

JUN 1 3 2016 Honorable Judith T. Won Pat, Ed.D. Speaker I Mina'Trentai Tres Na Liheslaturan Guåhan 155 Hesler Place

Hagåtña, Guam 96910

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

RE: Committee Report - Bill No. 297-33 (COR), as Introduced

Dear Speaker Won Pat,

Transmitted herewith, for your consideration, is the Committee Report on Bill 297-33 (COR) - An Act To Add A New § 3107.1 To Article 1 Of Chapter 3, Title 10, Guam Code Annotated, Mandating The Promulgation Of A Fee Schedule For Services Provided To Clients Of The Family Planning Program, And To Establish An Interim Fee Schedule By Authorizing And Adopting The Fee Schedule Of The Regional Community Health Centers; Sponsored by Senator Dennis G. Rodriguez, Jr. and referred to the Committee on Health, Economic Development, Homeland Security and Senior Citizens. Bill No. 297-33(COR), as introduced, was publicly heard on May 4, 2016.

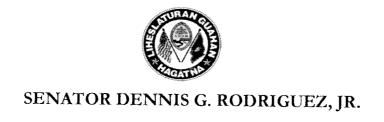
Committee votes are as follows:

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

Senseramente,

Senator Dennis G. Rodriguez, Jr. Chairman

Attachments



COMMITTEE REPORT ON

BILL NO. 297-33 (COR) As Introduced

An Act To Add A New § 3107.1 To Article 1 Of Chapter 3, Title 10, Guam Code Annotated, Mandating The Promulgation Of A Fee Schedule For Services Provided To Clients Of The Family Planning Program, And To Establish An Interim Fee Schedule By Authorizing And Adopting The Fee Schedule Of The Regional Community Health Centers



June 2, 2016

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. 297-33 (COR), as Introduced

Transmitted herewith, for your consideration, is the Committee Report on Bill 297-33 (COR) – An Act To Add A New § 3107.1 To Article 1 Of Chapter 3, Title 10, Guam Code Annotated, Mandating The Promulgation Of A Fee Schedule For Services Provided To Clients Of The Family Planning Program, And To Establish An Interim Fee Schedule By Authorizing And Adopting The Fee Schedule Of The Regional Community Health Centers; Sponsored by Senator Dennis G. Rodriguez, Jr. This report includes the following:

- Committee Voting Sheet
- Committee Report Narrative/Digest
- Copy of Bill No. 297-33 (COR)
- Public Hearing Sign-in Sheet
- Copies of Submitted Testimony and Supporting Documents
- Copy of COR Referral of Bill No. 297-33 (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'åse'!

Attachments



COMMITTEE VOTING SHEET

Bill 297-33 (COR) - An Act To Add A New § 3197-1 To Article 1 Of Chapter 3, Title 10, Guam Code Annotated, Mandating The Promulgation Of A Fee Schedule For Services Provided To Clients Of The Family Planning Program, And To Establish An Interim Fee Schedule By Authorizing And Adopting The Fee Schedule Of The Regional Community Health Centers; Sponsored by Senator Dennis G. Rodriguez, Jr.

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COMMITTEE REPORT DIGEST

Bill No. 297-33 (COR)

I. OVERVIEW: The Committee on Health, Economic Development, Homeland Security and Senior Citizens conducted a Public Hearing on May 4, 2016. The hearing convened at 1pm in 1 Liheslatura's Public Hearing Room. Among the items on the agenda was the consideration of Bill 297-33 (COR) - An Act To Add A New § 3107.1 To Article 1 Of Chapter 3, Title 10, Guam Code Annotated, Mandating The Promulgation Of A Fee Schedule For Services Provided To Clients Of The Family Planning Program, And To Establish An Interim Fee Schedule By Authorizing And Adopting The Fee Schedule Of The Regional Community Health Centers; 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 April 26, 2016 (5-day notice), and again on May 2, 2016 (48-hour notice).

Senators Present

Senator Dennis G. Rodriguez, Jr. Chairman Senator Frank B. Aguon, Jr. Member

II. SUMMARY OF TESTIMONY & DISCUSSION.

Public Hearing was called to order at 2:10PM; Continued after Bill 168-33 (COR)

Senator Dennis G. Rodriguez, Jr.: So now we're on Bill 297-33. We have the proper individual already here so you can remain. I'd also like to call on the following, Ms. Margarita Gay, Mayor Melissa Savares and Mr. Daniel Perez.

(Bill No. 297-33 (COR), *Title Read*). This legislation was the request of Public Health and that the program that receives 100% Federal funding at this time is in jeopardy if the Department does not move forward in establishing some sort of Fee Schedule and starting efforts to be able to collect at least from those who have third-party payer insurance and so that's why we're here today and the easiest and fastest way to address this was, because you don't have fee schedules in place, was to mirror the community health centers fee schedule. So I want to thank the Mayor and the Board who's here and so we look forward to your testimony. So we'll start off with you Dr. Kaneshiro.



