the preparation of fiscal notes for the referenced bills.

Si Yu'os ma'åse' for your attention to this matter.

Very Truly Yours,


Rory J. Respicio

Attachments

Cc: Clerk of the Legislature

2011 AUG -11 PM 2:49 

MESSAGE CONFIRMATION

AUG-04-2011 12:13 PM THU

FAX NUMBER : 4772240
NAME : GNF

NAME/NUMBER : 4722825
PAGE : 4
START TIME : AUG-04-2011 12:12PM THU
ELAPSED TIME : 00' 36"
MODE : STD ECM
RESULTS : [O.K]



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ASST. MINORITY LEADER

Senator
Christopher M. Duenas

August 3, 2011

VIA FACSIMILE
(671) 472-2825

John A. Rios
Acting Director
Bureau of Budget & Management Research
P.O. Box 2950
Hagåtña, Guam 96910

RE: Request for Fiscal Note -
Bill Nos. 276-31 (COR) to 277-31 (COR) & 178-31 (LS)

Hafa Adai Mr. Rios:

Transmitted herewith is a listing of *I Mina'trentai Unu na Liheslaturan Guåhan's* most recently introduced bills. Pursuant to 2 GCA §9103, I respectfully request the preparation of fiscal notes for the referenced bills.

Si Yu'os ma'åse' for your attention to this matter.

Very Truly Yours,

Rory J. Respicio

Attachments

Cc: Clerk of the Legislature

Rec'd by Jackie
date: 8/4/11
time: 12:30pm

I Mina Trentai Unu Na Liheslaturan Guåhan

Bill Log Sheet

July 28, 2011

Page 1 of 1

Bill No.	Sponsor(s)	Title	Date Introduced	Date Referred	120 Day Deadline	Committee Referred	Public Hearing Date	Date Committee Report Filed	Status (Date) Passed? Failed? Vetted? Overridden? Public Law?
276-31 (COR)	V. Anthony Ada, v. c. pangelinan	AN ACT TO REQUIRE THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES TO CONDUCT A FEASIBILITY STUDY ON PROVIDING AFTER-HOUR URGENT CARE SERVICES IN THE PUBLIC HEALTH CENTERS.	07/28/11 10:57 a.m.	7/28/11		Committee on Health & Human Services Senior Citizens, Economic Development and Election Reform			



COMMITTEE ON RULES

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2011 AUG - 1 AM 9:27

**Senator
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MAJORITY LEADER**

**Senator
Judith P. Guthertz
VICE CHAIRPERSON
ASST. MAJORITY LEADER**

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**Senator
Thomas C. Ada**

**Senator
Adolpho B. Palacios, Sr.**

**Senator
vicente c. pangelinan**

**MINORITY
MEMBERS:**

**Senator
Aline A. Yamashita
ASST. MINORITY LEADER**

**Senator
Christopher M. Ducnas**

July 28, 2011

MEMORANDUM

To: Pat Santos
Clerk of the Legislature

Attorney Therese M. Terlaje
Legislative Legal Counsel

From: Senator Judith P. Guthertz, DPA
Acting Chairperson, Committee on Rules

u

Subject: Referral of Bill No. 276-31

As the Acting Chairperson of the Committee on Rules, I am forwarding my referral of Bill No. 276-31 (COR).

Please ensure that the subject bill is referred, in my name, to the respective committee, as shown on the attachment. I also request that the same be forwarded to all members of *I Mina'trentai Unu na Liheslaturan Guåhan*.

Should you have any questions, please feel free to contact our office at 472-7679.

Si Yu'os Ma'åsel!

