



SENATOR DENNIS G. RODRIGUEZ, JR.

June 22, 2015

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

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

RE: Committee Report – Bill No. 115-33(COR), as Substituted.

Dear Speaker Won Pat:

Transmitted herewith, for your consideration, is the **Committee Report on Bill 115-33 (COR)- An Act to add a new Chapter 82A to Division 4, and to add a new §82201(h) to Chapter 82, both of Title 10, Guam Code Annotated, relative to providing for assisted outpatient treatment services for persons with certain mental illnesses, which shall be known as the baby Alexya Law**; Sponsored by Senator Dennis G. Rodriguez, Jr., and referred to the Committee on Health, Economic Development, Homeland Security and Senior Citizens. Bill No. 115-33(COR) was publicly heard on June 19, 2015.

Committee votes are as follows:

- 5 TO PASS
- ___ NOT TO PASS
- ___ ABSTAIN
- 2 TO REPORT OUT ONLY
- ___ TO PLACE IN INACTIVE FILE

Senseramente,

[Signature]
Senator Dennis G. Rodriguez, Jr.
Chairman

Attachments

2015 JUN 22 10 51 AM
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**COMMITTEE REPORT
ON**

BILL NO. 115-33 (COR)

as

Substituted

An Act to add a new Chapter 82A to Division 4, and to add a new §82201(h) to Chapter 82, both of Title 10, Guam Code Annotated, Relative to providing for assisted outpatient treatment services for persons with certain mental illnesses, which shall be known as the baby Alexya Law.




SENATOR DENNIS G. RODRIGUEZ, JR.

June 22, 2015

MEMORANDUM

To: **ALL MEMBERS**
Committee on Health, Economic Development, Homeland Security and Senior Citizens

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

Subject: **Committee Report on Bill no. 115-33(COR), as Substituted.**

Transmitted herewith, for your consideration, is the **Committee Report on Bill 115-33 (COR)- An Act to add a new Chapter 82A to Division 4, and to add a new §82201(h) to Chapter 82, both of Title 10, Guam Code Annotated, relative to providing for assisted outpatient treatment services for persons with certain mental illnesses, which shall be known as the baby Alexya Law; Sponsored by Senator Dennis G. Rodriguez, Jr.**

This report includes the following:

- Committee Voting Sheet
- Committee Report Narrative/Digest
- Copy of Bill No. 115-33(COR)
- Public Hearing Sign-in Sheet
- Copies of Submitted Testimony and Supporting Documents
- Copy of COR Referral of Bill No. 115-33(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'âse'!

Attachments



SENATOR DENNIS G. RODRIGUEZ, JR.

COMMITTEE VOTING SHEET

Bill 115-33 (COR)- An Act to add a new Chapter 82A to Division 4, and to add a new §82201(h) to Chapter 82, both of Title 10, Guam Code Annotated, relative to providing for assisted outpatient treatment services for persons with certain mental illnesses, which shall be known as the baby Alexya Law; Sponsored by Senator Dennis G. Rodriguez, Jr. as Substituted

	SIGNATURE	TO PASS	NOT TO PASS	ABSTAIN	REPORT OUT ONLY	PLACE IN INACTIVE FILE
DENNIS G. RODRIGUEZ, Jr. Chairman		✓ 6/22				
V. ANTHONY ADA Vice Chairman		6/22 ✓				
BENJAMIN J.F. CRUZ					✓	
RORY J. RESPICIO						
TINA ROSE MUNA-BARNES		✓				
THOMAS C. ADA					✓	
FRANK B. AGUON, Jr. 4/23/15						
NERISSA B. UNDERWOOD						
FRANK F. BLAS, Jr.						
THOMAS A. MORRISON		✓				
BRANT T. MCCREADIE						



SENATOR DENNIS G. RODRIGUEZ, JR.

COMMITTEE REPORT DIGEST

Bill No. 115-33 (COR)

- I. OVERVIEW:** The Committee on Health, Economic Development, Homeland Security and Senior Citizens conducted a public hearing on June 19, 2015. The hearing convened at 9am in I Liheslatura's Public Hearing Room. Among the items on the agenda was the consideration of **Bill 115-33 (COR)- An Act to add a new Chapter 82A to Division 4, and to add a new §82201(h) to Chapter 82, both of Title 10, Guam Code Annotated, relative to providing for assisted outpatient treatment services for persons with certain mental illnesses, which shall be known as the baby Alexya Law; Sponsored by Senator Dennis G. Rodriguez, Jr.**

Public Notice Requirements

Notices were disseminated via hand-delivery/fax and/or email to all senators and all main media broadcasting outlets on June 12, 2015 (5-day notice), and again on June 16, 2015 (48-hour notice).

Senators Present

Senator Dennis G. Rodriguez, Jr. Chairman
Senator V. Anthony Ada Vice Chairman

The public hearing on agenda item Bill No. 115-33(COR) was called to order at 9:05a.m.

II. SUMMARY OF TESTIMONY & DISCUSSION.

Senator Dennis G. Rodriguez, Jr.:

Hafa Adai. Good Morning. We'll start off with 115-33. I'd like to ask those who have signed up to please come forward. We have Mr. Fred and Alyssa Esser. Please join us up here. Mr. Rey Vega, Phil Tydingco from the AG's Office, Dr. Ishmael, and Benny Pinaula. Maybe we can add some chairs so that we can all just take it on.

Thank you again very much for being here this morning. Just a brief synopsis of what Bill 115 is. First of all it was introduced by myself and 11 other or 12 other colleagues of mine and so this is an act to add a new Chapter 82 A to Division 4 and to add a new subsection 82201H to Chapter 82 both of Title 10 Guam Code Annotated. To provide for assistant outpatient treatment services for which persons with certain mental illnesses which shall be known as the Baby Alexya Law and baby Alexya is here with us this morning. I want to thank her for being so cute and for being here. Of course her brother Roman thank you very much Roman for being here as well.

The intent of this bill is to close a gap. A loop hole in services that we have over at the Guam Behavioral Health and Wellness Center. It is outpatient treatment that there are certain criteria that individuals have to meet before the department could seek a petition from the courts to get these individuals into assisted outpatient treatment. One of the perquisites is that this individual is currently in an inpatient setting is going to be ending that treatment program or transitioning out of

Chairman, Committee on Health, Economic Development, Homeland Security & Senior Citizens

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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 / www.todugam.com



SENATOR DENNIS G. RODRIGUEZ, JR.

mental health court or is a former client of the department and so we really don't like to speak so much about the incident but unfortunately we do. We've seen that the incident took place with baby Alexya. That the individual was former client of the department and had this individual still being monitored and being treated for the situation that she has perhaps this type of incident would have been avoided and so this legislation is meant to protect to the community but also to protect these individuals from harm from themselves and so we want to move this legislation forward. We take into consideration that the Esser family who have been here for four years on Guam will be relocating so we want to ensure that before you do leave that we do take care and address this problem that unfortunately you've experienced and ensure baby Alexya will always be remembered by the people of Guam and so thank you very much. I will now ask the Esser's if you would like to provide a testimony.

Fred Esser:

Please see written testimony.

Senator Dennis G. Rodriguez, Jr.:

Alright thank you very much Mr. Esser for your testimony. Would Mrs. Esser like to add any? And please you may if you'd like to.

Alyssa Esser:

I can't say how good this makes me feel because everyone's support has been amazing. It's not just for us it's about the people of Guam and making sure that its safe here. We were told that the last time any law had been changed was in 1970 when it came to mental health and this shows that if we can make a positive change and not just treat... I'm not good at this sorry. I guess the biggest thing right now we feel that with this law we could a humongous change to make sure that we are protecting the people of Guam but the person/people that are fighting mental illness have mental illness. We're also helping them because by getting treatment they are also going to be better off. So it's not just about the people of Guam and making it safer its also making it better for the people that are fighting mental illness and making sure they continue their care. It's so hard when it comes to mental illness there's so many different aspects but if we can make sure that they stay on the right road we're also helping them out to. This is about them and it's also about keeping Guam safe. I'm sorry.

Senator Dennis G. Rodriguez, Jr.:

Thank you very much Alyssa for that. Thank you. Mr. Vega?

Rey Vega:

Good Morning everyone, Senator Rodriguez, and Senator Tony Ada. If I may request the committee, Senators that I defer my... I would like my Medical Director to go first and then I'll follow. Thank you.

Dr. Ishmael Ariel:

Please see written testimony



SENATOR DENNIS G. RODRIGUEZ, JR.

Senator Dennis G. Rodriguez, Jr.:

Thank you very much Dr. Ishmael and I just want to thank you also Doc for bringing this to our attention and for really working with us and developing this piece of legislation. There was a lot of back and forth. A lot of input from the department. I also want to thank the intern you had Meka Balajadia for her work in putting to this piece of legislation too. So thank you very much. Mr. Vega?

Rey Vega:

Good Morning Senators. My name is Rey Vega and I am the Director for the Guam Behavioral Health and Wellness Center. I'm here to fully support the proposed legislation. The clinical team has been from Guam Behavioral Health and Wellness Center has been totally behind this initiative. We've discussed the pros and the cons but the pros I think out-weighs the cons. We're here to provide testimony as far as the outcome of this legislation as far clinical treatment and services concerned. There's no question that if we're able to pass legislation there is a target population those will be affected with this and it would clearly benefit the criteria is to us as we discussed it is quite clear. There may be some individuals who will not fall under that category but we also want to capture those that are falling that category or in are given a successful yet a compliant attitude toward treatment and services. They are a productive citizen in the community. So we are fully in support of this legislation. The most common question that was asked of me was what is the impact of this legislation to the cost to providing this service based on court order. It is less on a maintenance level. The cost of providing services is less than when we see individuals who are acutely ill. What I'm trying to say is if they're being maintained they don't decompensate as often as possible but if they are not in a compliance mode they are not taking their medications eventually they will decompensate and eventually end up in an acutely ill state or maybe in active psychosis. So the cost of providing services in an acute episode is more than providing services on a maintenance mode because they would have to go to Guam Memorial Hospital for medical clearance and they if they've been medically cleared they would transfer to the inpatient unit at the Guam Behavioral Health and Wellness Center. As we all know its cheaper to provide services at an outpatient basis than the inpatient so as far as a financial impact its actually less costly for us to provide outpatient services than inpatient. For the record I would like to support this legislation. Thank you.

Senator Dennis G. Rodriguez, Jr.:

Thank you very much Mr. Vega. Mr. Pinaula?

Mr. Benny Pinaula:

Good Morning Senator Rodriguez and Senator Ada. I'm here to also throw my support behind Bill 115-33. We are in support of this bill for obvious reasons. For the safety factor, for our community, and families obviously. As the Director mentioned when we were looking at maintenance it's always easier and cheaper when we do preventive maintenance and this is how we see it. It's a preventative maintenance procedure when you help individuals who are at their home in setting that they are comfortable with rather than them being at the hospital or at our Guam Behavioral Health and Wellness Center its way cheaper. The admission and the workup expense is dramatic and it's a huge cost to the Government of Guam and to the community as opposed to going out to the patients home and servicing them. So the preventive measure is something that we support as an outpatient if these procedures and this operation actually is being done throughout many jurisdictions in the United



SENATOR DENNIS G. RODRIGUEZ, JR.

States so it's not uncommon. This is not a new area of medicine that we are embarking on. This actually does happen in other jurisdictions. We also think that its wrong to have an individual decompensate or go through acute psychosis when we can help them and this is a procedure that we can offer and we are happy to offer. So we are in support of this bill and we'd like to thank you for introducing this legislation and we hope that this measure passes and becomes law. Thank you.

Senator Dennis G. Rodriguez, Jr.:

Thank you very much Mr. Pinaula. Now I have Mr. Phil Tydingco , the Chief Prosecutor from the office of the Attorney General.

Phil Tydingco:

Buenas yan Hafa Adai Mr. Chairman, Senator Dennis Rodriguez and Senator Tony Ada. Phil Tydingco on behalf of the office of the Attorney General Elizabeth Barrett-Andersen. Of course she and I are both in support of the concept that strengthening our mental health laws to both safeguard the community as well as safeguard the individual who is suffering from severe psychiatric illness or disorder. Certainly I think there was a need to update the statute. I haven't really analyzed it from a civil attorney perspective because it appears that it will be the civil attorneys who would have to participate in that so I'll give a heads up that they should probably take a look at it. But in reviewing it real quickly within the last 24 hours I just want to raise some potential amendments we may want to consider for at least put that on the record. On page 9 you know basically list the petition. These are all the elements for requiring someone to qualify for the assisted outpatient treatment and commitment. I know under... between lines 9 more specifically down the lines 14 through 16 it uses the term under section 6 sub II resulted in one or more acts, attempts, or threats of serious violent behavior towards self or within others. We may want to consider using the language of attempts of bodily or serious bodily injury rather than just simply violent behavior because then we have the issue of the finding what is violent behavior and or also including references to Chapter 16 and 19 of Title 9 which are the criminal offenses of all the different forms of assault, terrorizing, homicide. So you may want to... the point is I'm trying to make it consistent with other statutes so that we can... same thing that occurs down on the same page of 9 on line 24 again we have the term of that we use serious bodily harm. Again we may want to say or bodily harm or serious bodily injuries just so that... because there's a definition already in Title 9 that you can use rather than us trying to figure out. You know I'm trying to figure out how a Defense Attorney would play with this or how I would have played with it when I was a Defense Attorney. Again there's a terminology on the next page between lines 2 and 4 the use of serious physical harm. See there's all different usages so if we keep it consistent I think it will be a workable statute under... consistent with other laws. Let's see. So I'm just going through the technical legal issues that jumped out at me. Okay, let's jump ahead. I want to make sure that I don't leave anything out. Okay. Another technical legal issue on page 16 I think it's from Line 2 through 4 patients have physically resist or fail. Because the first part of that indicates whichever center the patient chooses and by the way the use of the term patient you may want to consult the behavioral mental health folks. I don't know if that's the verbiage that's used in the 21st century. I don't know if they still use the term patients. You may want to put patients or clients or consumers. I know it always changes so you know to be politically and correct with the research of how we refer to the folks who receive treatment. Patient is the old medical model terminology. Anyway where it says patients who physically resist or fail to select a treatment

Chairman, Committee on Health, Economic Development, Homeland Security & Senior Citizens

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

E-mail: senatordrodriguez@gmail.com / www.todugam.com



SENATOR DENNIS G. RODRIGUEZ, JR.

location shall be treated at a treatment center designated by GBHWC or to designee. Just to be real clear who in the event that the person is so disabled that they can't choose and then so mental health, I still call it mental health but GBHWC or its designee can actually makes it clear that they will then select it. Let's see. Those jumped out. Let's see. Oh and I think this one is just a typo on page 19. Line 20 it says this is for the emergency evaluation within twenty there's a six in there I don't know why that's there. I think it's meant to be just within 24 hours of the individuals placement. You just got to strike out the six. Also above I know you restrict it to law enforcement but I know sometimes transportation is done by GFD. So you might want to say or GFD. Right? Sometimes when they respond they use the ambulance services sometimes and it's something to consider because GFD may not agree to that but sometimes that happens. Otherwise that was all that I was able to you know legally try to scrub it real quickly but I'll ask the civil side to take a look at it because it would have to understand this process once it becomes law. You know how it's actually going to physically and operationally occur the process but I think the bottom line is that this is another very needed tool that can fill the gap when someone perhaps leaves the criminal justice system and yet it is still in need of further treatment and there's this civil component that can also address them even when they're not in the in-patient unit as I understand the practice is to... once they're an in-patient to immediately help them resolve whatever acute illness issues going on and then to immediately discharge them to out-patient but if you sort of have this committed type of out-patient treatment then you can monitor it better. Monitor their progress or lack of progress and perhaps avoid a person decompensating without being properly monitored. So again we support this bill. Thank you.