Dr. Suzanne Kaneshiro: Good afternoon again, I am in support of Bill 297-33. The family planning program is under the Department of Public Health and Social Services, Bureau of Family Health and Nursing Services and is funded by the U.S. Department of Health and Human Services under Title 10 of the Public Health Service Act. It is the only Federal Grant program dedicated solely to providing high quality and cost effective family planning and related preventive health services for low income women and men. The family planning program offers a broad range of FDA approved contraceptive methods and related counseling as well as breast and cervical cancers screening, pregnancy testing and counseling, screening and treatment for sexually transmitted infections, HIV testing and other patient education in referrals. According to the health and human services, every dollar spent on contraceptive services yield at an estimated three-dollar-and-seventy-four cents (\$3.74) in savings that would have been spent on Medicaid cost related to pregnancy care in delivery for infants in their first year of life. This does not include savings realized from the prevention and treatment for sexually transmitted infections including Chlamydia, Gonorrhea and Cephalous and (Inaudible) reproductive cancers through breast self-exams and pap smears. Women who qualify are referred to the Guam Breast and Cervical Cancer Early Detection Program for Mammograms. The savings also do not measure the broader and economic benefits of allowing women to time and prepare for their pregnancies. The longer the time between pregnancies, the better the health outcome for both the mother and child. In FY 2015, two-hundred-eighty-eight (288) patients were seen in the family planning program. The number is low because there is only one health provider to see the patients. Once the program start charging per services, the program plans to hire another health provider so that more patients can access the program. Of the two-hundred-eighty-eight (288) patients, seventy-five (75%) percent were Pacific Islanders and twenty (20%) percent were Asians. About eighty-seven (87%) percent of the patients were one hundred (100%) percent or below the HSS poverty level and ninety-six (96%) percent reported having no public or private health insurance. Currently the family planning program does not charge for services or contraceptives at Central Public Health in Mangilao unlike the community health service that do. According to one of the special terms and requirements for the notice award that was issued on September 4, 2015, if the family planning program does not show reasonable efforts in establishing a Fee Schedule by June 1, 2016, the program will lose its funding which is about two-hundred-eighty-four-thousand dollars (\$284,000) a year. Not only does it pay for contraceptives but it also pays for a portion of salary for four (4) staff's; a nurse practitioner, a social worker, a program coordinator and a medical clerk. Their job will be in jeopardy in the funding for the family planning program is discontinued. Because of the huge deficit facing the US congress, the family planning program may be subject to budget cuts in the future. The HHS wants to ensure that the family planning program can be sustained in the state and local levels if this occurs thus the grant requirement for establishment of Fee Schedule. The reason for the late request to set up a Fee Schedule for the family planning program was because the Department was also planning to transfer services in other programs in the Department. For example, the TB program, Dental Program, Medical Record Section, Pharmacy and



Laboratory. The TB program is currently treating six (6) multi-drug resistant cases which cost onehundred-thousand dollars (\$100,000) a year per person to treat. Context, cost thirty-six-thousand dollars (\$36,000) a year to treat. Imagine the burden this is placing in the Department, the dental program is down to one (1) dentist and two (2) dental health specialist to meet the needs of the entire island. The medical record section as only two (2) staff, this is hampering the Department's efforts to implement an electronic health records system in Mangilao. The Pharmacy has one (1) Pharmacist and one (1) Pharmacy Technician with the large amount of prescriptions that have to be filled and probably documented at least one (1) more Pharmacy Technician is needed. The Dental program, the Medical record section and Pharmacy are all unable to hire staff because the positions are locally funded. If the Department included the other programs in the Fee Schedule, an economic impact report must be performed because these programs can potentially generate over five-hundredthousand dollars (\$500,000), this report will take time to do. Because of the pending deadline the department decided to establish a peace schedule for the family planning program first, and do the other programs later. We also want to note that the revolving fund also must be established so that money generated can stay within the department so that it can supplement the family planning program.

Senator Dennis G. Rodriguez, Jr.: Dr. Kaneshiro, thank you very much for the testimony you're really comprehensive and made it easy for me now, so that when I introduce this on the floor I can take this testimony and read it. Thank you very much

(Recognized Ms. Margarita Gay)

Ms. Margarita Gay: Good afternoon Senator Rodriguez and Senator Augon. My name is Margarita Gay; I'm a registered nurse and administrator for the bureau family health and nursing services with the department of public health that oversees the title 10 family planning program. For the past nine (9) year, the family planning grant has been with the department under the division of public health since the 1970's, and in 2007 it was under my supervision. Since 2007 I have been through three (3) slight visits in 2010, 2013, and this year March 2016. I am in support of this bill 297-33. The title 10 family planning program has been with the department for over thirty (30) years and with six (6) programs that are manning this very valuable program. The family planning funding has provided our clients for in-family planning services for all these years. These services that aim to family planning services with the central public health is free family planning counseling provided both for temporary and permanent contraceptive methods, Emergency contraceptive, pregnancy diagnosis, STD services, Adolescence services, women's health, and men's health. They also provide referral and follow up process for family planning clients. Again, we provide free pregnancy prevention; we provide free health presentation on adolescent health, women's health, reproductive health, pregnancy prevention, two (2) other agencies programs, and youth groups to prevent pregnancy and



STD prevention. The family planning has been with us again thirty (30) years, many changes of occurred with this Federal program. Changes in leadership of the Office of Population Affairs which oversees family planning, changes in the project, Federal requirements and mandates due to different focuses on Family Planning but the focus has changed to the Federal funding decreasing and more emphasis on self-sustainability with local state health departments generating their funding to continue the family planning services in their states and territories. Since our last family planning review sight visit in January 2013, the Title 10 Family Planning Program with the Office of Population Affairs has stated that the Family Planning Grantees were required to follow all Title 10 program requirements, which lays out the Federal Statuary and Regulatory requirements for this Title 10 program. So in 2013, the Title 10 program review noted in the summary of results stated that Guam was not able to complete those billing collections and charging which was stated earlier but it wasn't mandated that we were to have that in place but in this March 2016 site visit we had the policies of charging, billing and collection. We had a draft on allowable discounts and we also had a draft of the Fee Schedule but this time this requirement in Section 8.4 on charges, billing and collection has been cited to Guam Title 10 Family Planning Project management and administration must comply with this requirement. So they came out for our site visit they noted that we had the draft in 2003 and we worked on it and this time we had it also but we were also working with Senator Rodriguez and our Chief Public Health Officer Dr. Kaneshiro on this process as we're going right now but now in our notice of award that we were given on September 4, 2015, it's stated now in the grant that by June 1, 2016 the project must demonstrate compliance that are reasonable effort have been made to obtain third-party payment, including Government Agencies that are authorize or legally obligated to pay for services without application of any discounts. So they have stated it and they made it a point to put on our notice of award. So if this requirement is not in place at the Department of Public Health and Social Services Title 10, Family Planning Program we will lose the grant, we will lose the Federal Funding of two-hundred-eighty-thousand dollars (\$280,000). We will lose the medical personnel which stated earlier, four (4) positions and two (2) other positions that are being recruited with a total of a one-hundred-sixty-four-thousand-nine-hundred-seventy-six dollars (\$164,976) budgeted at four (4) personnel which includes the salary of a Nurse practitioner and a lot of Family Planning Services to the Central Public Health Center. This requirement is needed to be implemented to continue our funding of these four (4) medical positions for the services to continue to assist the community in spacing their children and plan for more high quality life for their family and children. This requirement is also assisting the Department to plan for sustainability of services with partial assistance of Federal funding. This requirement will give us a chance to re-evaluate our services and the population we serve. With this Bill in place, it will give the Family Planning Program the means to build the third-parties, provide Family Planning Services to all clients with or without Health Insurance and assist to improve and expand our services. Although it will have the Department, Central Public Health Center to pilot the third-party Billing with the Family Planning Services so that we can expand our other programs to seek this activity to increase their funding, hire



more medical personnel to the Department of Public Health, so I to support this Bill again but also to include that the money generated from the Family Planning Services to stay within the center but to establish a revolving fund to sustain the funding for the staffing, methods and other activities with the Family Planning Program. Thank you.