(1) Attachment

I Mina'Trentai Unu Na Liheslaturan Guåhan

Bill Log Sheet

July 28, 2011

Page 1 of 1

Bill No.	Sponsor(s)	Title	Date Introduced	Date Referred	120 Day Deadline	Committee Referred	Public Hearing Date	Date Committee Report Filed	Status (Date) Passed? Failed? Vetoed? Overridden? Public Law?
276-31 (COR)	V. Anthony Ada, v. c. pangelinan	AN ACT TO REQUIRE THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES TO CONDUCT A FEASIBILITY STUDY ON PROVIDING AFTER-HOUR URGENT CARE SERVICES IN THE PUBLIC HEALTH CENTERS.	07/28/11 10:57 a.m.	7/28/11		Committee on Health & Human Services Senior Citizens, Economic Development and Election Reform			



Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>

1st Notice of Public Hearing September 15,2011

1 message

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Thu, Sep 8, 2011 at 9:19 AM

To: "Dennis Rodriguez Jr." <senatorrodriguez@gmail.com>, "Adolpho B. Palacios" <senabpalacios@gmail.com>, Aline Yamashita <aline4families@gmail.com>, Ben Pangelinan <senbenp@guam.net>, Benjamin JF Cruz <senadotbjcruz@gmail.com>, Chris Duenas <duenasenator@gmail.com>, "Dr. Sam Mabini" <senatorsam@senatormabini.com>, "Frank Blas Jr." <frank.blasjr@gmail.com>, Judi Guthertz <judiguthertz@pticom.com>, Judi Won Pat <speaker@judiwonpat.com>, Mana Silva Taijeron <senatormana@gmail.com>, "Rory J. Respicio" <roryforguam@gmail.com>, Tina Muna Barnes <tinamunabarnes@gmail.com>, Tom Ada <tom@senatorada.org>, Tony Ada <senatorTonyada@guamlegislature.org>

Cc: phnotice@guamlegislature.org

Ufisinan Todu Guam
 SENATOR DENNIS G. RODRIGUEZ, Jr.
 I Mina'trentai Unu Na Liheslaturan Guåhan
 CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
 ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

Senators,

Buenas yan Hafa Adai!

Please find attached first notice of public hearing for September 15, 2011. Thank you and have a great day!

Si Yu'os Ma'ase.

Sincerely,

Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: [671.649.8638](tel:671.649.8638)Email: Cherbert.senatorrodriguez@gmail.com

This e-mail may contain data that is confidential, proprietary or non-public personal information, as that term is defined in the Gramm-Leach-Bliley Act (collectively, Confidential Information).

The Confidential Information is disclosed conditioned upon your agreement that you will treat it confidentially and in accordance with applicable law, ensure that such data isn't used or disclosed except for the limited purpose for which it's being provided and will notify and cooperate with us regarding any requested or unauthorized disclosure or use of any Confidential Information.

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 **Senators 1st Notice Public Hearing Sep.15, 2011.pdf**
86K

Listserv: phnotice@guamlegislature.org

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SENATOR DENNIS G. RODRIGUEZ, JR.

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Federal, Foreign &
Micronesian
Affairs, & Human &
Natural Resources

Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

TO: ALL SENATORS
FROM: SENATOR DENNIS G. RODRIGUEZ, JR.
CHAIRPERSON *R*
SUBJECT: 1ST NOTICE OF PUBLIC HEARING /

1ST NOTICE OF PUBLIC HEARING
Thursday, September 15, 2011 8:30AM

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform will be conducting a Public Hearing on September 15, 2011, at *I Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

8:30AM

- **Bill No. 267-31 (COR) - An act to amend §90A101 and §90A102 of Chapter 90A of Title 10 of the Guam Code Annotated relative to the prohibition and sale of candy cigarettes. (By B.J.F. Cruz)**
- **Bill No. 274-31 (COR) - An act to add a new Article 23 to Chapter 12 of 10GCA relative to creating the Physician Education Incentive Program. (By V.A. Ada)**
- **Bill No. 275-31 (COR)- to add a new Item 15 to §58104 of Chapter 58 Title 12 relative to authorizing the granting of qualifying certificates as an incentive to attract Physicians/Clinics practicing in specialties where Guam patients are required to seek treatment outside of Guam. (By V.A. Ada)**
- **Bill No. 276-31 (COR)- An act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers. (By V.A. Ada)**