Senator Dennis G. Rodriguez, Jr.:

Thank you very much Mr. Tydingco for that and the only request I have is that the civil division is going to review it if we can make this a priority. We're trying to see if we can get this heard as soon as possible on the board

Phil Tydingco:

No. I understand that. I'm not trying to hold it up I was just going to give it to them. You know my role these days is purely criminal and prosecution so I will just simply pass it on to them and then

Senator Dennis G. Rodriguez, Jr.:

Okay

Phil Tydingco:

this doesn't have to stop it. I mean if there's any changes we can always come back to you

Senator Dennis G. Rodriguez, Jr.:

Okay but we will take your recommendations today.

Phil Tydingco:

and propose amendments but you know just quickly just my quick scrub of it so okay.

Senator Dennis G. Rodriguez, Jr.:

Okay thank you very much sir.



SENATOR DENNIS G. RODRIGUEZ, JR.

I just have a question for Guam Behavioral Health. Is it a concern that if we have this program implemented now... I know you kind of mentioned Rey about the funding right? And you also said that this was meant for specific target population its not a big population. There's a criteria for you to be able to be eligible for assisted outpatient treatment. So its small. Is that a concern for you? That once we implement this you're going to need a whole lot of extra funding or Rey I think we even talked about it or is it going to be cost neutral?

Rey Vega:

Thank you Senator. I think if we look at it more than likely this based person serve already are established client and as I mentioned earlier its cheaper to continue the therapeutic regimen for this individual at an outpatient basis rather than when we see them because they choose not to seek services one reason or another and they will be decompensated to a point where an inpatient admission is warranted then its going to cost the Government more. Not only from our psychiatric point of view but they also have to be medically cleared. As we all know there is a therapeutic workup that's more expensive especially in acute phase than on a chronic phase. So if this legislation is passed we're going to see maybe if it's budget neutral. We're probably going to experience a reduction in the cost providing services because they don't have to be treated in inpatient.

Senator Dennis G. Rodriguez, Jr.:

Great. Thank you very much and I think also in addition to that Ray... is this correct you will see the positive results in a financial sense the costs right? but socially also. You know that's where we are going to see the positive benefits is that these individuals don't decompensate they don't harm themselves or any other individuals in the community and so I think if you look at it in that perspective that its really a win win in a benefit.

Rey Vega:

Very quickly Senator it's a win win because a person serves like its those target populations when they are medically maintained or through mental illness drugs and behavioral health issues. They are a productive member of this community so the end result is that it could actually result to less public assistance request because now they could again fully employ themselves. So I don't see any negative impact at all if we were to pass this legislation. That's from my point of view. We are here to provide support as far as the clinical aspect of providing care and the financial impact of this legislature. Thank you.

Senator Dennis G. Rodriguez, Jr.:

Great thank you very much Mr. Vega.

Vice Chairman any questions?

Senator Tony Ada:

No

Senator Dennis G. Rodriguez, Jr.:

No, You're good? Okay if not is there anyone else that wishes to testify? Yes.



SENATOR DENNIS G. RODRIGUEZ, JR.

Good Morning Mrs. Unpingco.

Annie Unpingco:

I wasn't expecting to... Good Morning Senator Tony Ada and Senator Dennis Rodriguez. As I was listening to this I was thinking of the applicability to our children population. In particular those that are transitioning to adulthood because often times the challenge for them is that once they are 18 they feel they don't need services yet they do need services and we see that when they turn 18 they tend to not take care of their treatment. They refuse treatment and we want to prevent them from decompensating further that would escalate to the point of not just harming themselves or others. The other thing I wanted to equal what Dr. Ishmael mentioned about the clinical impact this has on clients when clients or patients have been compensated at that level they often do not realize that they need help so they don't seek help and I think that's a real concern and that's when they do things that are quite a concern to the community and to themselves. So I fully support this despite not knowing the full content of the bill. I just want to say that.

Senator Dennis G. Rodriguez, Jr.:

Thank you very much Mrs. Unpingco for that testimony.

Great is there anything else that anyone wishes to add? Or any questions? Mr. Esser?

Fred Esser:

Once again just thanks again on behalf of my wife and my whole family thanks again to everyone here for taking action to make things better. We really believe that this is a step towards making sure this never happens again.

Senator Dennis G. Rodriguez, Jr.:

Thank you very much Mr. Esser. I want to also thank you again for coming here this morning. For your courage. You, Alyssa, and your children. It takes a lot to be able to come out the way you have. Considering what you have experienced and so I want to thank you and so we'll work hard to ensure that this is moved forward. Hopefully we can see some progress before you do leave island. Okay so thank you very much sir.

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.115-33(COR).

Fiscal Note: Fiscal note request, dated June 4, 2015 (attached).

III. FINDINGS AND RECOMMENDATIONS

The Committee on Health, Economic Development, Homeland Security and Senior Citizens, hereby reports out Substitute Bill No. 115-33(COR), with the recommendation to

REPORT OUT ONLY.

MINA' TRENTAI TRES NA LIHESLATURAN GUAHAN
2015 (FIRST) Regular Session

2015 JUN -4 AM 9:00
KUM

Bill No. 115 -33 (COR)

Introduced by:

- D.G. RODRIGUEZ, JR. ✓
- R. J. RESPICIO ✓
- V. A. ADA ✓
- B. MCCREADIE ✓
- N. B. UNDERWOOD, Ph.D. ✓
- T. A. MORRISON ✓
- F. F. BLAS, JR. ✓
- F. B. AGUON, JR. ✓
- M. C. TORRES ✓
- T. R. MUNA-BARNES ✓
- M. F.Q. SAN NICOLAS ✓
- J. T. WON PAT, Ed.D. ✓

**AN ACT TO ADD A NEW CHAPTER 82A TO DIVISION 4,
AND TO ADD A NEW §82201(h) TO CHAPTER 82, BOTH OF
TITLE 10, GUAM CODE ANNOTATED, TO PROVIDE FOR
ASSISTED OUTPATIENT TREATMENT SERVICES FOR
PERSONS WITH CERTAIN MENTAL ILLNESSES, WHICH
SHALL BE KNOWN AS THE BABY ALEXYA LAW.**

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

2 **Section 1.** A new Chapter 82A is added to Division 4, Title 10, Guam Code
3 Annotated, to read:

“Chapter 82A.

Assisted Outpatient Treatment

- 6 Article 1. Legislative Finding and Intent; Baby Alexya Law
- 7 Article 2. Definitions
- 8 Article 3. Voluntary Treatment
- 9 Article 4. Petition for Assisted Outpatient Treatment
- 10 Article 5. Assisted Treatment Hearing Procedures

1	Article 6.	Assisted Treatment Hearing Disposition
2	Article 7.	Appeals
3	Article 8.	Safeguards
4	Article 9.	Assisted Outpatient Treatment
5	Article 10.	Review of Status
6	Article 11.	Renewals
7	Article 12.	Procedures for Discharge
8	Article 13.	Emergency Treatment/Observation—Certification
9	Article 14.	Accountability
10	Article 15.	Patient Bill of Rights

11 **Article 1. Legislative Finding and Intent; Baby Alexya Law**

12 § 82A101. Legislative Finding and Intent. Assisted Outpatient Treatment is
13 practiced in forty-five (45) States as an extension of inpatient treatment, while
14 allowing the qualified patient with a treatable mental illness or condition to receive
15 court ordered treatment on an outpatient basis. It is also known in some states as
16 outpatient commitment. A detailed six month study of New York’s Kendra’s Law
17 documented a striking decline in the rate of hospitalization among participants.
18 AOT recipients were hospitalized at less than half the rate they were hospitalized
19 in the six months prior to receiving AOT (i.e., the hospitalization rate dropped
20 from 74 percent to 36 percent). Further, when they were hospitalized, the length of
21 the stay was greatly reduced. Studies in other states have demonstrated similar
22 benefits.

23 The continued treatment and management of the patient’s condition on an
24 outpatient basis has also been determined to greatly reduce incidents of violence
25 and arrests. Without AOT, the patient’s condition often deteriorates directly due to

1 a lack of treatment compliance and the continuing exhibition of “good” adherence
2 to their medication treatment plan.

3 Another tragic consequence for many individuals with untreated mental
4 illnesses is homelessness. At any given time, there are more people with untreated
5 severe psychiatric illnesses living on America’s streets than are receiving care in
6 hospitals. In New York, when compared to three years prior to participation in the
7 program, 74 percent fewer AOT recipients experienced homelessness (New York
8 State Office of Mental Health 2005). New York and other states have incurred
9 enormous costs in the provision of public assistance for housing assistance and re-
10 hospitalization.

11 *I Liheslaturan Guåhan* finds that the consequences of untreated mental
12 illness are as apparent as they are devastating: homelessness, criminalization,
13 suicide, violence, victimization, lost productivity, permanently decreased
14 medication responses, and the incalculable costs of unnecessary suffering. Due to
15 advances in recent years, treatment is now available that can eliminate or
16 substantially alleviate the symptoms of mental illness for most who suffer from it.
17 People with treated mental illness can now reclaim their lives. But first, there must
18 be treatment.

19 Treatment voluntarily embraced is always preferable. However, mental
20 illness is a biologically based disease that attacks the brain. As a result, mental
21 illness renders many people incapable of voluntarily entering treatment because
22 they are unable to make rational decisions or unaware that they are ill. When this
23 occurs, such people may require assisted treatment to protect their lives as well as
24 avoid tragic personal and societal consequences.

25 This Act is designed to be the legal framework for the provision of care to
26 individuals who, due to the symptoms of severe mental illness, become either

1 dangerous or incapable of making informed medical decisions concerning their
2 treatment.

3 The procedural components of this Act is intended to create a flexible
4 mechanism that can be used to secure treatment for those who most need it while
5 still distinguishing those for whom intervention is inappropriate. Paramount are
6 the strict and plentiful safeguards which this Act establishes to protect both the
7 rights and well-being of those subject to it.

8 It is the intent of *I Liheslaturan Guåhan* to provide for a missing but
9 necessary treatment component in our mental healthcare system. As was the case
10 in New York City in the establishment of Kendra’s Law, it took the tragic death of
11 Ms. Kendra Webdale, a young woman who died in January 1999 after being
12 pushed in front of a New York City subway train by a person who was living in the
13 community at the time, but was not receiving treatment for his mental illness. On
14 Guam, we had the recent case of ten (10) month old baby Alexya being punched in
15 the face while in the arms of her mother under similar circumstances by a person
16 not receiving treatment for her mental illness.

17 § 82A102. This Act shall be cited as the “Baby Alexya Law”.

18 **Article 2. Definitions; as used in this Chapter.**

19 § 82A201. Assisted treatment: the provision of treatment, in accordance
20 with this Act, to individuals who are either dangerous or incapable of making
21 informed medical decisions because of the effects of severe mental illness.

22 § 82A202. Assisted outpatient treatment (AOT): assisted treatment on an
23 outpatient basis.

1 § 82A203. Certificate: form filed with the court by a psychiatrist or other
2 physician to request an assisted treatment hearing for an individual currently in
3 emergency treatment/observation.

4 § 82A204. Chronically disabled: may be shown by establishing that the
5 person is incapable of making an informed medical decision and, based on the
6 person's psychiatric history, the person is unlikely to comply with treatment and,
7 as a consequence, the person's current condition is likely to deteriorate until his or
8 her psychiatric disorder significantly impairs the person's judgment, reason,
9 behavior or capacity to recognize reality and has a substantial probability of
10 causing him or her to suffer or continue to suffer severe psychiatric, emotional or
11 physical harm.

12 § 82A205. Court: the Superior Court of Guam *shall* be the court of judicial
13 review designated to accept petitions and certificates for assisted treatment and
14 related filings, decide on preliminary and ex parte motions, and all other functions
15 assigned to it pursuant to this Act.

16 §82A206. Danger to himself or herself: may be shown by establishing that,
17 by his or her behavior, a person is in the reasonably foreseeable future likely to
18 either attempt suicide, to inflict bodily harm on himself or herself or, because of
19 his or her actions or inaction, to suffer serious physical harm in the near future. The
20 person's past behavior may be considered.

21 § 82A207. Danger to others: may be shown by establishing that, by his or
22 her behavior, a person is in the reasonably foreseeable future likely to cause or
23 attempt to cause harm to another. Evidence that a person is a danger to others may
24 include, but is not limited to:

- 1 1. that he or she has inflicted, attempted or threatened in an objectively
2 serious manner to inflict bodily harm on another;
- 3 2. that by his or her actions or inactions, he or she has presented a danger to
4 a person in his or her care; or
- 5 3. that he or she has recently and intentionally caused significant damage to
6 the substantial property of others.