Senator Dennis G. Rodriguez, Jr.: Thank you very much Margarita for that testimony. I believe this effort that we're doing with the introduction of the Bill, I'm hoping that it can be used to demonstrate to your Federal counterparts that there is an effort that's being made and that once we're able to have session, we'll make sure that it's on the Agenda for the next regularly scheduled session. It might be after June 1st and that's why I'm saying it's important that you let them know that this process has taken place.

Ms. Margarita Gay: (Inaudible). The different steps that we've been doing like meeting with you, formulating the Bill, so they are in touch with what's our activities so after this Session I also will write a little bit more to the Project Director before June 1st on our progress.

Senator Dennis G. Rodriguez, Jr.: Thank you very much.

(Recognized Mr. Daniel Perez)

Mr. Daniel Perez: Good Afternoon Honorable Chairman, Senator Dennis Rodriguez and the Honorable Frank Aguon, Jr. My name is Daniel Perez, former president and chairman of the Board of Directors for the Community Health Center both in Dededo and the Community Health Center in Inarajan. I am now a current board member with a period of over ten (10) years of voluntary services. My oral testimony this afternoon as I am in favor of Bill No. 297-33 as written with the entire context and in support of our Resolution No. 2016-01 and is written by the Honorable Mayor Melissa Savares and the Secretary of the board of directors, Sonia Naputi Sanchez. The attached Fee Schedules is with the Resolution and that is in complete support of my oral testimony. Thank you very much.

Senator Dennis G. Rodriguez, Jr.: Thank you very much Mr. Perez.

(Recognized Mayor of Dededo; Melissa Savares)

Mayor Melissa Savares: Good Afternoon Senator, My name is Melissa Savares, today I'm here as my capacity as a Chairman of the Guam Community Health Centers for Northern and Southern Health Clinics. The Guam Community Health Center is a primary health care facility that provides primary health care services to the uninsured and the low to no income families. Our community



health center board together with our health center director, Linda Denorcey, did a study on the proposed Fee Schedules for the Health Center and we did hire a private contractor through an RFP which we sent out and to do a study to see the comparison of our rates at the health centers with Medicare and Medicaid and over the past several years working with our Fee Schedules that we have at the Community Health Centers, Medicare has always been the lower paying insurance provider, however, because our fees have not been adjusted in over ten (10) years, after the financial study was done, it's showing that Medicare now is much higher and our fees for the services that we provide are still much lower. So in line with the request for the Fee Schedule for the family planning program, offering our fee schedule, the study that was done for the Guam Community Health Center so that they don't have to pay a contractor to do that. Ours is already done, please use this so that we can use it for all of Public Health, fortunately enough we did this at the right time when they needed so that they don't have to use other funding sources to do that and in the same time we've also been meeting with you when I saw that there's a Public Hearing for their program, I said this would be perfect because now that our study has been completed and it was presented to our board it would be a win-win for the Community Health Centers and the Family Planning Program. They can use our results from the study and we can move forward with the increases that we need to. For the Guam Community Health Centers, we do require on our Resolution that our Community Health Center Board had adopted, we don't want to wait another ten (10) years to do the same study, we know that the prices of services continue to go up, salaries need to be adjusted, this helps us with program income so that we're not only relying on the Federal funds that we get from multiple grants to operate the center or even local funds, as you know two (2) years ago, we came here for a salary adjustments for some of the positions and because we are able to have the Fee Schedules, we're using the program income instead of asking the legislature to appropriate additional funding in our budget. So the multiple funds that we have to include the increase of fees will definitely help the many programs that we have in the health centers as well as the Family Planning Program. So thank you for having us be able to testify in support of the Family Planning Program but then also, hopefully we can kill two birds with one stone at this hearing and take care of our Resolution which is attached with the Community Health Centers so that we don't have to come back. Thank you Senator.

Senator Dennis G. Rodriguez, Jr.: Thank you very much Mayor. So Mayor, when was this study dated? Very recently?

Mayor Melissa Savares: It's very recent, as a matter of fact our contractor Ms. Tess Canoy is here, what she did was, this was dated as of January 2016. So this is where she compared the different rates, I have it attached to the Schedule, if you need to she can come back to your office and work with your staff and we can go over this and she actually, very detailed compared the actual cost with Medicare on one column and then what our current fees are and then also with the MIP program. So



very recent, so we're not looking at something that was done two (2) years ago, it's effective January 2016, she's spent many hours and what's good about it is the rest of Public Health can use the same study to put their Fee Schedule in place, our recommendation that this be also increased at least five (5%) percent every year beginning January 1 each calendar year, because we know that cost don't go down, as we go it goes up and five (5%) percent seemed a little reasonable, especially because whether they have MIP or Medicare or even private insurance, most of our patience are self pay and those that are self pay, they don't qualify for the different programs. They are afforded the opportunity to also apply for a sliding scale for discounted rates. So whatever the programs that they're under, it would still benefit them even if we increased it five (5%) percent at the beginning of every calendar year and so our Resolution actually shows and expresses that we give you a date when to increase the five (5%) percent, we don't have to come back here every year and request for this proposal.

Senator Dennis G. Rodriguez, Jr.: Okay, so we'll take that as a separated matter with the Community Health Centers. I remember we did that presentation with Tess and Linda, so now that we will have that, we'll work with you separately but what I'm hearing now is that the Bill now says that we're going to adopt the existing Fee Schedule but based on this there's a change.

Mayor Melissa Savares: The study has already been done so you don't have to.

Senator Dennis G. Rodriguez, Jr.: So for those services we may have to look at making an amendment of this Bill. Great thank you very much Mayor and we'll work with you and set something up with you and Tess and Linda so we can address that issue.