1:30PM

- **Bill No. 285-31 (COR)- An act to mandate healthy foods to be sold in vending machines in all Government of Guam buildings, by adding a new §22420.1 to Article 4, Chapter 22, Title 5, Guam Code Annotated, and a new §23109 to Chapter 23, Part 1, Division 2, Title 10, Guam Code Annotated. (By D. G. Rodriguez, Jr.)**
- **Bill No. 292-31 (COR)- An act to authorize the Community Health Centers of the Department of Public Health and Social Services to obtain reimbursement for services rendered to Medically Indigent Program Patients, by amending §3812 of Article 8, Chapter 3, and by**

Ufisinan Todu Guam • 31st Guam Legislature

176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520

E-mail: senatordrodriguez@gmail.com

- **amending §2912.10 of Article 9, Chapter 2, of Title 10, Guam Code Annotated. (By D. G. Rodriguez, Jr.)**
- **The Executive Appointment of Dr. Gregory Miller to be a Board Member on Guam Board of Allied Health Examiners**

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to senatordrodriguez@gmail.com.

We comply with Title II of the Americans with Disabilities Act (ADA). Individuals who require an auxiliary aid or service (i.e. qualified sign language interpreters, documents in Braille, large print, etc.) for effective communication, or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact Clifton Herbert at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event. We look forward to your attendance and participation.

For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)



Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>

1st Notice of Public Hearing for September 15, 2011

1 message

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Thu, Sep 8, 2011 at 9:21 AM

To: clynt@spbgum.com, dcrisostomo@guampdn.com, dmgeorge@guampdn.com, dtamondong@guampdn.com, gdumat-ol@guampdn.com, gerry@mvguam.com, hottips@kuam.com, jason@kuam.com, john@kuam.com, jtyquiengco@spbgum.com, marvic@mvguam.com, mindy@kuam.com, mpieper@guampdn.com, mvariety@pticom.com, news@spbgum.com, nick.delgado@kuam.com, parroyo@k57.com, reporter3@glimpsesofiguam.com, rgibson@k57.com, ricknauta@hitradio100.com, sabrina@kuam.com, slimtiaco@guampdn.com, thebigshow@k57.com, therese.hart.writer@gmail.com, zita@mvguam.com, James <officemanager@hitradio100.com>, Jesse Lujan <jesselujan27@yahoo.com>, "Jon A. Anderson" <editor@mvguam.com>, Katrina <life@guampdn.com>, Kevin Kerrigan <kevin@spbgum.com>, Kevin Kerrigan <news@k57.com>, Lannie Walker <lannie@kuam.com>, Laura Matthews <llmatthews@guampdn.com>, Pacific Daily News <news@guampdn.com>, William Gibson <breakfastshowk57@gmail.com>, Oyaol Ngirairikl <odngirairikl@guampdn.com>

Bcc: jmesngon.senatorrodriguez@gmail.com

Ufisinan Todu Guam
 SENATOR DENNIS G. RODRIGUEZ, Jr.
 I Mina'trentai Unu Na Liheslaturan Guåhan
 CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
 ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

PRESS RELEASE

FIRST NOTICE OF PUBLIC HEARING

Thursday, September 15, 2011 8:30AM

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform will be conducting a Public Hearing on, September 15, 2011, at *I Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

8:30AM

- ***Bill No. 267-31 (COR) - An act to amend §90A101 and §90A102 of Chapter 90A of Title 10 of the Guam Code Annotated relative to the prohibition and sale of candy cigarettes. (By B.J.F. Cruz)***
- ***Bill No. 274-31 (COR) - An act to add a new Article 23 to Chapter 12 of 10GCA relative to creating the Physician Education Incentive Program. (By V.A. Ada)***
- ***Bill No. 275-31 (COR)- to add a new Item 15 to §58104 of Chapter 58 Title 12 relative to authorizing the granting of qualifying certificates as an incentive to attract***

Physicians/Clinics practicing in specialties where Guam patients are required to seek treatment outside of Guam. (By V.A. Ada)

- **Bill No. 276-31 (COR)- An act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers. (By V.A. Ada)**

1:30PM

- **Bill No. 278-31 (COR)- An act relative to the credentialing of qualified individuals applying for a dental license in Guam, by adding a new subsection (c) to §12411 of Article 4, Part 1, Title 10, Guam Code Annotated. (By D. G. Rodriguez, Jr.)**