7 § 82A208. Gravely disabled, as defined in 10 GCA § 82101(c), may be
8 shown by establishing that a person is incapable of making an informed medical
9 decision and has behaved in such a manner as to indicate that he or she is unlikely,
10 without supervision and the assistance of others, to satisfy his or her need for either
11 nourishment, personal or medical care, shelter, or self-protection and safety so that
12 it is probable that substantial bodily harm, significant psychiatric deterioration or
13 debilitation, or serious illness will result unless adequate treatment is afforded.

14 § 82A209. Incapable of making an informed medical decision: means that a
15 person is unaware of the effects of his or her psychiatric disorder or that the person
16 lacks the capacity to make a well-reasoned, willful, and knowing decision
17 concerning his or her medical or psychiatric treatment. Any history of the person's
18 non-compliance with treatment or of criminal acts related to his or her mental
19 illness shall, if available, be considered.

20 § 82A210. Petition: form filed with a court to request an assisted treatment
21 hearing based on the good faith belief of the petitioner that the subject of the
22 petition is eligible for assisted treatment pursuant to the provisions of this Act.

23 § 82A211. Petitioner. Shall *only* mean the Director of the Guam Behavioral
24 Health and Wellness Center or his or her designee, in conjunction with the treating

1 psychiatrist or physician who has examined the respondent, and who shall file the
2 petition.

3 § 82A212. Respondent: the person who is the subject of a petition or
4 certificate.

5 § 82A213. Severe psychiatric disorder: a substantial impairment of a
6 person's thought processes (e.g., delusions), sensory input (e.g., hallucinations),
7 mood balance (e.g., mania or severe depression), memory (e.g., dementia), or
8 ability to reason that substantially interferes with a person's ability to meet the
9 ordinary demands of living. Severe psychiatric disorders are distinguished from:

- 10 1. conditions which are primarily due to drug abuse or alcoholism, although
11 severe psychiatric disorders may co-exist with these disorders;
- 12 2. other known neurological disorders such as epilepsy, multiple sclerosis,
13 Parkinson's disease, or Alzheimer's disease although such neurological
14 disorders may also have psychotic features similar to those found in
15 severe psychiatric disorders;
- 16 3. normal age-related changes in the brain;
- 17 4. brain changes related to terminal medical conditions;
- 18 5. personality disorders as defined by the American Psychiatric
19 Association's "Diagnostic and Statistical Manual of Mental Disorders"
20 (APA-DSM);
- 21 6. moderate, severe and profound mental retardation as defined by the
22 APA-DSM; and
- 23 7. pervasive developmental disorders, including autistic disorder, Rett's
24 disorder and Asperger's disorder as defined by the APA-DSM.

1 § 82A214. Treating professional, professional staff, professional person or
2 qualified mental health professional *shall* mean a licensed professional qualified by
3 training or experience in the diagnosis of mental or related illness. The following
4 licensed professionals shall be so designated:

- 5 (1) a psychiatrist;
- 6 (2) a clinical psychologist;
- 7 (3) a certified psychiatric nurse at the Master's level; or
- 8 (4) a physician.

9 § 82A215. Guam Behavioral Health and Wellness Center (GBHWC). The
10 public agency designated by the Territory to diagnose or treat persons with mental
11 health disorders.

12 **Article 3. Voluntary Treatment**

13 § 82A301. Admission to voluntary treatment. A person in need of
14 psychiatric care should be admitted into treatment voluntarily whenever possible.

15 § 82A302. Discharge from voluntary treatment. A voluntary patient may
16 seek discharge at any time. Unless properly invoking provisions of this Act
17 allowing for their retention, the psychiatric treatment facility must release
18 voluntary patients who request to be discharged within 48 hours, not including
19 Saturdays, Sundays or holidays.

20 **Article 4. Petition for Assisted Outpatient Treatment**

21 § 82A401. Criteria. (a) A person may be ordered to receive assisted
22 outpatient treatment (AOT) if the court finds that such person:

- 23 (1) Is eighteen years of age or older; and

- 1 (2) Is suffering from mental illness; and
- 2 (3) Is an inpatient client or a client transitioning out of Mental
- 3 Health Court; or
- 4 (4) Is an outpatient client or was a former client who is being
- 5 treated or has been treated for mental illness at the GBHWC;
- 6 and
- 7 (5) Is unlikely to survive safely in the community without
- 8 supervision, based on clinical determination; and
- 9 (6) Has a history of poor treatment compliance for mental illness
- 10 that has:
- 11 (i) Been a significant factor in his or her being in a hospital,
- 12 prison or jail at least twice within the last thirty-six
- 13 months or;
- 14 (ii) Resulted in one or more acts, attempts or threats of
- 15 serious violent behavior toward self or other within the
- 16 last forty-eight months; and
- 17 (7) As a result of mental illness, is unlikely to voluntarily
- 18 participate in outpatient treatment that would enable him or her
- 19 to live safely in the community; and
- 20 (8) Be, in view of his or her treatment and current behavior, in need
- 21 of assisted outpatient treatment in order to prevent relapse or
- 22 deterioration which would likely result in:
- 23 (i) A substantial risk of physical harm to the consumer as
- 24 manifested by threats or attempts at suicide or serious
- 25 bodily harm or conduct demonstrating that the consumer
- 26 is dangerous to himself or herself, or

1 (ii) A substantial risk of physical harm to other persons as
2 manifested by homicidal or other violent behavior by
3 which others are placed in reasonable fear of serious
4 physical harm; and

5 (9) Be likely to benefit from assisted outpatient treatment.

6 (b) A petition for an AOT order may be sought within the 72 hour hold as
7 provided when initiated pursuant to § 82201(h) of Chapter 82, 10 GCA.

8 **Article 5. Assisted Treatment Hearing Procedures**

9 § 82A501. Continuance. The court may, for good cause, order a
10 continuance of up to 48 hours or, if this period ends on a Saturday, Sunday or
11 holiday, to the end of the next day on which the court is open. The continuance
12 shall extend the emergency treatment/observation period or any temporary
13 treatment order until the time of the hearing.

14 § 82A502. Location of assisted treatment hearing. For those currently
15 admitted to an inpatient facility operated by the Guam Behavioral Health and
16 Wellness Center, or its designee, assisted treatment hearings shall be held at the
17 court.

18 § 82A503. Attendance at hearing. The hearing shall be open to anyone
19 unless the respondent requests that it be closed, at which point only parties and
20 their counsels, witnesses, members and staff of the GBHWC, and court personnel
21 may be present. However, the court may approve a motion of an individual to
22 attend the trial upon a showing that the person has a substantial interest in the
23 proceeding.

1 § 82A505. Expert testimony required at hearing. For a hearing on a
2 certificate, a treating professional who has examined respondent since he or she
3 was placed under emergency treatment/observation shall testify.

4 For a hearing on a petition, the testimony of a treating professional who has
5 examined the respondent more recently than seven (7) calendar days before the
6 petition was filed is required. Such testimony may be presented by affidavit, unless
7 respondent's counsel requests of the petitioner or petitioner's counsel, in writing,
8 the presence of such a treating professional at the assisted treatment hearing. A
9 copy of this request must be filed with the court and made at least 72 hours,
10 excluding Saturdays, Sundays and holidays, prior to the hearing. If planning to
11 present the examining treating professional's testimony by affidavit, counsel for
12 the petitioner must present a copy of the affidavit either to respondent's counsel or
13 at the office of respondent's counsel at least 24 hours, excluding Saturdays,
14 Sundays and holidays, prior to the hearing. The procedures applicable when the
15 respondent has not been examined prior to the hearing are delineated in § 87A701.

16 § 82A506. Evidence admissible at hearing. The court may review any
17 information it finds relevant, material, and reliable, even if normally excluded
18 under rules of evidence.

19 § 82A507. Record of hearing. No transcript is required to be kept of
20 hearings before the court.

21 § 82A508. Rights of family members. A family member may file a motion
22 for participation in the hearing. The court may approve the preliminary motion of
23 such an individual to participate in the hearing upon a showing that the person has
24 a substantial interest in the proceeding. If the Psychiatrist or physician so approves,

1 the family member may have the right to representation by counsel at his or her
2 own expense, present evidence, cross-examine witnesses, and appeal.

3 **Article 6. Assisted Treatment Hearing Disposition**

4 § 82A601. Procedure after failure to comply with ordered evaluation. If the
5 respondent presents good and credible reason why he or she was not present for an
6 ordered evaluation, the court shall continue the proceeding and issue another order
7 for examination. A hearing concerning an individual who fails to comply, without
8 good reason, with a court's evaluation order shall still proceed. An individual's
9 refusal, without good reason, to comply with an evaluation order may be used as
10 evidence of his or her need for treatment and incapability of making an informed
11 medical decision. If a continuance is ordered, the respondent shall be placed in a
12 designated psychiatric facility and evaluated by a treating professional. The
13 continuance shall be for no more than 72 hours or, if this period ends on a
14 Saturday, Sunday or holiday, until the end of the next day on which the court is
15 open.

16 § 82A602. Consent order. At the hearing, the petitioner and respondent may
17 proffer a mutually agreed upon proposed assisted treatment order. The terms of the
18 order must be consistent with those of an initial order for assisted treatment made
19 pursuant to this Act. The proposed order must be accompanied by the testimony,
20 which may be by affidavit, of a treating professional qualifying under § 82A605
21 that the suggested order is clinically appropriate for the respondent. At its
22 discretion, the court may enter the proposed order without a full hearing. Once
23 entered, the consent order has the same effect as an assisted treatment order issued
24 pursuant to § 82A401.

1 § 82A603. Assisted treatment order. An order for assisted treatment, for its
2 duration, subordinates the individual's right to refuse the administration of
3 medication or other minor medical treatment to the GBHWC, its designee, or any
4 other medical provider obligated to care for the person by the court in its order.
5 The treatment setting shall be the least restrictive possible appropriate alternative.
6 An initial order for assisted treatment on an outpatient basis may be for up to 180
7 calendar days.

8 § 82A604. Services included in order for assisted outpatient treatment. An
9 initial assisted treatment order directing care on an outpatient basis must include
10 provisions for intensive case management. The order may also require the patient
11 make use of and care providers to supply any or all of the following categories of
12 services to the individual:

- 13 1. medication;
- 14 2. periodic blood tests or urinalysis to determine compliance with treatment;
- 15 3. individual or group therapy;
- 16 4. day or partial day programming activities;
- 17 5. educational and vocational training or activities;
- 18 6. alcohol or substance abuse treatment and counseling, and periodic tests
19 for the presence of alcohol or illegal drugs for persons with a history of
20 alcohol or substance abuse;
- 21 7. supervision of living arrangements; and
- 22 8. any other services prescribed to treat the person's mental illness and to
23 assist the person in living and functioning in the community, or to
24 attempt to prevent a relapse or deterioration.

1 Any material modifications of the provisions of the assisted treatment order
2 to which the patient does not agree must be approved by the court.

3 § 82A605. Effect of assisted treatment determination on other rights. The
4 determination that a person is in need of assisted treatment as an outpatient, is not a
5 determination that the patient is legally incompetent or incapacitated for any
6 purpose other than those set out in this Act.

7 **Article 7. Appeals**

8 § 82A701. Appeal or review of assisted treatment decision or status. Except
9 where specifically prohibited by this Act, a decision of the psychiatrist or physician
10 may be appealed to an appropriate court of record within 10 calendar days of being
11 entered. The hearing of an appeal is *de novo* and must be held within seven (7)
12 calendar days of the filing of the appeal. The subject of the assisted treatment
13 decision, the petitioner, and family members allowed as parties pursuant to §
14 82A608 have the right to appeal. The court of record may review any information
15 it finds relevant, material, and reliable, even if normally excluded under rules of
16 evidence.

17 **Article 8. Safeguards**

18 § 82A801. Thirty-day review for medication side effects. Each patient
19 receiving medication pursuant to an assisted treatment order shall be examined
20 every 30 days for serious side effects by his or her treating psychiatrist.

21 § 82A802. Recommendation for alternative appropriate treatment. After an
22 examination described in § 82A801 determines, in his or her clinical judgment,
23 that the patient has serious side effects from his or her current medication shall

1 suggest, if available, an alternative appropriate treatment that will have fewer side
2 effects.

3 § 82A803. Grievance procedure. There shall be a one-step grievance
4 procedure made available to patients on assisted outpatient treatment status.
5 Grievances concerning treatment may be made to the medical director of each
6 inpatient facility. Grievances about a patient's treatment regimen may be brought
7 by the patient or on the patient's behalf by his or her legal guardian or conservator;
8 his or her patient advocate; any party at a hearing for the institution of or renewal
9 of assisted treatment; or his or her spouse, parent, adult child or, if there is no
10 relative of such degree, his or her closest living relative. The grievance of a patient
11 whose treating psychiatrist is the facility's medical director shall be ruled on by a
12 medical professional generally appointed for this purpose by the GBHWC or its
13 designee.

14 § 82A804. Appeal of grievance. Grievances that are disallowed may be
15 appealed to the court, which shall hear the appeal within 14 calendar days. All
16 rulings on appeals of grievances by the court are final. If the appeal of a grievance
17 is denied, the patient it was brought either by or for is barred from appealing, and
18 others from doing so on his or her behalf, any other grievances to the court for a
19 period of 90 days. This limitation of appeal does not otherwise alter the patient's
20 right to bring grievances in accordance with the provisions of § 82A803.

21 **Article 9. Assisted Outpatient Treatment**

22 § 82A901. Enforcement of assisted outpatient treatment order. An assisted
23 outpatient treatment order's requirement to maintain treatment can be enforced for
24 non-compliance. On the signature of a supervising psychiatrist, the order may be

1 enforced either at the patient's residence or a treatment center designated by the
2 GBHWC or its designee, whichever the patient chooses. Patients who physically
3 resist or fail to select a treatment location shall be treated at a designated treatment
4 center.

5 § 82A902. Transfer to inpatient care. The procedures used to determine
6 whether a patient under an assisted treatment order who is on outpatient status
7 should be placed in inpatient care are the same as those for initial placement in
8 assisted treatment. A patient who meets the criteria for emergency treatment shall
9 immediately be given care in an inpatient facility, but a hearing is still necessary to
10 confirm this transfer to inpatient status. At the hearing, the court shall order the
11 patient's transfer to or continued placement in inpatient care, depending on his or
12 her status pending the hearing, if such treatment setting is the least restrictive form
13 that will meet the patient's clinical needs. A patient's failure to comply with an
14 order for assisted treatment while in the community may be used as evidence that
15 outpatient placement is not an appropriate treatment setting for that individual.