Mayor Melissa Savares: And you know like their program, primary healthcare is afforded to all of our people, we're trying to keep everyone out of GMH, not that they're providing services but let the emergencies and the urgent situations be taken care of, if we can afford primary healthcare, primary screening for our residence and we can be healthy all the way around.

Senator Dennis G. Rodriguez, Jr.: Great, I like that. Thank you very much Mayor. Is there anyone else that wish to testify on Bill 297? If not, we'll keep the record open and invite the public to submit any written testimony on this Bill and we'll include it in the Committee Report once it's completed.

(Recognized Senator Frank B. Aguon, Jr.)

Senator Frank B. Aguon, Jr.: Just a quick question and Mayor I want to commend you and the board members for moving forward and having your re-assessment of your fees. The only issue I have and I think the Chairman was going down the correct path in terms of wanting to work with you on a separate matter because it's going to be a challenge if in fact and I'll just be, excuse my



expression, upfront or frank with you all, because right now, in the interim the Community Health Centers be recognized as the Fee you're going to utilize. So that is your request right now but then the Community Health Center Board of Trustees already have adjusted Fees that they want to amend or to implement. So that's where the Chairman now has to work on this in terms of making sure that whatever Fees are adopted by the Family Planning Program is consistent and as current as possible so that's where challenges continue in terms of Chairman working with the Mayor as well as the Board of Trustees so that the Fees that are adopted in this piece of Legislation and that's anticipate recognized will be the most current Fees that would assist your program even more. So I mean, that's where I see this going, the Chairman can move forward with this, with the old fees but then why move with the old fees when in fact we have recognized the adjustments to address the Medicare and MIP components. So you have my support in regards to this legislation and I think that at least you have more current assessment that has been taking place. Thank you very much Mr. Chairman.

Senator Dennis G. Rodriguez, Jr.: Thank you very much Senator. Mayor just one more question because he reminded me, so the adjusted fee schedule, are these based on Medicare rates? Or maybe Tess can you come up so that we can have it on the record?

Ms. Tess Canoy: Actually the Fee Schedule was based on the current 2000 Medicare Fee Schedule.

Senator Dennis G. Rodriguez, **Jr**: Okay great so that's good because the Bill does reference that if there's a difference between the current Fee Schedule and the existing Medicare rate, then the Medicare rate will prevail.

Ms. Tess Canoy: Because during my analysis while I was working on it, it was really so alarming to find out that the community center's Fee Schedule is approximately aiding to twenty (20%) percent below the Medicare's rate. So my question actually was how come they never followed Medicare rate every year? Like the private sectors, the providers and the clinics, if they render services to Medicaid and MIP, they follow the current Medicare rate. So I said why not the community center and the Government works differently I was told.

Senator Dennis G. Rodriguez, Jr.: So I'll be able to address that on a separate legislation because remember that's still actually in my priority tray in my office. So we're actually waiting for that study. Thank you very much. Again, anyone wish to provide any testimony, they can submit a written testimony and I also want to thank the other members of the Board for being here as well. Thank you.



Moved to next item on agenda.

Fiscal Note: Waiver requested, dated April 15, 2016 (attached).

III. FINDINGS AND RECOMMENDATIONS

The Committee on Health, Economic Development, Homeland Security and Senior Citizens, hereby reports out Bill No. 297-33 (COR), with the recommendation to TO REPORT OUT ONLY

MINA' TRENTAI TRES NA LIHESLATURAN GUÅHAN 2016 (SECOND) Regular Session

Bill No. 297 -33 (COR)

Introduced by:

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D.G. RODRIGUEZ, JR. W

AN ACT TO ADD A NEW § 3107.1 TO ARTICLE 1 OF CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, MANDATING THE PROMULGATION OF A FEE SCHEDULE FOR SERVICES PROVIDED TO CLIENTS OF THE FAMILY PLANNING PROGRAM, AND TO ESTABLISH AN INTERIM FEE SCHEDULE BY AUTHORIZING AND ADOPTING THE FEE SCHEDULE OF THE REGIONAL COMMUNITY HEALTH CENTERS.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Finding and Intent. The Department of Public.

Health and Social Services (DPHSS) Bureau of Family Health and Nursing

4 Services (BFHNS) is responsible for the Family Planning (FP) Program. The FP

5 Program is 100% federally funded by Title X (Public Health Services Act 42

6 U.S.C. §300). This bill is being introduced at the request of the Director, on behalf

of the Bureau of Family Health and Nursing Services.

One of the special terms and requirements of the grant Notice of Award issued on September 4, 2015 required that by June 01, 2016, the project must demonstrate compliance that reasonable efforts have been made to obtain third party payments (including Government agencies) that are authorized or are legally obligated to pay for services, without application of any discounts. If this requirement is not met, the FP Program will lose its funding, affecting the salaries of four staff members, including the services of a nurse practitioner.

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- It is the *intent* of *I Liheslaturan Guåhan* to authorize the utilization of the fee schedule promulgated for the Regional Community Health Centers' of the Department of Public Health and Social Services until such time as a fee schedule has been duly promulgated specifically for the services provided by the Family Planning Program, in accordance with the Administrative Adjudication Law and as may be required to qualify for grants-in-aid.
- Section 2. A new § 3107.1 is *added* to Article 1 of Chapter 3, Title 10, 8 Guam Code Annotated, to read:
- 9 "3107.1. Bureau of Health and Nursing Services; Family Planning Program 10 Fees.

- (a) The Department of Public Health and Social Services (DPHSS) Bureau of Family Health and Nursing Services (BFHNS) *shall* promulgate the required fee schedule for health services provided by the Family Planning (FP) Program, in accordance with the Administrative Adjudication Law, and as may be required for continuing qualification and compliance for grants-in-aid federally funded by Title X (Public Health Services Act 42 U.S.C. §300), and other funding sources. The fee schedule shall be based on current Centers for Medicare and Medicaid Services fees, and shall be amended as necessary to maintain continuing compliance.
- (b) Interim Fee Schedule; Adoption. Notwithstanding any other provision of law, rule or regulation to the contrary, the promulgated fee schedule of the Regional Community Health Centers of the Department of Public Health and Social Services *shall* be applicable and *shall* be assessed for health care services provided to clients of the Family Planning Program until such time as a fee schedule has been duly promulgated specifically for the services provided by the Family Planning Program. In the event there is any difference between any fee of

- the Regional Community Health Centers fee schedule and the current fee schedule
- of Centers for Medicare and Medicaid Services fees, then, the fee schedule of
- 3 Centers for Medicare and Medicaid Services fees *shall* be utilized."
- Section 3. Severability. If any provision of this law or its application to
- 5 any person or circumstance is found to be invalid or contrary to law, such
- 6 invalidity shall not affect other provisions or applications of this law which can be
 - given effect without the invalid provisions or application, and to this end the
- 8 provisions of this law are severable.



SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman

COMMITTEE ON HEALTH, ECONOMIC DEVELOPMENT, HOMELAND SECURITY & SENIOR CITIZENS Mina'trentai Tres Na Liheslaturan Guåhan • 33rdGuam Legislature

PUBLIC HEARING DATE / Wednesday, May 4, 2016

2:00pm

•Bill 297-33 (COR) - Introduced by Sen. D.G. Rodriguez, Jr.

An Act to add a new § 3107.1 to Article 1 of Chapter 3, Title 10, Guam Code Annotated, mandating the promulgation of a fee schedule for services provided to clients of the family planning program, and to establish an interim fee schedule by authorizing and adopting the fee schedule of the Regional Community Health centers.

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SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman

COMMITTEE ON HEALTH, ECONOMIC DEVELOPMENT, HOMELAND SECURITY & SENIOR CITIZENS Mina'trentai Tres Na Liheslaturan Guåhan • 33rdGuam Legislature

PUBLIC HEARING DATE / Wednesday, May 4, 2016

2:00pm

•Bill 297-33 (COR) - Introduced by Sen. D.G. Rodriguez, Jr.

An Act to add a new § 3107.1 to Article 1 of Chapter 3, Title 10, Guam Code Annotated, mandating the promulgation of a fee schedule for services provided to clients of the family planning program, and to establish an interim fee schedule by authorizing and adopting the fee schedule of the Regional Community Health centers.

PRINT NAME	SIGNATURE	AGENCY	ORAL TESTIMONY	WRITTEN TESTIMONY	IN FAVOR	OPPOSE	CONTACT NUMBERS	EMAIL ADDRESS
MargaritaBGay	~556ay	TOPUS	/				7-35-7111	marqbatta.gava
Suzanne Kaneshiro	Bar So Kut	DPIHSS			L			Grance Kaneshin Dalphis
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Bill 297-33 (COI	R) Page	2 of	5.		}	diameter	The second section of the second section of the second sec	AND

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GOVERNMENT OF GUAM

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



JAMES W. GILLAN DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

GOVERNOR RAY TENORIO LIEUTENANT GOVERNOR

Written Testimony for Bill 297-33

I am in support of Bill 297-33. The Family Planning Program is under the Department of Public Health and Social Services Bureau of Family Health and Nursing Services and is funded by the US Department of Health and Human Services (HHS) under Title X of the Public Health Service Act. It is the only federal grant program dedicated solely to providing high quality and cost effective family planning and related preventive health services for low-income women and men. The Family Planning Program offers a broad range of FDA-approved contraceptive methods and related counseling, as well as breast and cervical cancer screening, pregnancy testing and counseling, screening and treatment for sexually transmitted infections (STIs), HIV testing and other patient education and referrals.

According to HHS, every dollar spent on contraceptive services yielded an estimated \$3.74 in savings that would have been spent on Medicaid costs related to pregnancy care and delivery and to infants in their first year of life. This does not include savings realized from the prevention and treatment of STIs (including chlamydia, gonorrhea and syphilis) and avoiding and detecting reproductive cancers through breast self-exams and PAP smears. Women, who qualify, are referred to the Guam Breast and Cervical Cancer Early Detection Program for mammograms. The savings also do not measure the broader health, social and economic benefits of allowing women to time or prepare for their pregnancies. The longer the time between pregnancies, the better the health outcome for both the mother and child.

In FY 2015, 288 patients were seen in the Family Planning Program. The number is low because there is only one health provider to see the patients. Once the program starts charging for services, the program plans to hire another health provider so that more patients can access the program. Of the 288 patients, 75% were Pacific Islanders and 20% were Asians. About 87% of the patients were 100% or below the HSS Poverty Level and 96% reported having no public or private health insurance.

Currently, the Family Planning Program does not charge for services or contraceptives at Central Public Health in Mangilao unlike the Community Health Centers which do. According to one of the special terms and requirements from the Notice of Award that was issued on September 4, 2015 if the Family Planning Program does not show reasonable efforts to establishing a fee schedule by June 1, 2016, the program will lose its funding which is about \$284,000 a year. Not only does it pay for contraceptives but it also pays for a portion of the salaries of four staff: a nurse practitioner, a social worker, a program coordinator and a medical clerk. Their jobs will be in jeopardy if the funding for the Family Planning Program is discontinued.

GOVERNMENT OF GUAM

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

Because of the huge deficit facing the US Congress, the Family Planning Program may be subject to budget cuts in the future. The HHS wants to ensure that the Family Planning Program can be sustained in the state and local levels if this occurs thus the grant requirement for the establishment of a fee schedule.

The reason for the late request to set up a fee schedule for the Family Planning Program was because the Department was also planning to charge for services in other programs in the department, i.e. TB Program, Dental Program, Medical Records Section, Pharmacy and Laboratory. The TB Program is currently treating six Multi-Drug Resistant (MDR) cases, which costs \$100,000 a year per person to treat. Contacts cost \$36,000 a year to treat. Imagine the burden this is placing in the Department. The Dental Program is down to one dentist and two dental health specialists to meet the needs of the entire island. The Medical Records Section has only two staff. This is hampering the Department's effort to implement an electronic health record system in Mangilao. The Pharmacy has one pharmacist and one pharmacy technician. With the large amount of prescriptions that have to be filled and properly documented, at least one more pharmacy technician is needed. The Dental Program, Medical Records Section and Pharmacy are all unable to hire staff because the positions are locally funded.

If the department includes the other programs in the fee schedule, an economic impact report must be performed because these programs could potentially generate over \$500,000. This report would take time to do. Because of the pending deadline, the Department decided to establish a fee schedule for the Family Planning Program first and do the other programs later.