- **Bill No. 285-31 (COR)- An act to mandate healthy foods to be sold in vending machines in all Government of Guam buildings, by adding a new §22420.1 to Article 4, Chapter 22, Title 5, Guam Code Annotated, and a new §23109 to Chapter 23, Part 1, Division 2, Title 10, Guam Code Annotated. (By D. G. Rodriguez, Jr.)**

- **Bill No. 292-31 (COR)- An act to authorize the Community Health Centers of the Department of Public Health and Social Services to obtain reimbursement for services rendered to Medically Indigent Program Patients, by amending §3812 of Article 8, Chapter 3, and by amending §2912.10 of Article 9, Chapter 2, of Title 10, Guam Code Annotated. (By D. G. Rodriguez, Jr.)**

- **The Executive Appointment of Dr. Gregory Miller to be a Board Member on Guam Board of Allied Health Examiners**

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to senatordrodriguez@gmail.com.

We comply with Title II of the Americans with Disabilities Act (ADA). Individuals who require an auxiliary aid or service (i.e. qualified sign language interpreters, documents in Braille, large print, etc.) for effective communication, or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact our office at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event. We look forward to your attendance and participation.

For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)

###

Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638

Email: Cherbert.senatordrodriguez@gmail.com

This e-mail may contain data that is confidential, proprietary or non-public personal information, as that term is defined in the Gramm-Leach-Bliley Act (collectively, Confidential Information).

The Confidential Information is disclosed conditioned upon your agreement that you will treat it confidentially and in accordance with applicable law, ensure that such data isn't used or disclosed except for the limited purpose for which it's being provided and will notify and cooperate with us regarding any requested or unauthorized disclosure or use of any Confidential Information.

By accepting and reviewing the Confidential information, you agree to indemnify us against any losses or expenses, including attorney's fees that we may incur as a result of any unauthorized use or disclosure of this data due to your acts or omissions. If a party other than the intended recipient receives this e-mail, he or she is requested to instantly notify us of the erroneous delivery and return to us all data so delivered.

 **Public Hearing 1st Notice Sep 15, 2011.pdf**

86K



Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>

2nd Notice of Public Hearing

1 message

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Tue, Sep 13, 2011 at 11:41 AM

To: "Dennis Rodriguez Jr." <senatorrodriguez@gmail.com>, "Adolpho B. Palacios" <senabpalacios@gmail.com>, Aline Yamashita <aline4families@gmail.com>, Ben Pangelinan <senbenp@guam.net>, Benjamin JF Cruz <senadotbjcruz@gmail.com>, Chris Duenas <duenasenator@gmail.com>, "Dr. Sam Mabini" <senatorsam@senatormabini.com>, "Frank Blas Jr." <frank.blasjr@gmail.com>, Judi Guthertz <judiguthertz@pticom.com>, Judi Won Pat <speaker@judiwonpat.com>, Mana Silva Tajieron <senatormana@gmail.com>, "Rory J. Respicio" <roryforguam@gmail.com>, Tina Muna Barnes <tinamunabarnes@gmail.com>, Tom Ada <tom@senatorada.org>, Tony Ada <senatorTonyada@guamlegislature.org>
Cc: phnotice@guamlegislature.org
Bcc: jmesngon.senatorrodriguez@gmail.com

--

Ufisinan Todu Guam
SENATOR DENNIS G. RODRIGUEZ, Jr.
I Mina'trentai Unu Na Liheslaturan Guahan
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

Senators,

Buenas yan Hafa Adai!

Please find attached 2nd Notice of Public Hearing for September 15, 2011. Thank you and have a great day!

Sincerely,

Clifton Herbert

*176 Serenu Avenue Suite 107 Tamuning, Guam 96931**Telephone: 671.649.8638**Email: Cherbert.senatorrodriguez@gmail.com*

This e-mail may contain data that is confidential, proprietary or non-public personal information, as that term is defined in the Gramm-Leach-Bliley Act (collectively, Confidential Information).

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By accepting and reviewing the Confidential information, you agree to indemnify us against any losses or expenses, including attorney's fees that we may incur as a result of any unauthorized use or disclosure of this data due to your acts or omissions. If a party other than the intended recipient receives this e-mail, he or she is requested to instantly notify us of the erroneous delivery and return to us all data so delivered.