16 **Article 10. Review of Status**

17 § 82A1001. Request for review of assisted treatment status. If the time for
18 appeal of his or her most recent assisted treatment order or renewal has expired, a
19 patient may request a review of his or her assisted treatment status by the treating
20 psychiatrist or qualified mental health professional. The psychiatrist or qualified
21 mental health professional must review the request within 14 calendar days. A
22 patient may request a review of status hearing no more than once every 180 days.

23 § 82A1002. Notice of status review hearing. Notice of the status review
24 hearing shall be mailed at least seven (7) calendar days in advance to the patient;

1 patient's legal guardian or conservator, if known; patient's counsel, if known; an
2 adult member of the patient's household, if known; and anyone recognized as a
3 party at the initial assisted treatment hearing or any subsequent renewal hearings.
4 Timely actual notice shall fulfill the notice requirement for any given individual.

5 **Article 11. Renewals**

6 § 82A1101. Renewal of assisted treatment order. The process for renewing
7 an assisted treatment order is the same as for the application for an original assisted
8 treatment order by petition except that notice of the renewal hearing, as provided in
9 § 82A505, shall also be sent to anyone recognized as a party at the initial assisted
10 treatment hearing or any subsequent renewal hearings.

11 § 82A1102. Duration of renewal period. The first renewal for an assisted
12 outpatient treatment period may last up to 180 days and subsequent renewals up to
13 360 days thereafter. A subsequent renewal for an assisted outpatient treatment
14 period may last up to 360 days.

15 **Article 12. Procedures for Discharge**

16 § 82A1201. Discharge prior to the expiration of assisted treatment period.
17 A patient in assisted outpatient treatment may be discharged on the signature of
18 both the treating medical professional and the medical director of the facility. A
19 patient under an assisted treatment order who is on outpatient status may be
20 discharged on the signature of the treating medical professional and the director of
21 the outpatient program.

22 § 82A1202. Notice of discharge. Notice of discharge from an assisted
23 treatment order shall be mailed at least 72 hours before the planned discharge to

1 the petitioner; patient's legal guardian or conservator, if known; patient's counsel,
2 if known; an adult member of the patient's household, if known; and anyone
3 recognized as a party at the initial assisted treatment hearing or any subsequent
4 renewal hearings.

5 § 82A1203. Discharge plan requirement. Any patient placed on assisted
6 outpatient treatment must be given a treatment plan at the time of discharge from
7 inpatient care and placement on an assisted outpatient treatment program for a
8 period anticipated being greater than 72 hours. An outpatient treatment plan may
9 include, but is not limited to suggested medication; individual or group therapy;
10 day or partial day programming activities; services and training, including
11 educational and vocational activities; residential supervision; intensive case
12 management services; and living arrangements.

13 § 82A1204. Early discharge hearing. A hearing before the court to
14 determine the appropriateness of the discharge of a patient prior to the expiration
15 of his or her assisted treatment period may be demanded as a matter of right by the
16 petitioner; the patient's legal guardian or conservator, if known; an adult member
17 of the patient's household, if known; and anyone recognized as a party at the initial
18 assisted treatment hearing or any subsequent renewal hearings.

19 **Article 13. Emergency Treatment / Observation – Certification.**

20 § 82A1301. Emergency treatment initiated by law enforcement officers. At
21 the request of the treating physician or at the discretion of any law enforcement
22 officer with the power of arrest or any person generally designated to do so by the
23 Territory may bring to a designated facility for evaluation any person on assisted
24 outpatient treatment the officer has reasonable cause to believe has a severe

1 psychiatric disorder and, because of the disorder, is a danger to himself, herself or
2 to others or is gravely disabled. If a physician determines that someone under an
3 AOT order is non-compliant with the court order and may need involuntary
4 hospitalization, the physician may arrange for the individual to be transported to a
5 hospital and retained for an evaluation not to exceed 72 hours to determine if
6 inpatient care and treatment are necessary.

7 § 82A1302. Emergency treatment initiated by others. Any psychiatrist,
8 other physician, or qualified mental health professional as designated pursuant to
9 10 GCA §82101(g), who has been generally designated to do so by the Territory or
10 GBHWC may initiate emergency treatment/observation based on a good faith
11 belief that because of a severe psychiatric disorder a person is either a danger to
12 himself or herself, a danger to others or gravely disabled. Any such person who
13 determines the need for emergency treatment/observation but who is not
14 authorized to transport such individuals to a psychiatric facility may direct any
15 person enumerated in § 82A403 to do so.

16 § 82A1303. Transportation to emergency facility. Transporting individuals
17 may only be transported by either law enforcement officers with the power of
18 arrest or others who have been designated to perform this function by the Territory.

19 § 82A1304. Evaluation. A psychiatrist or other physician shall evaluate an
20 individual in emergency treatment/observation within twenty-four (24) six (6)
21 hours of the individual's placement in a designated psychiatric facility.

22 § 82A1305. Immediate release. An individual shall be released from
23 emergency treatment/observation unless the psychiatrist or other physician who

1 performs the evaluation determines that the individual is either a danger to himself,
2 herself or others or is gravely disabled.

3 § 82A1306. Certification. If the examining psychiatrist or other physician
4 who performs the evaluation determines, in his or her clinical opinion, that the
5 individual is a danger to himself, herself or to others or is gravely disabled, he or
6 she must file, or cause to be filed by another psychiatrist or other physician who
7 has also examined the individual, a certificate with the court. The certificate must
8 be filed with the court within 24 hours of the initial examination , not including
9 Saturdays, Sundays or holidays .

10 § 82A1307. Requirements of Certificate. The certificate shall be in writing,
11 executed under oath, and shall include the following information:

- 12 1. the name and address, if known, of the respondent;
- 13 2. the name and address, if known, of the respondent's spouse,
14 legal counsel, conservator or guardian and next-of-kin;
- 15 3. the name and address, if known, of anyone currently providing
16 psychiatric care to the respondent;
- 17 4. the names and addresses, if known, of other persons with
18 knowledge of respondent's mental illness who may be called as witnesses at
19 the assisted treatment hearing;
- 20 5. the name and work address of the certifying psychiatrist or
21 other physician;

1 6. the name and address of the facility in which the respondent is
2 undergoing emergency treatment/observation;

3 7. the certifying psychiatrist or other physician's statement that he
4 or she has examined the respondent since the respondent was placed in
5 emergency treatment/observation; and

6 8. the certifying psychiatrist or other physician's statement that, in
7 his or her clinical opinion, the respondent is a danger to himself, herself or to
8 others or gravely disabled and the clinical basis for this opinion.

9 § 82A1308. Criminal penalty. It shall be a crime to knowingly file, or cause
10 to be filed, a certificate that contains a false material statement or information.

11 § 82A1309. Initial responsibilities of court after certificate is filed. After
12 the filing of the certificate, the court must:

13 1. schedule a hearing on the certificate that will occur no more
14 than 72 hours, not including Saturdays, Sundays and holidays, after the
15 initial examination; and

16 2. designate counsel for the respondent no less than 24 hours prior
17 to the hearing.

18 § 82A1310. Notice of hearing on certificate. The court shall notify the
19 certifying psychiatrist or other physician, respondent, and the respondent's legal
20 guardian or conservator, if known, of the scheduled hearing on the certificate at
21 least 24 hours in advance. The court must also attempt to notify of the pending
22 hearing, at least 24 hours in advance, an adult member of respondent's household,
23 if known, and up to five individuals of the respondent's choice. Notice may be

1 either by mail, personal delivery, telephone, or reliable electronic means. Timely
2 actual notice shall fulfill the notice requirement for any given individual.

3 § 82A1311. Duration of emergency treatment/observation. Absent the
4 exercise of other applicable provisions of this Act, the period of emergency
5 treatment/observation may last no more than 72 hours after the initial examination,
6 not including Saturdays, Sundays or holidays. Anyone who is determined by the
7 examining or a treating physician not to be a danger to himself, herself, or others or
8 gravely disabled must be released from emergency treatment/observation. The
9 initial assisted treatment hearing shall take place before the end of the
10 treatment/observation period.

11 § 82A1312. Treatment during emergency treatment/observation. During the
12 emergency treatment/observation period, treatment may be administered if the
13 person is, in the clinical opinion of a treating professional, a danger to himself,
14 herself, or others or is gravely disabled.

15 **Article 14. Accountability**

16 § 82A1401. Treatment provider liability. In addition to other limitations on
17 liability set out elsewhere in this Chapter or applicable law, persons providing care
18 to patients placed in assisted treatment pursuant to this section shall only be liable
19 for harm subsequently caused by or to individuals who are discharged from
20 assisted outpatient treatment if the discharge of the individual was reckless or
21 grossly negligent.

22 **Article 15. Patient Bill of Rights**

1 § 82A1501. Rights of all individuals in assisted treatment. All patients
2 placed in assisted treatment pursuant to this chapter have the following rights:

- 3 1. The right to appointed counsel at the initial assisted treatment hearing,
4 reviews of status, subsequent renewal hearings of orders for assisted
5 treatment, and appeals of these proceedings.
- 6 2. The right for the patient and his or her legal guardian or conservator, if
7 known, to receive a written list of all rights enumerated in this chapter.
- 8 3. The right to appropriate treatment, which shall be administered skillfully,
9 safely, and humanely. Each patient placed in assisted treatment pursuant
10 to this chapter shall receive treatment suited to his or her needs, which
11 shall include such medical, vocational, social, educational, and
12 rehabilitative services as the patient's condition requires.
- 13 4. The right at all times to be treated with consideration and respect for his
14 or her privacy and dignity.”

15 **Section 3.** A new subsection (h) is added to § 82201 of Chapter 82 of
16 Division 4, Title 10, Guam Code Annotated, to read:

17 “(h) If in the judgment of the qualified health professional providing the
18 evaluation or treatment, the person can be properly treated without being detained,
19 the person shall be provided an evaluation, crisis intervention and referral for other
20 services under an Assisted Outpatient Treatment Order when:

- 21 (1) Is a current or former client of GBHWC suffering from a
22 mental illness; and

1 (2) As a result of mental illness, is unlikely to voluntarily
2 participate in outpatient treatment that would enable him or her to live safely
3 in the community; and

4 (3) Has a history of poor treatment compliance for mental illness;
5 and

6 (4) Be, in view of his or her treatment and current behavior, in need
7 of assisted outpatient treatment in order to prevent relapse or deterioration
8 which would likely result in:

9 (i) A substantial risk of physical harm to the consumer as
10 manifested by threats or attempts at suicide or serious bodily harm or
11 conduct demonstrating that the consumer is dangerous to himself or
12 herself, or

13 (ii) A substantial risk of physical harm to other persons as
14 manifested by homicidal or other violent behavior by which others are
15 placed in reasonable fear of serious physical harm.”

16 **Section 3. Severability.** If any provision of this Act or its application to
17 any person or circumstance is found to be invalid or contrary to law, such
18 invalidity shall not affect other provisions or applications of this Act which can be
19 given effect without the invalid provisions or application, and to this end the
20 provisions of this Act are severable.

21 **Section 4. Effective Date.** This Act shall be immediately effective upon
22 enactment.

MINA' TRENTAI TRES NA LIHESLATURAN GUÅHAN
2015 (FIRST) Regular Session

Bill No. 115-33 (COR), as Substituted
Committee on Health, Economic Development,
Homeland Security and Senior Citizens

Introduced by:

D.G. RODRIGUEZ, JR.
R. J. RESPICIO
V. A. ADA
B. MCCREADIE
N. B. UNDERWOOD, Ph.D.
T. A. MORRISON
F. F. BLAS, JR.
F. B. AGUON, JR.
M. C. TORRES
T. R. MUNA-BARNES
M. F.Q. SAN NICOLAS
J. T. WON PAT, Ed.D

**AN ACT TO ADD A NEW CHAPTER 82A TO DIVISION 4,
AND TO ADD A NEW § 82201(h) TO CHAPTER 82, BOTH OF
TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO
PROVIDING ASSISTED OUTPATIENT TREATMENT
SERVICES TO PERSONS WITH CERTAIN MENTAL
ILLNESSES, WHICH SHALL BE KNOWN AS THE BABY
ALEXYA LAW.**

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

2 **Section 1.** A new Chapter 82A is *added* to Division 4, Title 10, Guam Code
3 Annotated, to read:

4 **“Chapter 82A.**

5 **Assisted Outpatient Treatment**

6 **Article 1. Legislative Finding and Intent; Baby Alexya Law**

1 Article 2. Definitions

2 Article 3. Voluntary Treatment

3 Article 4. Petition for Assisted Treatment

4 Article 5. Assisted Treatment Hearing Procedures

5 Article 6. Assisted Treatment Hearing Disposition

6 Article 7. Appeals

7 Article 8. Safeguards

8 Article 9. Assisted Outpatient Treatment

9 Article 10. Review of Status

10 Article 11. Renewals

11 Article 12. Procedures for Discharge

12 Article 13. Emergency Treatment/Observation—Certification

13 Article 14. Accountability

14 Article 15. Patient Bill of Rights

15

16 Article 1

17

18 § 82A101. Legislative Findings and Intent. Assisted Outpatient
19 Treatment (“AOT”) is practiced in forty-five (45) states as an extension of
20 inpatient treatment, while allowing the qualified patient with a treatable mental
21 illness or condition to receive court ordered treatment on an outpatient basis. It is
22 also known in some states as outpatient commitment. A detailed six-month study
23 of New York’s Kendra’s Law documented a striking decline in the rate of
24 hospitalization among participants. AOT recipients were hospitalized at less than
25 half the rate they were hospitalized in the six months prior to receiving AOT (i.e.,
26 the hospitalization rate dropped from 74 percent to 36 percent). Further, when they

1 were hospitalized, the length of the stay was greatly reduced. Studies in other
2 states have demonstrated similar benefits.

3 The continued treatment and management of the patient's condition on an
4 outpatient basis has also been determined to greatly reduce incidents of violence
5 and arrests. Without AOT, the patient's condition often deteriorates directly due to
6 a lack of treatment compliance and the continuing exhibition of "good" adherence
7 to their medication treatment plan.

8 Another tragic consequence for many individuals with untreated mental
9 illnesses is homelessness. At any given time, there are more people with untreated
10 severe psychiatric illnesses living on America's streets than are receiving care in
11 hospitals. In New York, when compared to three years prior to participation in the
12 program, 74 percent fewer AOT recipients experienced homelessness (New York
13 State Office of Mental Health 2005). New York and other states have incurred
14 enormous costs in the provision of public assistance for housing assistance and re-
15 hospitalization.