Suzanne Kaneshiro, DDS

Department of Public Health and Social Services

Desur Son Kurlen 1003

Chief Public Health Officer



GUAM COMMUNITY HEALTH CENTERS, INC.

520 West Santa Monica Avenue Dededo, Guam 96929

Tel: (671) 635-4422/7544

Fax: (671) 635-7493

Sonya Naputi Secretary

Reynaldo Edrosa Treasurer

Melissa Savares President, Board of Directors

Carol Tayama Vice-President

RESOLUTION NO. 2016-01

Relative to the support Bill No. 297-33, the proposed fee schedule increase for services provided to all patients at the Guam Community Health Centers, Inc.

BE IT RESOLVED BY THE GUAM COMMUNITY HEALTH CENTERS, INC. BOARD OF DIRECTORS:

WHEREAS, that the Guam Community Health Centers, Inc. provides primary health care services to residents of the island of Guam of low to no income status; and

WHEREAS, that on Thursday, April 21, 2016, members of the GCHC, Inc. board of directors, during a regular scheduled meeting reviewed and discussed the final study of the Proposed Fee Schedule update on MIP and Medicaid presented by a contracted financial consultant; and

WHEREAS, the study showed evidence that the current fees at the GCHC Inc. are well below the minimal fees of MIP and Medicaid (see attached tables); and

WHEREAS, a motion to increase fees of the Guam Community Health Centers, Inc. to be aligned with that of MIP and Medicare, to be effective January 1, 2017; and

WHEREAS, members motioned to increase fees by five percent (5%) every year thereafter, effect 1 January of each calendar year to be in line with the rising cost of supplies, equipment, medications, utilities and other needs relating to primary health care for all patients; and

WHEREAS, a financial study be conducted every five (5) years by a licensed financial contractor to assure that the fee scheduled is in equivalent and/or comparable to that of MIP and Medicaid fees; and primary health care to all patients; and therefore be it

BE IT RESOLVED, that the Guam Community Health Centers, Inc. continues to provide primary health care services to residents of Guam; and

FURTHER RESOLVED, that the President of the Guam Community Health Centers, Inc. certify to and the Secretary attest the adoption hereof and that copies of the same be therefore transmitted to the 33rd Guam Legislature, Governor of Guam and the Department of Public Health & Social Services.

DULY RECORDED AND REGULARLY ADOPTED BY THE GUAM COMMUNITY HEALTH CENTER INC. BOARD ON THIS <u>21st</u> DAY OF <u>APRIL</u> 2016.

MELISSA B SAVARPS President

SONYA NAPUTI-SANCHEZ, Secretary

сет сос	1000000000	TOTAL FREQ.	CURRENT	ACTUAL COST (CURRENT)	2016 HI/GU MEDICARE FEES	ACTUAL COST (MEDICARE)	DIFFERENCE: MEDICARE minus CURRENT	2016 HI/GU MEDICARE FEES x 1.01	ACTUAL COST (M/CARE x 1.01)	DIFFERENCE: M/CARE x 1.01 minus CURRENT	2016 HI/GU MEDICARE FEES × 1.05	ACTUAL COST (M/CARE x 1.05)	DIFFERENCE: M/CARE x 1.05 minus CURRENT
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86701	1	601	38.50		12.11	7,278.11	-15,860.39	12,23					-15,496,48
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9046	1	5817	13,59	92,643.03	13,51	92,097.67	-545,36	13,65	93,018.65	375.62	14.15	96,702.55	4,059.52
90471	1	3934	15.00	59,010.00	28.38	111,646.92	52,636.92	28.66	112,763.39	53,753.39	29.80	117,229.27	58,219.27
94472	2	1026	20.00	20,520.00	13.51	13,861,26	-6,658.74	13,65	13,999.87	-6,520.13	14.19	14,554,32	-5,965,68
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4644	105	30.00	3,150.00	51.39	5,395.95	2.245.95	51.90	5,449,91	2,299.91	53.96	5,665.75	2,515.75
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4645	29	30.00	870.00	16.45	477.05	-392.95	16.61	481.82	-388.18	17. 2 7	500.90	-369.10
4760	33	50.00	1,650.00	3,55	117.15	-1,532.85	3.59	118.32	-1,531.68	3.73	123.01	-1,526.99
6360	20	0.00	0.00	65.43	1,308,60	1,308.60	66.08	1,321.69	1,321.69	68.70	1,374.03	1,374.03
6361	2	00.0	0.00	17.18	34.36	34.36	17.35	34.70	34.70	18.04	·	36.08
6365	3	0.00	0.00	79.15	237.45	237.45	79.94	239.82	239,82	83.11	249.32	249.32
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9202	430	75.00	32,250.00	80.52	34,623.60	2,373.60	81,33	34,969,84	2,719.84	84.55		
9203	1 503	104.62	52,623.86	115.47	58,081.41	5,457.55	116.62		6,038.36	121.24		
9204	92	152.87	14,064,04	174.93	16,093.56		176.68		2,190.46	183.68		
9205	76	191.08	14,522.08	218,44	16,601.44	2,079.36	220.62		2,245.37	229.36		2,909.43
9211	1924	23.10	44,444.40	22.08	42,481.92		22.30		-1,537.66	23.18		
9212	6329	42.78	270,754.62	47.25	299,045,25		47.72		31,281.08	49.61	313,997.51	43,242.89
9213	10076	59.00	594,484.00	78.40	789,958.40		79.18		203,373.98	82.32	A Committee of the Comm	
9214	3905	89.98	351,371.90	115.16		98,327.90	116.31	454,196.80		120.92		
9215	473	138.65	65,581.45	154.40			155.94		8,180.06	162.12	A CONTRACTOR OF THE PROPERTY O	
9241	3	96.00	288.00	49.08	147.24		49.57	148.71	-139.29	51.53		
9242	1 2 1	150.00	300.00	92.06			92.98		-114.04	96.66		
9243	3	0.00	0.00	125.74		377.22	127.00		380.99	132.03		
9381	327	75.00	24,525.00	111.05			112.16		12,151.48	116.60		
9382	103	85.00	8,755.00	115.71			116.87	12,037.31	3,282.31	121.50		
9383	197	85.11	16,766.67	120.72			121,93		7,252.99	126.76		
9384	139	95.23	13,236.97	136.48			137,84		5,923.46	143.30		
9385 9386	15	0.00	0.00	132.54			133.87		2,007.98	139.17		
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0561	952	23.80	22,657.60	8.38		**************************************	8.46			8.80		
10696	148	25.00	3,700.00	0.69	102,12	-3,597.88	0.70	103.14	-3,596.86	0.72	107.23	-3,592.77
702	6	0.00	0.00	5.90	<u> </u>	 			35.75			37.17
030	I I	0.00	0.00	4.49	4.49	4.49	4.53	4.53			4,71	4.71
050	577	30.00	17,310.00	54.00	31,158.00	13,848.00	54,54	31,469.58	14,159.58	56.70	32,715.90	15,405.90
055	290	30.00	8,700.00	54.00	15,660,00	6,960,00	54,54	15.816.60	7,116.60	56.70	16,443.00	7,743.00
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J 2 790	3	0.00	0.00	83.83	251.49		. 84.67	254.00	Analy Jan		264.06	264.06