Senators 2nd Notice Public Hearing Sep.15, 2011.pdf
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SENATOR DENNIS G. RODRIGUEZ, JR.

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Federal, Foreign &
Micronesian
Affairs, & Human &
Natural Resources

Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

TO: ALL SENATORS

FROM: SENATOR DENNIS G. RODRIGUEZ, JR. 
CHAIRPERSON

SUBJECT: 2nd NOTICE OF PUBLIC HEARING

2nd NOTICE OF PUBLIC HEARING
Thursday, September 15, 2011 8:30AM

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform will be conducting a Public Hearing on September 15, 2011, at *I Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

8:30AM

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- **Bill No. 276-31 (COR)- An act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers. (By V.A. Ada)**

1:30PM

- **Bill No. 285-31 (COR)- An act to mandate healthy foods to be sold in vending machines in all Government of Guam buildings, by adding a new §22420.1 to Article 4, Chapter 22, Title 5, Guam Code Annotated, and a new §23109 to Chapter 23, Part 1, Division 2, Title 10, Guam Code Annotated. (By D. G. Rodriguez, Jr.)**
- **Bill No. 292-31 (COR)- An act to authorize the Community Health Centers of the Department of Public Health and Social Services to obtain reimbursement for services rendered to Medically Indigent Program Patients, by amending §3812 of Article 8, Chapter 3, and by**

Ufisinan Todu Guam • 31st Guam Legislature

176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520

E-mail: senatordrosdriguez@gmail.com

- **amending §2912.10 of Article 9, Chapter 2, of Title 10, Guam Code Annotated. (By D. G. Rodriguez, Jr.)**
- **The Executive Appointment of Dr. Gregory Miller to be a Board Member on Guam Board of Allied Health Examiners**

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to senatordrodriguez@gmail.com.

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For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)



Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>

Public Hearing 2nd Notice September 15, 2011

1 message

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Tue, Sep 13, 2011 at 11:45 AM

To: clynt@spbgum.com, dcristostomo@guampdn.com, dmgeorge@guampdn.com, dtamondong@guampdn.com, gdumat-ol@guampdn.com, gerry@mvguam.com, hottips@kuam.com, jason@kuam.com, john@kuam.com, jtyquiengco@spbgum.com, marvic@mvguam.com, mindy@kuam.com, mpieper@guampdn.com, mvariety@pticom.com, news@spbgum.com, nick.delgado@kuam.com, parroyo@k57.com, reporter3@glimpsesofguam.com, rgibson@k57.com, ricknauta@hitradio100.com, sabrina@kuam.com, slimtiaco@guampdn.com, thebigshow@k57.com, therese.hart.writer@gmail.com, zita@mvguam.com, James <officemanager@hitradio100.com>, Jesse Lujan <jesselujan27@yahoo.com>, "Jon A. Anderson" <editor@mvguam.com>, Katrina <life@guampdn.com>, Kevin Kerrigan <kevin@spbgum.com>, Kevin Kerrigan <news@k57.com>, Lannie Walker <lannie@kuam.com>, Laura Matthews <llmatthews@guampdn.com>, Pacific Daily News <news@guampdn.com>, William Gibson <breakfastshowk57@gmail.com>, Oyaol Ngirairikl <odngirairikl@guampdn.com>

Bcc: jmesngon.senatorrodriguez@gmail.com

Ufisinan Todu Guam
 SENATOR DENNIS G. RODRIGUEZ, Jr.
 I Mina'trentai Unu Na Liheslaturan Guåhan
 CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
 ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638

Email: Cherbert.senatorrodriguez@gmail.com

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2 attachments



Public Hearing 2nd Notice Sep 15, 2011.doc

94K



Public Hearing 2nd Notice Sep 15, 2011.pdf

400K



SENATOR DENNIS G. RODRIGUEZ, JR.