16 *I Liheslaturan Guðhan* finds that the consequences of untreated mental
17 illness are as apparent as they are devastating: homelessness, criminalization,
18 suicide, violence, victimization, lost productivity, permanently decreased
19 medication responses, and the incalculable costs of unnecessary suffering. Due to
20 advances in recent years, treatment is now available that can eliminate or
21 substantially alleviate the symptoms of mental illness for most who suffer from it.
22 People with treated mental illness can now reclaim their lives. But first, there must
23 be treatment.

24 Treatment voluntarily embraced is always preferable. However, mental
25 illness is a biologically based disease that attacks the brain. As a result, mental
26 illness renders many people incapable of voluntarily entering treatment because

1 they are unable to make rational decisions or unaware that they are ill. When this
2 occurs, such people may require assisted treatment to protect their lives as well as
3 avoid tragic personal and societal consequences.

4 This Act is designed to be the legal framework for the provision of care to
5 individuals who, due to the symptoms of severe mental illness, become either
6 dangerous or incapable of making informed medical decisions concerning their
7 treatment.

8 The procedural components of this Act are intended to create a flexible
9 mechanism that can be used to secure treatment for those who most need it while
10 still distinguishing those for whom intervention is inappropriate. Paramount are the
11 strict and plentiful safeguards which this Act establishes to protect both the rights
12 and well-being of those subject to it.

13 It is the intent of *I Liheslaturan Guåhan* to provide for a missing but
14 necessary treatment component in our mental healthcare system. As was the case
15 in New York City in the establishment of Kendra’s Law, it took the tragic death of
16 Ms. Kendra Webdale, a young woman who died in January 1999 after being
17 pushed in front of a New York City subway train by a person who was living in the
18 community at the time, but was not receiving treatment for his mental illness. On
19 Guam, we had the recent case of ten (10) month old baby Alexya being punched in
20 the face while in the arms of her mother under similar circumstances by a person
21 not receiving treatment for her mental illness.

22 § 82A102. This Act shall be cited as the “Baby Alexya Law”.

23

24

25

1 Article 2

2 § 82A201. Definitions.

3 As used in this Chapter, unless the context requires otherwise:

4 (a) Assisted treatment means the provision of treatment, in accordance with
5 this Act, to individuals who are either dangerous or incapable of making informed
6 medical decisions because of the effects of severe mental illness.

7 (b) Assisted outpatient treatment means assisted treatment on an outpatient
8 basis.

9 (c) Certificate means a form filed with the court by a psychiatrist or other
10 physician to request an assisted treatment hearing for an individual currently in
11 emergency treatment/observation.

12 (d) Chronically disabled may be shown by establishing that the person is
13 incapable of making an informed medical decision and, based on the person's
14 psychiatric history, the person is unlikely to comply with treatment and, as a
15 consequence, the person's current condition is likely to deteriorate until his or her
16 psychiatric disorder significantly impairs the person's judgment, reason, behavior
17 or capacity to recognize reality and has a substantial probability of causing him or
18 her to suffer or continue to suffer severe psychiatric, emotional or physical harm.

19 (e) Court means the Superior Court of Guam; it shall be the court of judicial
20 review designated to accept petitions and certificates for assisted treatment and
21 related filings, decide on preliminary and ex parte motions, and all other functions
22 assigned to it pursuant to this Act.

23 (f) Danger to himself or herself may be shown by establishing that, by his or
24 her behavior, a person is, in the reasonably foreseeable future, likely to either
25 attempt suicide, to inflict bodily harm on himself or herself or, because of his or

1 her actions or inaction, to suffer serious physical harm in the near future. The
2 person's past behavior may be considered.

3 (g) *Danger to others* may be shown by establishing that, by his or her
4 behavior, a person is in the reasonably foreseeable future likely to cause or attempt
5 to cause harm to another. Evidence that a person is a danger to others may include,
6 but is not limited to:

7 (1) that he or she has inflicted, attempted or threatened in an
8 objectively serious manner to inflict bodily harm on another;

9 (2) that by his or her actions or inactions, he or she has presented a
10 danger to a person in his or her care; or

11 (3) that he or she has recently and intentionally caused significant
12 damage to the substantial property of others.

13 (h) *Gravely disabled* as defined in 10 GCA § 82101(c), may be shown by
14 establishing that a person is incapable of making an informed medical decision and
15 has behaved in such a manner as to indicate that he or she is unlikely, without
16 supervision and the assistance of others, to satisfy his or her need for either
17 nourishment, personal or medical care, shelter, or self-protection and safety so that
18 it is probable that substantial bodily harm, significant psychiatric deterioration or
19 debilitation, or serious illness will result unless adequate treatment is afforded.

20 (i) *Incapable of making an informed medical decision* means that a person is
21 unaware of the effects of his or her psychiatric disorder or that the person lacks the
22 capacity to make a well-reasoned, willful, and knowing decision concerning his or
23 her medical or psychiatric treatment. Any history of the person's non-compliance
24 with treatment or of criminal acts related to his or her mental illness shall, if
25 available, be considered.

1 (j) *Petition* means a form filed with a court to request an assisted treatment
2 hearing based on the good faith belief of the petitioner that the subject of the
3 petition is eligible for assisted treatment pursuant to the provisions of this Act.

4 (k) *Petitioner shall only* mean the Director of the Guam Behavioral Health
5 and Wellness Center or his or her designee, in conjunction with the treating
6 psychiatrist or physician who has examined the respondent, and who *shall* file the
7 petition.

8 (l) *Respondent* means the person who is the subject of a petition or
9 certificate.

10 (m) *Severe psychiatric disorder* means a substantial impairment of a person's
11 thought processes (e.g., delusions), sensory input (e.g., hallucinations), mood
12 balance (e.g., mania or severe depression), memory (e.g., dementia), or ability to
13 reason that substantially interferes with a person's ability to meet the ordinary
14 demands of living. Severe psychiatric disorders are distinguished from:

15 (1) conditions that are primarily due to drug abuse or alcoholism,
16 although severe psychiatric disorders may co-exist with these disorders;

17 (2) other known neurological disorders such as epilepsy, multiple
18 sclerosis, Parkinson's disease, or Alzheimer's disease although such
19 neurological disorders may also have psychotic features similar to those
20 found in severe psychiatric disorders;

21 (3) normal age-related changes in the brain;

22 (4) brain changes related to terminal medical conditions;

23 (5) personality disorders as defined by the American Psychiatric
24 Association's "Diagnostic and Statistical Manual of Mental
25 Disorders" (APA-DSM);

- 1 (6) moderate, severe and profound mental retardation as defined by the
2 APA-DSM; and
3 (7) pervasive developmental disorders, including autistic disorder,
4 Rett's disorder and Asperger's disorder as defined by the APA-
5 DSM.

6 (n) Treating professional, professional staff, professional person or qualified
7 mental health professional shall mean a licensed professional qualified by training
8 or experience in the diagnosis of mental or related illness. The following licensed
9 professionals shall be so designated:

- 10 (1) a psychiatrist;
11 (2) a clinical psychologist;
12 (3) a certified psychiatric nurse at the Master's level; or
13 (4) a physician.

14 (o) Guam Behavioral Health and Wellness Center (GBHWC). The public
15 agency designated by the Territory to diagnose or treat persons with mental health
16 disorders.

17 18 Article 3. Voluntary Treatment

19
20 § 82A301. Admission to voluntary treatment. A person in need of
21 psychiatric care should be admitted into treatment voluntarily whenever possible.

22 § 82A302. Discharge from voluntary treatment. A voluntary patient may
23 seek discharge at any time. Unless properly invoking provisions of this Act
24 allowing for their retention, the psychiatric treatment facility must release

1 voluntary patients who request to be discharged within 48 hours, not including
2 Saturdays, Sundays or holidays.

3 **Article 4. Petition for Assisted Treatment**

4 **§ 82A401. Criteria.**

5 (a) A person may be ordered to receive assisted outpatient treatment (ATO)
6 if the Court finds that such person:

7 (1) Is eighteen years of age or older; and

8 (2) Is suffering from mental illness; and

9 (3) Is an inpatient client or a client transitioning out of Mental
10 Health Court; or

11 (4) Is an outpatient client or was a former client who is being
12 treated or has been treated for mental illness at the GBHWC;
13 and

14 (5) Is unlikely to survive safely in the community without
15 supervision, based on clinical determination; and

16 (6) Has a history of poor treatment compliance for mental illness
17 that has:

18 (i) Been a significant factor in his or her being in a hospital,
19 prison or jail at least twice within the last thirty-six
20 months for inflicting serious bodily injury upon others or
21 upon himself; or

22 (ii) Resulted in one or more acts, attempts or threats of
23 serious bodily injury toward self or other within the last
24 forty-eight months; and

1 (7) As a result of mental illness, is unlikely to voluntarily
2 participate in outpatient treatment that would enable him or her
3 to live safely in the community; and

4 (8) Be, in view of his or her treatment and current behavior, in need
5 of assisted outpatient treatment in order to prevent relapse or
6 deterioration which would likely result in:

7 (i) A substantial risk of physical harm to the consumer as
8 manifested by threats or attempts at suicide or serious
9 bodily injury or conduct demonstrating that the consumer
10 is dangerous to himself or herself, or

11 (ii) A substantial risk of physical harm to other persons as
12 manifested by homicidal or other violent behavior by
13 which others are placed in reasonable fear of serious
14 bodily injury; and

15 (9) Be likely to benefit from assisted outpatient treatment.

16 (b) A petition for an AOT order may be sought within the 72 hour hold as
17 provided when initiated pursuant to § 82201(h) of Chapter 82, 10 GCA.

18 **Article 5. Assisted Treatment Hearing Procedures**

19 § 82A501. Continuance. The Court may, for good cause, order a
20 continuance of up to 48 hours or, if this period ends on a Saturday, Sunday or
21 holiday, to the end of the next day on which the Court is open. The continuance
22 shall extend the emergency treatment/observation period or any temporary
23 treatment order until the time of the hearing.

24 § 82A502. Location of assisted treatment hearing. For those currently
25 admitted to an inpatient facility operated by the Guam Behavioral Health and

1 Wellness Center, or its designee, assisted treatment hearings shall be held at the
2 Court.

3 **§ 82A503. Attendance at hearing.** The hearing shall be open to anyone
4 unless the respondent requests that it be closed, at which point only parties and
5 their counsels, witnesses, members and staff of the GBHWC, and court personnel
6 may be present. However, the Court may approve a motion of an individual to
7 attend the trial upon a showing that the person has a substantial interest in the
8 proceeding.

9 **§ 82A505. Expert testimony required at hearing.** For a hearing on a
10 certificate, a treating professional who has examined respondent since he or she
11 was placed under emergency treatment/observation shall testify.

12 For a hearing on a petition, the testimony of a treating professional who has
13 examined the respondent more recently than seven (7) calendar days before the
14 petition was filed is required. Such testimony may be presented by affidavit, unless
15 respondent's counsel requests of the petitioner or petitioner's counsel, in writing,
16 the presence of such a treating professional at the assisted treatment hearing. A
17 copy of this request must be filed with the Court and made at least 72 hours,
18 excluding Saturdays, Sundays and holidays, prior to the hearing. If planning to
19 present the examining treating professional's testimony by affidavit, counsel for
20 the petitioner must present a copy of the affidavit either to respondent's counsel or
21 at the office of respondent's counsel at least 24 hours, excluding Saturdays,
22 Sundays and holidays, prior to the hearing. The procedures applicable when the
23 respondent has not been examined prior to the hearing are delineated in § 87A701.

1 § 82A506. Evidence admissible at hearing. The Court may review any
2 information it finds relevant, material, and reliable, even if normally excluded
3 under rules of evidence.

4 § 82A507. Record of hearing. No transcript is required to be kept of
5 hearings before the Court.

6 § 82A508. Rights of family members. A family member may file a motion
7 for participation in the hearing. The Court may approve the preliminary motion of
8 such an individual to participate in the hearing upon a showing that the person has
9 a substantial interest in the proceeding. If the psychiatrist or physician so approves,
10 the family member may have the right to representation by counsel at his or her
11 own expense, present evidence, cross-examine witnesses, and appeal.

12 Article 6. Assisted Treatment Hearing Disposition

13 § 82A601. Procedure after failure to comply with ordered evaluation. *If*
14 the respondent presents good and credible cause why he or she was not present for
15 an ordered evaluation, the Court shall continue the proceeding and issue another
16 order for examination. A hearing concerning an individual who fails to comply,
17 without good cause, with a Court's evaluation order shall still proceed. An
18 individual's refusal, without good cause, to comply with an evaluation order may
19 be used as evidence of his or her need for treatment and incapability of making an
20 informed medical decision. If a continuance is ordered, the respondent shall be
21 placed in a designated psychiatric facility and evaluated by a treating professional.
22 The continuance shall be for no more than 72 hours or, if this period ends on a
23 Saturday, Sunday or holiday, until the end of the next day on which the Court is
24 open.

1 § 82A602. Consent order. At the hearing, the petitioner and respondent
2 may proffer a mutually agreed upon proposed assisted treatment order, known as a
3 consent order. The terms of the order must be consistent with those of an initial
4 order for assisted treatment made pursuant to this Act. The consent order must be
5 accompanied by the testimony, which may be by affidavit, of a treating
6 professional qualifying under § 82A605 that the suggested order is clinically
7 appropriate for the respondent. At its discretion, the Court may enter the consent
8 order without a full hearing. Once entered, the consent order has the same effect as
9 an assisted treatment order issued pursuant to § 82A401.

10 § 82A603. Assisted treatment order. An order for assisted treatment, for its
11 duration, subordinates the individual's right to refuse the administration of
12 medication or other minor medical treatment to the GBHWC, its designee, or any
13 other medical provider obligated to care for the person by the Court in its order.
14 The treatment setting shall be the least restrictive possible and appropriate
15 alternative. An initial order for assisted treatment on an outpatient basis may be for
16 up to 180 calendar days.