CIT	CODE	TOTA FREQ	CURRENT	ACTUAL COST (CURRENT)	Z016 HI/GU MEDICARE FEES	ACTUAL COST (MEDICARE)	DIFFERENCE: MEDICARE minut CURRENT ACTUAL COSTI	2016 HI/GU MEDICARE FEES x 1.01	ACTUAL COST (M/CARE x 1.01)	DIFFERENCE: M/CARE x 1.01 minus CURRENT ACTUAL COSTI	2016 HI/GU MEDICARE FEES x 1.05	ACTUAL COST (M/CARE × 1.05)	DIFFERENCE: M/CARE x 1.05 minus CURRENT ACTUAL COST)
j:	2920	9	13.90	125.10	2.96	26.64	-98.46	2.99	26.91	-98.19	3.11	27.97	-97.13
	2930	-4	40.00	160,00	4.21	16,84	-143.16	4.25	17,01	-142,99	4.42	17.68	-142.32
	7030		0.00	0.00	1.98	1.98	1.98	2.00	2.00	2.00	2.08	2.08	2.08
U	7050		0.00	0,00	0,49	0.98	0.98	0.49	0.99	0.99	0.51	1.03	1.03
	7620	124	0.00	0.00	0.17	21.08	21.08	0.17	21,29	21.29	0.18	22.13	22.13
	3000	891	0.00	0.00	49.95	44,505.45	44,505.45	50.45	44,950.50	44,950.50	52.45	46,730.72	46,730.72

2,592,160.35

66986

3,062,106.07

469,945.72

3,092,727.13

500,566.78

3,215,211.37

623,051.02

0.181

18.1%

0.240 24.0%

M/CARE Actual Cost minus Current Actual Cost M/CARE Actual Cost minus Current Actual Cost

M/CARE Actual Cost minus Current Actual Cost

Current Actual Cost

Current Actual Cost

Current Actual Cost

CPT CODE	CPT DESCRIPTION	NRHC MAP	SRHC MAP	NRHC MIP	SRHC MIP	TOTAL FREQ:
10060	[& D of abscess	15]	5	4	2 1	26
10061	I & D of abscess, complicated	1	0	0	O	1 1
11976	Removal, implantable contraceptive capsule	1	0	3	0	4
15851	Removal of sutures under anesth. (other than local)	35	11	13	2	61
15852	Dressing change, under anesth. (other than local)	1	0	0	1	2
16020	Dressing &/or debridement of P/T burn	2	0	σ	0	2
27301	I & D, deep abscess, burs, or hematoma	1	0	0	0	1 1
58301	Removal of Intrauterine device (IUD)	2		0	1	4
59025	Fetal non-stress test	227	62	174	41	504
	Postpartum care only	169	79	148	57	453
69200	Removal of foreign body from ext. auditory carial Removal impacted cerumen requiring instrumentation.	1	0	2	σ	3
69210	unilateral	74	10	13	3	100
76815	Ultrasound, Pregnant Uterus	0	0	1	1	2
81000	Urinalysis, by dipstick	277	331	351	212	1171
82043	Urine albumin, microalbumin, quantitative	9	8	25	7	49
82947	Glucose, quantitative, blood (except reagent strip)	1	0	0	1	2
82950	Glucose, quantitative, post-glucose dose	29	5	15	67	116
	Glucose, blood by glucose monitoring device cleared by					
82962	FDA specifically for home use.	1	1 1	0	1	3
83036	Hemoglobin, glycosated (A1C)	59	8	106	72	245
84703	Gonadotropin, chorionic (hCG), qualitative	453	260	202	87	1002
85007	Blood smear, microscopic exam. w/ manual diff. WBC count	11	22	7	22	52
85014	Blood hematocrit	117	307	8	62	494
85018	Blood hemoglobin (Hgb)	106	304	17	63	490
85027	CBC, automated (Hgb, Hct, RBC, WBC, and platelet	3	4	1 1	2	10
86580	Skin test, tuberculosis, intradermal	1285	734	178	84	2281
	Syphilis test, non-treponemal antibody, qualitative (e.g.					
86592	VDRL, RPR, ART)	83	9	162	119	373
	HIV-1	214	55	207	125	601
	Antibody, rubella Antibody screen, RBC, each serum technique	64	7	157 39	109	337
	Blood typing, ABO	42 38	1 1	188	69	84 302
86901	Blood typing, ABO Blood typing, Rh (D)	60	6	160	104	330
87210	Wet mount for infectious agent (e.g. saline, KOH)	30	15	20	7	72
	Hepatitis B surface antigen (HBsAg)	59	11	0	110	180
	Streptococcus, group A	43	92	184	9	328
0,100	Cytopathology, cervical or vaginal, collected in		1 1		 	7.0
88142	preservative luid	38	0	54	5	97
90460	Immunization administration thru 18 yrs. of age	5296	2909	273	351	8829
30400	Immunization administration thru 18 yrs, of age, each	J230	2.303	2/3	331	3043
90461	additional vaccine	4210	2103	166	338	6817
90471	Immunization administration (incl. subcutaneous, intradermal, subcutaneous, or I.M. injections)	1582	999	755	598	3934
30471	Immunization administration (incl. subcutaneous,	1362	333	/33	336	3334
	intradermal, subcutaneous, or I.M. injections), each					
90472	additonal vaccine	392	221	203	210	1026
02005	Electrocardiogram (ECG), tracing only, w/o interpretation and report	c >	4-1	F3	3-	101
93005 93784	Ambulatory blood pressure monitoring	67 68	47 21	53 30	27	194 140
		100	I	 	 	
94640	Pressurized or non-pressurized inhalation treatment	5	5	1	0	11
94644	Continuous inhalation treatment w/ aerosol medication, for acute airway obstruction, 1st hr.	52	37	9	7	105
94645	Continuous inhalation treatment w/ aerosol medication, for acute airway obstruction, each additional hr.	13	11	4	1	29
94049		1.7	1.4	7	<u> </u>	
	Pulse oximetry for oxygen saturation, single	lei	1	<u> </u>		