PRESS RELEASE

SECOND NOTICE OF PUBLIC HEARING

Thursday, September 15, 2011 8:30AM

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Federal, Foreign &
Micronesian
Affairs, & Human &
Natural Resources

Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

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8:30AM

- **Bill No. 267-31 (COR) - An act to amend §90A101 and §90A102 of Chapter 90A of Title 10 of the Guam Code Annotated relative to the prohibition and sale of candy cigarettes. (By B.J.F. Cruz)**
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- **Bill No. 275-31 (COR)- to add a new Item 15 to §58104 of Chapter 58 Title 12 relative to authorizing the granting of qualifying certificates as an incentive to attract Physicians/Clinics practicing in specialties where Guam patients are required to seek treatment outside of Guam. (By V.A. Ada)**
- **Bill No. 276-31 (COR)- An act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers. (By V.A. Ada)**

1:30PM

- **Bill No. 278-31 (COR)- An act relative to the credentialing of qualified individuals applying for a dental license in Guam, by adding a new subsection (c) to §12411 of Article 4, Part 1, Title 10, Guam Code Annotated. (By D. G. Rodriguez, Jr.)**
- **Bill No. 285-31 (COR)- An act to mandate healthy foods to be sold in vending machines in all Government of Guam buildings, by adding a new §22420.1 to Article 4, Chapter 22, Title 5, Guam Code Annotated, and a new §23109 to Chapter 23, Part 1, Division 2, Title 10, Guam Code Annotated. (By D. G. Rodriguez, Jr.)**

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176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520
E-mail: senatordrodriguez@gmail.com

- **Bill No. 292-31 (COR)- An act to authorize the Community Health Centers of the Department of Public Health and Social Services to obtain reimbursement for services rendered to Medically Indigent Program Patients, by amending §3812 of Article 8, Chapter 3, and by amending §2912.10 of Article 9, Chapter 2, of Title 10, Guam Code Annotated. (By D. G. Rodriguez, Jr.)**
- **The Executive Appointment of Dr. Gregory Miller to be a Board Member on Guam Board of Allied Health Examiners**

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to senatordrodriguez@gmail.com.

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For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)

###



Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>

Invitation for testimony at Public Hearing

1 message

Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>

Thu, Sep 8, 2011 at 12:49
PM

To: James Gillan <james.gillan@dphss.guam.gov>

Hafa Adai!

Attached is a letter inviting you to testify on bills relative to public health. We look forward to your participation and/or attendance.

Thank you!
Joseph A. Q. Mesngon
Office of Senator Dennis G. Rodriguez, Jr.
I Mina'trentai Unu Na Liheslaturan Guahan
31st Guam Legislature
176 Serenu Avenue Suite 107
Tamuning, Guam 96913
[671.649.8638](tel:671.649.8638)

 **Ltr to DPHSS Director 9-15.pdf**
65K



SENATOR DENNIS G. RODRIGUEZ, JR.

September 8, 2011

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Federal, Foreign &
Micronesian
Affairs, & Human &
Natural Resources

Member,
Committee on the
Guam Military Buildup &
Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

James W. Gillan
Director
Department of Public Health and Social Services
Mangilao, Guam

Dear Mr. Gillan

Buenas yan Håfa Adai! I would like to invite you, members of your team and the respective Boards/Commissions that fall under your administrative purview to provide testimony at a public hearing on the following:

8:30am

- **Bill 267-31 (COR)**- An act to amend §90A101 and §90A102 of Chapter 90A of Title 10 of the Guam Code Annotated relative to the prohibition and sale of candy cigarettes, introduced by Sen. Benjamin J. F. Cruz.
- **Bill 276-31 (COR)**- An act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers. Introduced by Sen. V. Anthony Ada.

1:30pm

- **Bill 278-31 (COR)**- An act relative to the credentialing of qualified individuals applying for a dental license in Guam, by adding a new subsection (c) to §12411 of Article 4, Part 1, Title 10, Guam Code Annotated, introduced by myself.
- **Bill 285-31 (COR)**- An act to mandate healthy foods to be sold in vending machines in all Government of Guam buildings, by adding a new §22420.1 to Article 4, Chapter 22, Title 5, Guam Code Annotated, and a new §23109 to Chapter 23, Part 1, Division 2, Title 10, Guam Code Annotated, introduced by myself.
- **Bill 292-31 (LS)**- An act to authorize the Community Health Centers of the Department of Public Health & Social Services to obtain reimbursement for services rendered to Medically Indigent Program Patients, by amending §3812 of Article 8, Chapter 3, and by amending §2912.10 of Article 9, Chapter 2, of Title 10, Guam Code Annotated, introduced by myself.