17 § 82A604. Services included in order for assisted outpatient treatment.
18 An initial assisted treatment order directing care on an outpatient basis must
19 include provisions for intensive case management. The order may also require the
20 patient to make use of and care providers to supply any or all of the following
21 categories of services to the individual:

22 (1) medication;

23 (2) periodic blood tests or urinalysis to determine compliance with
24 treatment;

25 (3) individual or group therapy;

- 1 (4) day or partial day programming activities;
- 2 (5) educational and vocational training or activities;
- 3 (6) alcohol or substance abuse treatment and counseling, and
- 4 periodic tests for the presence of alcohol or illegal drugs for
- 5 persons with a history of alcohol or substance abuse;
- 6 (7) supervision of living arrangements; and
- 7 (8) any other services prescribed to treat the person's mental illness
- 8 and to assist the person in living and functioning in the
- 9 community, or to attempt to prevent a relapse or deterioration.

10 Any material modifications of the provisions of the assisted treatment order
11 to which the patient does not agree must be approved by the court.

12 **§ 82A605. Effect of assisted treatment determination on other rights.**

13 The determination that a person is in need of assisted treatment as an outpatient, is
14 not a determination that the patient is legally incompetent or incapacitated for any
15 purpose other than those set out in this Act.

16 **Article 7. Appeals**

17 **§ 82A701. Appeal or review of assisted treatment decision or status.**

18 Except where specifically prohibited by this Act, a decision of the psychiatrist or
19 physician may be appealed to an appropriate court of record within 10 calendar
20 days of being entered. The hearing of an appeal is *de novo* and must be held within
21 seven (7) calendar days of the filing of the appeal. The subject of the assisted
22 treatment decision, the petitioner, and family members allowed as parties pursuant
23 to § 82A608 have the right to appeal. The Court of record may review any

1 information it finds relevant, material, and reliable, even if normally excluded
2 under rules of evidence.

3 Article 8. Safeguards

4 § 82A801. Thirty-day review for medication side effects. Each patient
5 receiving medication pursuant to an assisted treatment order shall be examined
6 every 30 days for serious side effects by his or her treating psychiatrist.

7 § 82A802. Recommendation for alternative appropriate treatment. After
8 an examination described in § 82A801 determines, in his or her clinical judgment,
9 that the patient has serious side effects from his or her current medication shall
10 suggest, if available, an alternative appropriate treatment that will have fewer side
11 effects.

12 § 82A803. Grievance procedure. There shall be a one-step grievance
13 procedure made available to patients on assisted outpatient treatment status.
14 Grievances concerning treatment may be made to the medical director of each
15 inpatient facility. Grievances about a patient's treatment regimen may be brought
16 by the patient or on the patient's behalf by his or her legal guardian or conservator;
17 his or her patient advocate; any party at a hearing for the institution of or renewal
18 of assisted treatment; or his or her spouse, parent, adult child or, if there is no
19 relative of such degree, his or her closest living relative. The grievance of a patient
20 whose treating psychiatrist is the facility's medical director shall be ruled on by a
21 medical professional generally appointed for this purpose by the GBHWC or its
22 designee.

23 § 82A804. Appeal of grievance. Grievances that are disallowed may be
24 appealed to the Court, which shall hear the appeal within 14 calendar days. All

1 rulings on appeals of grievances by the Court are final. If the appeal of a grievance
2 is denied, the patient it was brought either by or for is barred from appealing, and
3 others from doing so on his or her behalf, any other grievances to the Court for a
4 period of 90 days. This limitation of appeal does not otherwise alter the patient's
5 right to bring grievances in accordance with the provisions of § 82A803.

6 Article 9. Assisted Outpatient Treatment

7 § 82A901. Enforcement of assisted outpatient treatment order. An
8 assisted outpatient treatment order's requirement to maintain treatment can be
9 enforced for non-compliance. On the signature of a supervising psychiatrist, the
10 order may be enforced either at the patient's residence or a treatment center
11 designated by the GBHWC or its designee, whichever the patient chooses.
12 Consumers who physically resist or fail to select a treatment location shall be
13 treated at a treatment center designated by GBHWC.

14 § 82A902. Transfer to inpatient care. The procedures used to determine
15 whether a patient under an assisted treatment order who is on outpatient status
16 should be placed in inpatient care are the same as those for initial placement in
17 assisted treatment. A patient who meets the criteria for emergency treatment shall
18 immediately be given care in an inpatient facility, but a hearing is still necessary to
19 confirm this transfer to inpatient status. At the hearing, the Court shall order the
20 patient's transfer to or continued placement in inpatient care, depending on his or
21 her status pending the hearing, if such treatment setting is the least restrictive form
22 that will meet the patient's clinical needs. A patient's failure to comply with an
23 order for assisted treatment while in the community may be used as evidence that
24 outpatient placement is not an appropriate treatment setting for that individual.

1 Article 10. Review of Status

2 § 82A1001. Request for review of assisted treatment status. *If the time*
3 *for appeal of his or her most recent assisted treatment order or renewal has expired,*
4 *a patient may request a review of his or her assisted treatment status by the treating*
5 *psychiatrist or qualified mental health professional. The psychiatrist or qualified*
6 *mental health professional shall review the request within 14 calendar days. A*
7 *patient may request a review of status hearing no more than once every 180 days.*

8 § 82A1002. Notice of status review hearing. *Notice of the status review*
9 *hearing shall be mailed at least seven (7) calendar days in advance to the patient;*
10 *patient's legal guardian or conservator, if known; patient's counsel, if known; an*
11 *adult member of the patient's household, if known; and anyone recognized as a*
12 *party at the initial assisted treatment hearing or any subsequent renewal hearings.*
13 *Timely actual notice shall fulfill the notice requirement for any given individual.*

14 Article 11. Renewals

15 § 82A1101. Renewal of assisted treatment order. *The process for*
16 *renewing an assisted treatment order is the same as for the application for an*
17 *original assisted treatment order by petition except that notice of the renewal*
18 *hearing, as provided in § 82A505, shall also be sent to anyone recognized as a*
19 *party at the initial assisted treatment hearing or any subsequent renewal hearings.*

20 § 82A1102. Duration of renewal period. *The first renewal for an assisted*
21 *outpatient treatment period may last up to 180 days and subsequent renewals up to*
22 *360 days thereafter. A subsequent renewal for an assisted outpatient treatment*
23 *period may last up to 360 days.*

1 Article 12. Procedures for Discharge

2 § 82A1201. Discharge prior to the expiration of assisted treatment
3 period. A patient in assisted outpatient treatment may be discharged on the
4 signature of both the treating medical professional and the medical director of the
5 facility. A patient under an assisted treatment order who is on outpatient status may
6 be discharged on the signature of the treating medical professional and the director
7 of the outpatient program.

8 § 82A1202. Notice of discharge. Notice of discharge from an assisted
9 treatment order shall be mailed at least 72 hours before the planned discharge to
10 the petitioner; patient's legal guardian or conservator, if known; patient's counsel,
11 if known; an adult member of the patient's household, if known; and anyone
12 recognized as a party at the initial assisted treatment hearing or any subsequent
13 renewal hearings.

14 § 82A1203. Discharge plan requirement. Any patient placed on assisted
15 outpatient treatment must be given a treatment plan at the time of discharge from
16 inpatient care and placement on an assisted outpatient treatment program for a
17 period anticipated being greater than 72 hours. An outpatient treatment plan may
18 include, but is not limited to suggested medication; individual or group therapy;
19 day or partial day programming activities; services and training, including
20 educational and vocational activities; residential supervision; intensive case
21 management services; and living arrangements.

22 § 82A1204. Early discharge hearing. A hearing before the Court to
23 determine the appropriateness of the discharge of a patient prior to the expiration
24 of his or her assisted treatment period may be demanded as a matter of right by the

1 petitioner; the patient's legal guardian or conservator, if known; an adult member
2 of the patient's household, if known; and anyone recognized as a party at the initial
3 assisted treatment hearing or any subsequent renewal hearings.

4 **Article 13. Emergency Treatment / Observation – Certification.**

5 **§ 82A1301. Emergency treatment initiated by law enforcement officers.**

6 At the request of the treating physician or at the discretion of any law enforcement
7 officer with the power of arrest or any person generally designated to do so by the
8 government of Guam may bring to a designated facility for evaluation any person
9 on assisted outpatient treatment the officer has reasonable cause to believe has a
10 severe psychiatric disorder and, because of the disorder, is a danger to himself,
11 herself or to others or is gravely disabled. If a physician determines that someone
12 under an AOT order is non-compliant with the court order and may need
13 involuntary hospitalization, the physician may arrange for the individual to be
14 transported to a hospital and retained for an evaluation not to exceed 72 hours to
15 determine if inpatient care and treatment are necessary.

16 **§ 82A1302. Emergency treatment initiated by others.** Any psychiatrist,

17 other physician, or qualified mental health professional as designated pursuant to
18 10 GCA § 82101(g), who has been generally designated to do so by the
19 government of Guam or GBHWC may initiate emergency treatment/observation
20 based on a good faith belief that because of a severe psychiatric disorder a person
21 is either a danger to himself or herself, a danger to others or gravely disabled. Any
22 such person who determines the need for emergency treatment/observation but
23 who is not authorized to transport such individuals to a psychiatric facility may
24 direct any person enumerated in § 82A403 to do so.

1 § 82A1303. Transportation to emergency facility. Protesting individuals
2 may only be transported by either law enforcement officers with the power of
3 arrest, Guam Fire Department or others who have been designated to perform this
4 function by the government of Guam.

5 § 82A1304. Evaluation. A psychiatrist or other physician shall evaluate an
6 individual in emergency treatment/observation within twenty-four (24) hours of the
7 individual's placement in a designated psychiatric facility.

8 § 82A1305. Immediate release. An individual shall be released from
9 emergency treatment/observation unless the psychiatrist or other physician who
10 performs the evaluation determines that the individual is either a danger to himself,
11 herself or others or is gravely disabled.

12 § 82A1306. Certification. If the examining psychiatrist or other physician
13 who performs the evaluation determines, in his or her clinical opinion, that the
14 individual is a danger to himself, herself or to others or is gravely disabled, he or
15 she must file, or cause to be filed by another psychiatrist or other physician who
16 has also examined the individual, a certificate with the Court. The certificate shall
17 be filed with the court within 24 hours of the initial examination, not including
18 Saturdays, Sundays or holidays .

19 § 82A1307. Requirements of Certificate. The certificate shall be in
20 writing, executed under oath, and shall include the following information:

21 (1) the name and address, if known, of the respondent;

22 (2) the name and address, if known, of the respondent's spouse, legal
23 counsel, conservator or guardian and next-of-kin;

1 (3) the name and address, if known, of anyone currently providing
2 psychiatric care to the respondent;

3 (4) the names and addresses, if known, of other persons with
4 knowledge of respondent's mental illness who may be called as witnesses at
5 the assisted treatment hearing;

6 (5) the name and work address of the certifying psychiatrist or other
7 physician;

8 (6) the name and address of the facility in which the respondent is
9 undergoing emergency treatment/observation;

10 (7) the certifying psychiatrist or other physician's statement that he or
11 she has examined the respondent since the respondent was placed in
12 emergency treatment/observation; and

13 (8) the certifying psychiatrist or other physician's statement that, in
14 his or her clinical opinion, the respondent is a danger to himself, herself or to
15 others or gravely disabled and the clinical basis for this opinion.

16 § 82A1308. Criminal penalty. *It shall be a crime to knowingly file, or*
17 *cause to be filed, a certificate that contains a false material statement or*
18 *information.*

19 § 82A1309. Initial responsibilities of court after certificate is filed. *After*
20 *the filing of the certificate, the Court shall:*

21 (1) schedule a hearing on the certificate that will occur no more than
22 72 hours, not including Saturdays, Sundays and holidays, after the initial
23 examination; and

24 (2) designate counsel for the respondent no less than 24 hours prior to
25 the hearing.

1 § 82A1310. Notice of hearing on certificate. The Court *shall* notify the
2 certifying psychiatrist or other physician, respondent, and the respondent’s legal
3 guardian or conservator, if known, of the scheduled hearing on the certificate at
4 least 24 hours in advance. The Court must also attempt to notify of the pending
5 hearing, at least 24 hours in advance, an adult member of respondent’s household,
6 if known, and up to five individuals of the respondent’s choice. Notice may be
7 either by mail, personal delivery, telephone, or reliable electronic means. Timely
8 actual notice shall fulfill the notice requirement for any given individual.

9 § 82A1311. Duration of emergency treatment/observation. Absent the
10 exercise of other applicable provisions of this Act, the period of emergency
11 treatment/observation may last no more than 72 hours after the initial examination,
12 not including Saturdays, Sundays or holidays. Anyone who is determined by the
13 examining or a treating physician not to be a danger to himself, herself, or others,
14 or gravely disabled must be released from emergency treatment/observation. The
15 initial assisted treatment hearing shall take place before the end of the
16 treatment/observation period.

17 § 82A1312. Treatment during emergency treatment/observation. During
18 the emergency treatment/observation period, treatment may be administered if the
19 person is, in the clinical opinion of a treating professional, a danger to himself,
20 herself, or others or is gravely disabled.

21 **Article 14. Accountability**

22 § 82A1401. Treatment provider liability. In addition to other limitations
23 on liability set out elsewhere in this Chapter or applicable law, persons providing
24 care to patients placed in assisted treatment pursuant to this Section shall only be

1 liable for harm subsequently caused by or to individuals who are discharged from
2 assisted outpatient treatment if the discharge of the individual was reckless or
3 grossly negligent.

4 **Article 15. Patient Bill of Rights**

5 **§ 82A1501. Rights of all individuals in assisted treatment.** All patients
6 placed in assisted treatment pursuant to this Chapter have the following rights:

7 (1) The right to appointed counsel at the initial assisted treatment
8 hearing, reviews of status, subsequent renewal hearings of orders for assisted
9 treatment, and appeals of these proceedings.

10 (2) The right for the patient and his or her legal guardian or
11 conservator, if known, to receive a written list of all rights enumerated in this
12 Chapter.

13 (3) The right to appropriate treatment, which shall be administered
14 skillfully, safely, and humanely. Each patient placed in assisted treatment
15 pursuant to this Chapter shall receive treatment suited to his or her needs,
16 which shall include such medical, vocational, social, educational, and
17 rehabilitative services as the patient's condition requires.

18 (4) The right at all times to be treated with consideration and
19 respect for his or her privacy and dignity.”