The public hearing is scheduled for Thursday, September 15, 2011 at 8:30am & 1:30pm at *I Liheslatura's* Public Hearing Room in *Hagåtña*. Written testimony may be submitted to me at: senatordrodriguez@gmail.com or delivered to my office or at *I Liheslatura's* Mailroom.

You may read the bills on our legislature website at www.guamlegislature.org.

I look forward to your attendance and participation. For more information, please contact my office. *Si Yu'os Ma'åse'!*

Senseramente,

Dennis G. Rodriguez, Jr.

Ufisinan Todu Guam • 31st Guam Legislature

176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520
E-mail: senatordrodriguez@gmail.com



SENATOR DENNIS G. RODRIGUEZ, JR.

PUBLIC HEARING AGENDA

THURSDAY SEPTEMBER 15, 2011

8:30AM

Public Hearing Room, *I Liheslaturan Guåhan*, Hagatña, Guam

I. Call to Order

II. Announcements

III. Items for Public Consideration

8:30AM

- **Bill No. 267-31 (COR) - An act to amend §90A101 and §90A102 of Chapter 90A of Title 10 of the Guam Code Annotated relative to the prohibition and sale of candy cigarettes. (By B.J.F. Cruz)**
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- **The Executive Appointment of Dr. Gregory Miller to be a Board Member on Guam Board of Allied Health Examiners**

IV. Announcements

V. Adjournment

The Committee requests that, if written testimonies are to be presented at the hearing, copies be submitted one day prior to the public hearing date, to the Office of Senator Dennis G. Rodriguez, Jr. at 176 Serenu Avenue Suite 107, Tamuning, Guam, at our mailbox in the Legislature Building at 155 Hesler Place, Hagatña, Guam or via email to senatordrodriguez@gmail.com. Copies of the aforementioned Resolution and/or Bills may be obtained at *I Liheslaturan Guåhan's* website at www.guamlegislature.org. Individuals requiring special accommodations or services, please contact our office at 649-8638. We look forward to your presence and participation.

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

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Committee on
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Housing & Recreation

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Federal, Foreign &
Micronesian
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Guam Military Buildup
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Appropriations,
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Public Debt, Banking,
Insurance,
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Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

Ufisanan Todu Guam • 31st Guam Legislature

176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520

E-mail: senatordrodriguez@gmail.com



NOTICE of PUBLIC HEARING

The Committee on Health & Human Services, Economic Development, Senior Citizens & Election Reform is conducting a Public Hearing on Thurs., Sept. 15, 2011 at 8:30am on the following:

Bill 267-31 (COR)- An act to amend §90A101 and §90A102 of Chapter 90A of Title 10 of the Guam Code Annotated relative to the prohibition and sale of candy cigarettes, by Sen. B. J. Cruz.

Bill 274-31 (COR)- An act to add a new Article 23 to Chapter 12 of 10GCA relative to creating the Physician Education Incentive Program, by Sen. Tony Ada.

Bill 275-31 (COR)- An act to add a new Item 15 to §58104 of Chapter 58, Title 12 relative to authorizing the granting of Qualifying Certificates as an incentive to attract Physicians/Clinics practicing in specialties where Guam patients are required to seek treatment outside of Guam, by Sen. Tony Ada.

Bill 276-31 (COR)- An act to require the Department of Public Health and Social Services to conduct a feasibility study on providing after-hour urgent care services in the public health centers, by Sen. Tony Ada.

Testimonies should be addressed to Sen. Dennis Rodriguez, Jr., Chairman, and may be submitted via hand delivery to our office at 176 Serenu Ave. Ste 107 Tamuning, Guam or our mailbox at I Liheslatura's Mailroom or via email to: senatordrodriguez@gmail.com

Senator Dennis G. Rodriguez, Jr.

Slides run on starting Sept. 09, 2011



NOTICE of PUBLIC HEARING

The Committee on Health & Human Services, Economic Development, Senior Citizens & Election Reform is conducting a Public & Confirmation Hearing on Thurs., Sept. 15, 2011 at 1:30pm on the following:

Bill 285-31 (COR)- An act to mandate healthy foods to be sold in vending machines in all Government of Guam buildings, by adding a new § 22420.1 to Article 4, Chapter 22, Title 5, GCA, and a new §23109 to Chpt. 23, Part 1, Division 2, Title 10, GCA, by Sen. DG Rodriguez, Jr.

Bill 292-31 (COR)- An act to authorize the Community Health Centers of the Dept. of Public Health & Social Services to obtain reimbursement for services rendered to MIP Patients, by amending §3812 of Article 8, Chpt. 3, and by amending §2912.10 of Article 9, Chpt. 2 of Title 10, GCA, by Sen. DG Rodriguez, Jr.

The Confirmation Hearing for Dr. Gregory Miller to serve as Member on the Guam Board of Allied Health Examiners.

Testimonies should be addressed to Sen. Dennis Rodriguez, Jr., Chairman, and may be submitted via hand delivery to our office at 176 Serenu Ave. Ste 107 Tamuning, Guam or our mailbox at I Liheslatura's Mailroom or via email to: senatordrodriguez@gmail.com

Senator Dennis G. Rodriguez, Jr.

Slides run on starting Sept. 09, 2011

I MINA' TRENTAI UNU NA LIHESLATURAN GUÅHAN
2011 (FIRST) Regular Session

2011 JUL 28 PM 10:57

Bill No. 276-31(Cor)

Introduced by:

V. Anthony Ada
v.c. pangelinan



**AN ACT TO REQUIRE THE DEPARTMENT OF PUBLIC
HEALTH AND SOCIAL SERVICES TO CONDUCT A
FEASIBILITY STUDY ON PROVIDING AFTER-HOUR
URGENT CARE SERVICES IN THE PUBLIC HEALTH
CENTERS.**

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

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds
3 that a significant number of patients seen and treated at the GMH emergency room
4 can be classified as urgent care cases rather than emergency or triage cases. It has
5 been a widely accepted belief within the medical and health insurance communities
6 that the GMH emergency room is the most expensive urgent care clinic on Guam.
7 The GMH emergency room is also the only source of urgent care treatment for
8 most of the hour between 5:00pm and 8:00am and 24 hours on weekends.

9 It is the intent of *I Liheslatura* to provide the residents of Guam, regardless
10 of means, with after-hour urgent care medical services in the northern, east-central
11 and southern areas of Guam.

12

13 **Section 2. Scope of the Study.**

14

15 **(a) Clinic Operator.** The study shall include, *but not be limited to*, the
16 viability of the following options:

1 (1) Clinic administered and operated by Department of Public Health
2 and Social Services (DPHSS) personnel that may include full-time and part-
3 time positions.

4 (2) Clinic administered and operated by an independent contractor of
5 Department of Public Health and Social Services (DPHSS).

6 (3) A fully private clinic operated, rent, utility and insurance free; by a
7 private organization in exchange for accepting MIP, Medicaid and Self-
8 paying patients.

9
10 **(c) Minimum Standards.** All options shall meet the minimum industry
11 standards for an urgent care clinic that *may* include diagnostic equipment such as
12 x-ray, ultrasound and electrocardiogram equipment, lab facilities for obtaining
13 specimens, and a pharmacy or dispensary.

14
15 **(c) Funding support.** All options shall consider the factor of accepting self-
16 pay and insured patients as a means to defray and/or support the cost of operations.

17
18 **Section 3. Presentation of the Study.** The study required herein shall be
19 presented to the Speaker of I Liheslatura within six (6) months of the enactment of
20 this Act.

21
22 **Section 4. Appropriation.** I *Maga Lahi Guâhan* is authorized to transfer up
23 to Ten Thousand Dollars (\$10,000) from any unencumbered appropriations of the
24 *General Fund* or *Healthy Futures Fund* to cover the cost of the study authorize
25 herein.