20 **Section 3.** A new subsection (h) is *added* to § 82201 of Chapter 82 of
21 Division 4, Title 10, Guam Code Annotated, to read:

22 “(h) If in the judgment of the qualified health professional providing the
23 evaluation or treatment, the person can be properly treated without being detained,

1 the person shall be provided an evaluation, crisis intervention, and referral for
2 other services under an Assisted Outpatient Treatment Order when the person:

3 (1) Is a current or former client of GBHWC suffering from a
4 mental illness; and

5 (2) As a result of mental illness, is unlikely to voluntarily
6 participate in outpatient treatment that would enable him or her to live safely
7 in the community; and

8 (3) Has a history of poor treatment compliance for mental illness;
9 and

10 (4) In view of his or her treatment and current behavior, is in need
11 of assisted outpatient treatment in order to prevent relapse or deterioration
12 which would likely result in:

13 (i) A substantial risk of physical harm to the consumer as
14 manifested by threats or attempts at suicide or serious bodily harm or
15 conduct demonstrating that the consumer is dangerous to himself or
16 herself, or

17 (ii) A substantial risk of physical harm to other persons as
18 manifested by homicidal or other violent behavior by which others are
19 placed in reasonable fear of serious physical harm.”

20 **Section 3. Severability.** *If any provision of this Act or its application to any*
21 *person or circumstance is found to be invalid or contrary to law, such invalidity*
22 *shall not affect other provisions or applications of this Act which can be given*
23 *effect without the invalid provisions or application, and to this end the provisions*
24 *of this Act are severable.*

25



SENATOR DENNIS G. RODRIGUEZ, JR., CHAIRMAN
 COMMITTEE ON HEALTH, ECONOMIC DEVELOPMENT, HOMELAND SECURITY & SENIOR CITIZENS
 Mina'trentai Tres Na Liheslaturan Guåhan • 33rd Guam Legislature

PUBLIC HEARING Friday, June 19, 2015 9am Legislature Public Hearing Room

Bill No. 115-33 (COR) - D.G. Rodriguez, Jr. / R.J. Respicio / V.A. Ada

An act to add a new Chapter 82A to Division 4, and to add a new §82201(h) to Chapter 82, both of Title 10, Guam Code Annotated, to provide for assisted outpatient treatment services for persons with certain mental illnesses, which shall be known as the baby Alexya Law.

PRINT NAME	SIGN INITIALS	AGENCY or ORGANIZATION	✓ ORAL TESTIMONY	✓ WRITTEN TESTIMONY	✓ NO TESTIMONY	✓ IN FAVOR	✓ OPPOSE	CONTACT NUMBERS	EMAIL ADDRESS
Fred Esser	<i>[Handwritten initials]</i>					✓			Fredesser@yahoo.com
Alyssa Esser	<i>[Handwritten initials]</i>		✓			✓			grandpara@hotmail
REY VEGA	<i>[Handwritten initials]</i>	GBANC	✓			✓			rey.vega@gbanc.gu
Phil Tydingco	<i>[Handwritten initials]</i>	OAG	✓			✓			ptydingco@swansg.org
ARIEL ISMAEL	<i>[Handwritten initials]</i>					✓			DOCTERLO@yahoo.com
Benny Pisanu	<i>[Handwritten initials]</i>	GBANC	✓			✓			bepisanu@gmail.com



**GUAM BEHAVIORAL
HEALTH & WELLNESS
CENTER**

Phone: 671.641-5330
Fax: June 16, 2015

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

REY M. VEGA
Director

BENNY A. PINAULA
Deputy Director

Senator Dennis Rodriguez
33rd Guam Legislature
176 Serenu Avenue, Suite 107
Tamuning, Guam 96931


Re: Assisted Outpatient Treatment

Senator Rodriguez,

This letter is being written in support of the addition of Chapter 82A to Division 4, Title 10 Guam Code Annotated which pertains to the assisted outpatient program.

I am a provider of psychiatric services on Guam for the past 12 years. I have provided psychiatric services for Guam Behavioral Health and Wellness Center (GBHWC) for the past 3-4 years. During my years of service here on Guam, I have come across consumers of behavioral health services who respond very well to treatment, who are able to lead fruitful and productive lives with their loved ones and their families when they adhere to treatment. These individuals however, also exhibit a repetitive history of non-adherence to their prescribed treatment once they become well and symptom-free and their clinical status eventually deteriorate to the point that they become dangerous to themselves or others. Often, family members, loved ones and concerned citizens will approach GBHWC expressing their concerns regarding individuals whose clinical state is deteriorating, but they are not yet at the point where they exhibit dangerous behaviors. The reality at this time is, these individuals, unless they are dangerous or has no ability for self-care, has the right to refuse such treatment. Chapter 82A will thus be able to assist these particular set of consumers continue to function optimally, to live independently and safely in the community, with the care and the support of their loved ones, by minimizing the risk of clinical deterioration.

Sincerely,


Ariel A. Ismael, M.D.
Staff Psychiatrist
GBHWC

10:10 am
VIA HAND DELIVERY
UFISINAN TODU GUAM
Received by the
Office of Senator
Dennis G. Rodriguez, Jr.

JUNE 19, 2015
#3 NO

My name is Fred Esser. This is my wife Alyssa. On January 1st, Alexya, our 10-month-old daughter, was punched in the face by a 44 year-old-woman.

Why would a 44-year-old woman brutally attack an innocent little girl?

It turns out this same question was asked 5 years ago about the same woman. In that case the woman attacked a 23-month-old little girl, and ultimately the girl's father.

Obviously, the woman did not have a good reason for what she did. The only question that really matters is what can we do to make sure this never happens again?

When we talked with Krystal Townsend, the mother of the original victim, we made a promise to her. We promised her we would do whatever we could to make sure this never happens again.

Many people in Guam have made similar promises to us. They have told us that they also want to take action to make sure this never happens again.

So, what action should we take?

Well, we are grateful to Senator Rodriguez and the other Senator's who have co-sponsored this bill. Additionally, we are grateful to the men and women of the Guam Behavioral Health and Wellness Center for working so closely with these Senators to create this bill. We think it is a big step toward making sure this never happens again. We believe there is value in requiring the treatment of people with mental illnesses- especially those who are incapable of voluntarily seeking treatment if they are a potential harm to themselves or others.

Similarly, as the bill says, studies indicate that this kind of care has been proven to greatly reduce incidents of violence and arrests. There is a

value in treating patients with mental illness and making sure they get adequate care.

Conversely, since tourism is such a large part of this community's economy, the cost of not implementing this bill could be detrimental to this island's image as a safe paradise vacation destination. For example, when this happened, my wife's first instinct was to do whatever she could to get us permanently away from the island.

Prior to the attack, my wife & I always felt safe in Guam- no matter where we went. Since the attack –even though we know the vast majority of people living here are warm and friendly- we can't help but look over our shoulders. We can't help but wonder about other attacks that might happen if we do nothing.

Since I'm in the military, my family & I are forced to move around quite a bit. In fact, I've recently been ordered to report to Virginia, and we will be leaving the island in July.

When this happened it horrified and sickened me. Even though this was a horrible event to go through, it is good to finally see something positive come from it. Above all, it is good to see so many people who want to take action to make things better. It feels good to know we are doing something to make sure this never happens again.



COMMITTEE ON RULES

I Mina'trentai Tres na Liheslaturan Guåhan • The 33rd Guam Legislature
155 Hesler Place, Hagåtña, Guam 96910 • www.guamlegislature.com
E-mail: roryforguam@gmail.com • Tel: (671)472-7679 • Fax: (671)472-3547

Senator
Rory J. Respicio
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MAJORITY LEADER

Senator
Thomas C. Ada
VICE CHAIRPERSON
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Senator
Nerissa Bretania Underwood
Member


V. Anthony Ada
MINORITY LEADER

Mary C. Torres
MINORITY MEMBER

June 18, 2015

Memorandum

To: Rennae Meno
Clerk of the Legislature

From: Senator Thomas C. Ada 
Acting Chairperson of the Committee on Rules

Subject: Fiscal Notes

Hafa Adai!

Attached please find the fiscal notes for the bill numbers listed below.
Please note that the fiscal notes are issued on the bills as introduced.

FISCAL NOTES:

Bill No. 103-33(LS)
Bill No. 115-33(COR)
Bill No. 116-33(COR)

Please forward the same to MIS for posting on our website. Please contact
our office should you have any questions regarding this matter.

Si Yu'os ma'dse'!

2015 JUN 18 PM 4:32

**Bureau of Budget & Management Research
Fiscal Note of Bill No. 115-33 (COR)**

AN ACT TO ADD A NEW CHAPTER 82A TO DIVISION 4, AND TO ADD A NEW §42201(h) TO CHAPTER 82, BOTH OF TITLE 10, GUAM CODE ANNOTATED, TO PROVIDE FOR ASSISTED OUTPATIENT TREATMENT SERVICES FOR PERSONS WITH CERTAIN MENTAL ILLNESSES, WHICH SHALL BE KNOWN AS THE BABY ALEXYA LAW.

Department/Agency Appropriation Information

Dept./Agency Affected: Guam Behavioral Health and Wellness Center		Dept./Agency Head: Rey Vega
Department's General Fund (GF) appropriation(s) to date:		17,160,046
Department's Other Fund (Specify) appropriation(s) to date:		4,106,105
Total Department/Agency Appropriation(s) to date:		\$21,266,151

Fund Source Information of Proposed Appropriation

	General Fund:	(Specify Special Fund):	Total:
FY 2014 Unreserved Fund Balance		\$0	\$0
FY 2015 Adopted Revenues	\$0	\$0	\$0
FY 2015 Appro. (P.L. 32-181 thru 33-07)	\$0	\$0	\$0
Sub-total:	\$0	\$0	\$0
Less appropriation in Bill	\$0	\$0	\$0
Total:	\$0	\$0	\$0

Estimated Fiscal Impact of Bill

	One Full Fiscal Year	For Remainder of FY 2015 (if applicable)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund	1/	\$0	\$0	\$0	\$0	\$0
(Specify Special Fund)	1/	\$0	\$0	\$0	\$0	\$0
Total	1/	\$0	\$0	\$0	\$0	\$0

1. Does the bill contain "revenue generating" provisions? / / Yes /x/ No
 If Yes, see attachment
2. Is amount appropriated adequate to fund the intent of the appropriation? /x/ N/A / / Yes / / No
 If no, what is the additional amount required? \$ _____
/ / N/A
3. Does the Bill establish a new program/agency? / / Yes /x/ No
 If yes, will the program duplicate existing programs/agencies? / / N/A / / Yes / / No
 Is there a federal mandate to establish the program/agency? / / Yes / / No
4. Will the enactment of this Bill require new physical facilities? / / Yes /x/ No
5. Was Fiscal Note coordinated with the affected dept/agency? If no, indicate reason: /x/ Yes / / No
 / / Requested agency comments not received by due date / / Other:

Analyst: Nancy L. Mesa Date: 6/12/15 Director: Jose S. Calvo Date: JUN 18 2015
 Nancy L. Mesa Jose S. Calvo, Director

Footnotes:

1/ Bill No. 115-33 if enacted into law, provides the legal framework for the provision of care to individuals who, due to the symptoms of severe mental illness, become either dangerous or incapable of making informed medical decisions concerning their treatment. With the addition of a new Chapter 82A to Division 4 and a new §42201(h) to Chapter 82, both of Title 10, Guam Code Annotated, "Assisted Outpatient Treatment" is added on to the existing treatment components in our mental health care system on Guam. It should be noted that the provision of treatment in accordance to this Act is an unfunded mandate and will impact on the limited resources of GBHWC. However, the department was unable to provide the cost impact at this time.



COMMITTEE ON RULES

I Mina'trentai Tres na Liheslaturan Guåhan • The 33rd Guam Legislature

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

Senator

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Senator

Nerissa Bretania Underwood
Member

V. Anthony Ada

MINORITY LEADER

Mary C. Torres

MINORITY MEMBER

June 4, 2015

VIA E-MAIL

joey.calvo@bbmr.guam.gov

Jose S. Calvo

Director

Bureau of Budget & Management Research

P.O. Box 2950

Hagåtña, Guam 96910

**RE: Request for Fiscal Notes – Bill Nos. 106-33(LS); 111-33(LS) through
117-33(COR)**

Hafa Adai Mr. Calvo:

Transmitted herewith is a listing of *I Mina'trentai Tres 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,

Senator Dennis G. Rodriguez, Jr.

Acting Chairperson of the Committee on Rules

Attachment (1)

Cc: Clerk of the Legislature

Bill Nos.	Sponsor	Title
106-33 (LS)	FRANK B. AGUON, JR.	AN ACT TO AMEND § 4104 OF ARTICLE 1, CHAPTER 4, TITLE 4, GUAM CODE ANNOTATED; RELATIVE TO PROVIDING PREFERENTIAL CREDIT FOR CAREER EMPLOYEES OF THE GOVERNMENT OF GUAM WHO HAVE COMPLETED THEIR POST SECONDARY OR POST GRADUATE EDUCATION WITH THE ASSISTANCE OF THE PEDRO "DOC" SANCHEZ PROFESSIONAL SCHOLARSHIP; AND WHO APPLY FOR SUPERVISORY OR MANAGERIAL POSITIONS WITHIN THE AGENCIES AND DEPARTMENTS OF THE GOVERNMENT OF GUAM.
111-33 (LS)	T. R. Muña Barnes Frank F. Blas, Jr.	AN ACT TO AMEND § 77119 TO CHAPTER 77, TITLE 10 OF THE GUAM CODE ANNOTATED; RELATIVE TO THE ASSIGNMENT OF POLICE OFFICERS.
112-33 (COR)	B. J.F. Cruz	AN ACT TO AMEND SECTION 3(b) AND SECTION 9(a) OF PUBLIC LAW 21-14 RELATIVE TO AUTHORIZING THE MAGA'LAHEN GUAHAN TO SELL LOT NO. B, TRACT 111 LOCATED IN THE MUNICIPALITY OF TAMUNING.
113-33 (COR)	V. Anthony Ada R. J. Respicio	AN ACT TO ADD A NEW CHAPTER 8 TO 11GCA RELATIVE TO QUANTIFYING AND REPORTING THE AFFECTS OF THE EARNED INCOME TAX CREDIT (EITC) AS IT RELATES TO THE COMPACTS OF FREE ASSOCIATION.
114-33 (COR)	Judith T. Won Pat, Ed.D., B. J.F. Cruz	AN ACT TO AMEND SECTION 1(x)(2), CHAPTER V OF PUBLIC LAW 32-181, RELATIVE TO APPROPRIATING ADDITIONAL FUNDS FOR EQUIPMENT, SUPPLIES, AND CAPITAL OUTLAY FOR THE GUAM MUSEUM.
115-33 (COR)	Dennis G. Rodriguez, Jr. R. J. RESPICIO V. Anthony Ada Brant T. McCreadie N. B. Uunderwood, Ph.D. Tommy Morrison Frank F. Blas, Jr. FRANK B. AGUON, JR. Mary Camacho Torres T. R. Muña Barnes Michael F.Q. San Nicolas Judith T. Won Pat, Ed.D.	AN ACT TO ADD A NEW CHAPTER 82A TO DIVISION 4, AND TO ADD A NEW §82201(h) TO CHAPTER 82, BOTH OF TITLE 10, GUAM CODE ANNOTATED, TO PROVIDE FOR ASSISTED OUTPATIENT TREATMENT SERVICES FOR PERSONS WITH CERTAIN MENTAL ILLNESSES, WHICH SHALL BE KNOWN AS THE BABY ALEXYA LAW.



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Mary C. Torres


MINORITY MEMBER

June 4, 2015

MEMORANDUM

To: **Rennae Meno**
Clerk of the Legislature

Attorney Therese M. Terlaje
Legislative Legal Counsel

From: **Senator Dennis G. Rodriguez, Jr.** 
Acting Chairperson of the Committee on Rules

Subject: **Referral of Bill No. 115-33(COR)**

As the Acting Chairperson of the Committee on Rules, I am forwarding my referral of **Bill No. 115-33(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 Tres Na Liheslaturan Guåhan*.

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

Si Yu'os Ma'åse!

Attachment

I Mina'Trentai Tres Na Liheslaturan Received
Bill Log Sheet

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES
115-33 (COR)	Dennis G. Rodriguez, Jr. R. J. RESPICIO V. Anthony Ada Brant T. McCreddie N. B. Uunderwood, Ph.D. Tommy Morrison Frank F. Blas, Jr. FRANK B. AGUON, JR. Mary Camacho Torres T. R. Muña Barnes Michael F.Q. San Nicolas Judith T. Won Pat, Ed.D.	AN ACT TO ADD A NEW CHAPTER 82A TO DIVISION 4, AND TO ADD A NEW §82201(h) TO CHAPTER 82, BOTH OF TITLE 10, GUAM CODE ANNOTATED, TO PROVIDE FOR ASSISTED OUTPATIENT TREATMENT SERVICES FOR PERSONS WITH CERTAIN MENTAL ILLNESSES, WHICH SHALL BE KNOWN AS THE BABY ALEXYA LAW.	06/04/15 9:18 a.m.	06/04/15	Committee on Health, Economic Development, Homeland Security, and Senior Citizens			



Joe Mesngon <joe@toduguam.com>

FIRST NOTICE OF PUBLIC HEARING on Friday, June 19, 2015

Joe Mesngon <joe@toduguam.com>

Fri, Jun 12, 2015 at 6:49 AM

To: "phnotice@guamlegislature.org" <phnotice@guamlegislature.org>

June 12, 2015

MEMORANDUM

To: All Senators, Stakeholders and Media

From: Senator Dennis G. Rodriguez, Jr.

Subject: First notice of Public Hearing

Hafa Adai!

The Committee on Health has scheduled a Public Hearing on Friday, June 19, 2015 at 9am in the Legislature's Public Hearing Room.

Oral and written testimony will be accepted on the following:

Bill No. 115-33 (COR) - Introduced by Sen. Dennis G Rodriguez, Jr., is an act to *add* a new Chapter 82A to Division 4, and to add a new §82201(h) to Chapter 82, both of Title 10, Guam Code Annotated, to provide for assisted outpatient treatment services for persons with certain mental illnesses, which shall be know as the baby Alexya Law.

Bill No. 116-33 (COR) - Introduced by Sen. Dennis G. Rodriguez, Jr, is an act to authorize the Guam Behavioral Health and Wellness Center to fully implement its fee schedule and the provisions of §8611(f) (h) of Chapter 86, Title 10, Guam Code Annotated, relative to the Mental Health and Substance Abuse Services fund, by amending Section 6 of Public Law 31-239.

Written testimonies may be addressed to Sen. Dennis G Rodriguez, Chairman of the Committee on Health, and sent via email to senatordrodriguez@gmail.com, hand delivered to 176 Serenu Ave, Suite 106, Tamuning, Guam or the Legislature's Mailroom at 155 Hesler Place, Hagatna.

Individuals who may require special accommodations are requested to contact Sen. Rodriguez's office at 649-8638/0511 no later than 48 hours prior to the scheduled hearing.

Si Yu'os Ma'ase!



Joe Mesngon <joe@toduguan.com>

SECOND NOTICE OF PUBLIC HEARING on Friday, June 19, 2015

Joe Mesngon <joe@toduguan.com>
To: phnotice@guamlegislature.org

Tue, Jun 16, 2015 at 3:21 PM

June 16, 2015

MEMORANDUM

To: All Senators, Stakeholders and Media
From: Senator Dennis G. Rodriguez, Jr.
Subject: Second Notice of Public Hearing

Hafa Adai!

The Committee on Health has scheduled a Public Hearing on Friday, June 19, 2015 at 9am in the Legislature's Public Hearing Room.

Oral and written testimony will be accepted on the following:

Bill No. 115-33 (COR) - Introduced by Sen. Dennis G Rodriguez, Jr., is an act to *add* a new Chapter 82A to Division 4, and to add a new §82201(h) to Chapter 82, both of Title 10, Guam Code Annotated, to provide for assisted outpatient treatment services for persons with certain mental illnesses, which shall be know as the baby Alexya Law.

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Si Yu'os Ma'ase!

Listserv: phnotice@guamlegislature.org

Updated as of May 21, 2015

aalladi@guampdn.com
action@weareguahan.com
admin2@guamrealtors.com
admin@frankaguonjr.com
admin@guamrealtors.com
admin@weareguahan.com
aguon4guam@gmail.com
agusto.aflague@gmail.com
ahernandez@guamlegislature.org
ajuan@kijifm104.com
alerta.jermaine@gmail.com
aline4families@gmail.com
am800guam@gmail.com
amandalee.shelton@mail.house.gov
amcborja@gmail.com
amier@mvguam.com
ang.duenas@gmail.com
ataligba@gmail.com
av@guamlegislature.org
avon.guam@gmail.com
baza.matthew@gmail.com
bbautista@spbg Guam.com
bdydasco@senatorada.org
bernice@tinamunabarnes.com
betsy@spbg Guam.com
bmkelman@guampdn.com
brantforguam@gmail.com
bruce.lloyd.media@gmail.com
bshringi@moylans.net
carlaborja.73@yahoo.com
carlsanchez@judiwonpat.com
carlsonc@pstripes.osd.mil
ccastro@guamchamber.com.gu
ccharfauros@guamag.org
ccolbert@guamlegislature.org
ccruz.duenas@gmail.com
chechsantos@gmail.com
cheerfulcatunao@yahoo.com
christine.quinata@takecareasia.com
cipo@guamlegislature.org
clerks@guamlegislature.org
clynt@spbg Guam.com
committee@frankaguonjr.com
communications@frankaguonjr.com
communications@guam.gov
cor@guamlegislature.org
coy@senatorada.org
cyrus@senatorada.org
danireyes@senatorbjcruz.com
derisost@guam.gannett.com
delisleduenas@judiwonpat.com
desori623@hotmail.com
divider_j_jimenez@hotmail.com

dledddy@guamchamber.com.gu
dmgeorge@guampdn.com
dtamondong@guampdn.com
duenasenator@gmail.com
ed@tonyada.com
edelynn1130@hotmail.com
editor@mvguam.com
editor@saipantribune.com
edpocaigne@judiwonpat.com
eflores@senatorbjcruz.com
elena.garcia@senatorbjcruz.com
emqcho@gmail.com
eo@guamrealtors.com
etajalle@guamlegislature.org
ewinstoni@yahoo.com
fbtorres@judiwonpat.com
fes22744@gmail.com
flores@senatorada.org
frank.blasjr@gmail.com
frank@judiwonpat.com
frank@mvguam.com
gdumat-ol@guampdn.com
gerry@mvguam.com
gerrypartido@gmail.com
gina@mvguam.com
gina.fccg12@yahoo.com
gktv23@hotmail.com
guadalupeignacio@gmail.com
guam.avon@gmail.com
guam@pstripes.osd.mil
guamnativesun@yahoo.com
hana@guam-shinbun.com
hermina.certeza@senatorbjcruz.com
hill.bruce@abc.net.au
hottips@kuam.com
info@chinesetimesguam.com
janela@mvguam.com
jason@kuam.com
jason@senatormorrison.com
jean@tinamunabarnes.com
jennifer.lj.dulla@gmail.com
jennifer@mvguam.com
jespaldonesq@gmail.com
joan@kuam.com
joe@toduguam.com
joesa@guamlegislature.org
john.calvo@noaa.gov
john@kuam.com
johnluces@toduguam.com
jon.calvo@mail.house.gov
jontalk@gmail.com
jpmanuel@gmail.com
jstedtaotao@gmail.com

Listserv: phnotice@guamlegislature.org
Updated as of May 21, 2015

jtenorio@guamcourts.org
julian.c.janssen@gmail.com
juliette@senatorada.org
kai@spbguam.com
kcharfauros@gmail.com
kcn.kelly@gmail.com
keepinginformed.671@gmail.com
kelly.toves@mail.house.gov
kennylg@guamlegislature.org
kenq@kuam.com
kevin@spbguam.com
khmg@hbcguam.net
koreannews@guam.net
koreatv@kuentos.guam.net
kstokish@gmail.com
kstonews@ite.net
law@guamag.org
legislativecounsel@guamlegislature.org
leling@judiwonpat.com
life@guampdn.com
ljalcairo@gmail.com
lmatthews@guampdn.com
louella@mvguam.com
louise@tonyada.com
m.salaila@yahoo.com
mabuhaynews@yahoo.com
mahoquinene@guam.net
malainse@gmail.com
maria.pangelinan@gec.guam.gov
marym@guamlegislature.org
marycamachotorres@gmail.com
maryfejeran@gmail.com
matthew@senatormorrison.com
matthew.santos@senatorbjcruz.com
mcarlson@guamlegislature.org
mcpheerson.kathryn@abc.net.au
media@frankaguonjr.com
menchu@toduguam.com
millie@tinamunabarnes.com
mindy@kuam.com
mis@guamlegislature.org
miseke@mvguam.com
mlwheeler2000@yahoo.com
monty.mcdowell@amiguam.com
mspeps4873@gmail.com
mvariety@pticom.com
mwatanabe@guampdn.com
natasha@toduguam.com
news@guampdn.com
news@spbguam.com
nick@kuam.com
norman.aguilar@guamcc.edu
nsantos@guamlegislature.org

odngirairikl@guampdn.com
office@senatorada.org
officeassistant@frankaguonjr.com
oliviampalacios@gmail.com
onlyonguam@acubedink.com
orleen@senatorbjcruz.com
pacificjournalist@gmail.com
parroyo@k57.com
pdkprg@gmail.com
pete@tonyada.com
phillipsguam@gmail.com
policy@frankaguonjr.com
publisher@glimpsesofguam.com
rennae@guamlegislature.org
responsibleguam@gmail.com
rfteehan@yahoo.com
rgibson@k57.com
ricknauta@hitradio100.com
rlimtiaco@guampdn.com
rolly@ktkb.com
roryforguam@gmail.com
rowena@senatormorrison.com
senator@senatorbjcruz.com
senator@tinamunabarnes.com
senatorbrantmccreadie@gmail.com
senatordrodriguez@gmail.com
senjvespaldon@gmail.com
senatorsannicolas@gmail.com
senatortonyada@guamlegislature.org
senatorunderwood@guamlegislature.org
sgflores@tinamunabarnes.com
sgtarms@guamlegislature.org
sitarose2@yahoo.com
sixquintanilla@gmail.com
slimtiaco@guampdn.com
smendiola@guamlegislature.org
sonedera-salas@guamlegislature.org
speaker@judiwonpat.com
staff@frankaguonjr.com
stephaniemendiola@gmail.com
tanya4families@gmail.com
tasigirl@gmail.com
tcastro@guam.net
telo.taitague@visitguam.org
tessa@senatorbjcruz.com
thebigshow@guamcell.net
thebigshow@k57.com
therese.hart.writer@gmail.com
tina@tinamunabarnes.com
tina.alicto@yahoo.com
tinamunabarnes@gmail.com
tjtaitano@cs.com
tom@senatorada.org

Listserv: *phnotice@guamlegislature.org*
Updated as of May 21, 2015

tommy@senatormorrison.com
tony@senatorada.org
tony@tonyada.com
tpocaigne@judiwonpat.com
tritten@pstripes.osd.mil
tterlaje@guam.net
vejohntorres@guamlegislature.org

vince@tinamunabarnes.com
vleonguerrero@judiwonpat.com
xiosormd@gmail.com
xiosormd@yahoo.com
ylee2@guam.gannett.com
zita@mvguam.com
zpalomo@guamag.org



SENATOR DENNIS G. RODRIGUEZ, JR.

PUBLIC HEARING AGENDA

Friday, June 19, 2015 9am Public Hearing Room, *I Liheslatura*

I. Call to order

II. Items for public consideration:

- **Bill No. 115-33 (COR) - D.G. Rodriguez, Jr. / R.J. Respicio / V.A. Ada**
An act to add a new Chapter 82A to Division 4, and to add a new §82201(h) to Chapter 82, both of Title 10, Guam Code Annotated, to provide for assisted outpatient treatment services for persons with certain mental illnesses, which shall be known as the baby Alexya Law.
- **Bill No. 116-33 (COR) - D.G. Rodriguez, Jr.**
An act to authorize the Guam Behavioral Health and Wellness Center to fully implement its fee schedule and the provisions of §8611(f) (h) of Chapter 86, Title 10, Guam Code Annotated, relative to the Mental Health and Substance Abuse Services fund, by amending Section 6 of Public Law 31-239.

III. Adjournment

Thank you for your participation in today's hearing.