CPT CODE	CPT DESCRIPTION	NRHC MAP	SRHC MAP	NRHC MIP	SRHC MIP	TOTAL FREQ.
96360	Intravenous infusion, hydration, initial 31mins1hr.	1	19	0	0	20
96361	Intravenous infusion, hydration, each additional hr.	1	1	0	0	2
	Intravenous infusion, for therapy, prophylaxis, or			i i		
96365	diagnosis, initial up to 1hr.	3	0	0	0	3
	Handling and/or conveyance of specimen for transfer					
99000	from the office to a laboratory	1856	1262	961	420	4499
	New patient office visit	93	28	45	14	180
99202	New patient office visit New patient office visit	204	110	82	34 50	430
99203 99204	New patient office visit	245 32	108	100 33	14	503 92
99205	New patient office visit	24	10	30	12	76
	Nurse visit only	983	485	310	146	1924
99212	Established patient office visit	2712	1189	1783	645	6329
99213	Established patient office visit	4456	3273	1512	835	10076
99214	Established patient office visit	1709	1018	810	368	3905
99215	Established patient office visit	192	136	122	23	473
99241	Office consultation, new or established patient Office consultation, new or established patient	2	0	0	0	2
99242 99243	Office consultation, new or established patient	3	0	0	0	3
99381	New patient, Preventive exam., < 1 yr. old	200	102	7	18	327
	New patient, Preventive exam., age 1-4	55	25	12	11	103
	New patient, Preventive exam., age 5-11	129	45	18	5	197
99384	New patient, Preventive exam., age 12-17	96	30	10	3	139
99385	New patient, Preventive exam., age 18-39	8	2	1	4	15
3	New patient, Preventive exam., age 40-64	1	0	0	0	1
99391 99392	Established patient, Preventive exam., < 1 yr. old Established patient, Preventive exam., age 1-4	964 820	479 454	9 21	45	1497
99392	Established patient, Preventive exam., age 1-4 Established patient, Preventive exam., age 5-11	261	155	30	18 14	1313 460
99394	Established patient, Preventive exam., age 12-17	206	119	25	17	367
99395	Established patient, Preventive exam., age 18-39	14	10	2	l i l	27
99396	Established patient, Preventive exam., age 40-64	7	6	<u> </u>	ī	15
	Initial hospital or birthing center care, per day, for					
99460	evaluation and management of normal newborn infant	1	0	0	0	1
J0561	Injection, penicillin G benzathine, 100,000 units	458	325	102	67	952
J0696	Injection, ceftriaxone sodium, per 250mg	65	38	26	19	148
30030	Injection, betamethasone acetate 3mg and	09	30	20	1 1	140
J0702	betamethasone sodium phosphate 3mg	0	6	0		6
J1030	Injection, methyprednisolone acetate, 40mg	1	0	0	0	1
J1050	Injection, medroxyprogesterone acetate, 1mg	306	134	94	43	577
31000	Injection, medioxyprogesterone acetate, rmg	300	134	34	43	3//
J1055	contraceptive use, 150mg (NOTE: deleted code)	125	115	24	26	290
J1815	Injection, insulin, per 5 units	37	8	24	17	86
01010	Injection Rho(D) immune globulin, human, full dose,	3/		4.4	L &/	80
J2790	300 micrograms (1500 IU)	2	4	0	0	3
VE 1 VV	Injection, methylprednisolone sodium succinate, up to	64				-
J2920	40mg	4	5	0	0	9
	Injection, methylprednisolone sodium succinate, up to	-				
J2930	125mg	3	0	1	0	4
J7030	Infusion, normal saline solution, 1000cc	0	1	0	0	1
J7050	Infusion, normal saline solution, 250cc	1	1	0	0	2
	Albuterol, up to 2.5mg and ipratropium bromide, up to	4			· · ·	
J7620	0.5mg, administered through DME	61	43	13	7	124
	Screening Papanicolau smear, cervical or vaginal		1	3.9	•	127
P3000	(Q0091)	298	162	332	99	891
			1			

18627 10483

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 CHAIRPERSON MAJORITY LEADER

April 15, 2016

Senator Thomas C. Ada VICE CHAIRPERSON ASSISTANT MAJORITY LEADER

Speaker Judith T.P. Won Pat, Ed.D. Member

> Vice-Speaker Benjamin J.F. Cruz Member

Legislative Secretary Tina Rose Muna Barnes Member

Senator Dennis G. Rodriguez, Jr. Member

> Senator Frank Blas Aguon, Jr. Member

Senator Michael F.Q. San Nicolas Member

Senator Nerissa Bretania Underwood Member

> V. Anthony Ada MINORITY LEADER

Mary C. Torres
MINORITY MEMBER

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. 296-33(COR) and 297-33(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 Rory J. Respicio

Plony J. Respicio

Chairperson of the Committee on Rules

Attachment (1)

Cc: Clerk of the Legislature

Bill Nos.	Sponsor	Title
296-33 (COR)	V. Anthony Ada	AN ACT TO AMEND §60109.1(a)(8) OF CHAPTER 60 OF 10GCA RELATIVE TO TRAINING REQUIREMENTS FOR CONCEALED CARRY LICENSES.
297-33 (COR)	Dennis G. Rodriguez, Jr.	AN ACT TO ADD A NEW § 3107.1 TO ARTICLE 1 OF CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, MANDATING THE PROMULGATION OF A FEE SCHEDULE FOR SERVICES PROVIDED TO CLIENTS OF THE FAMILY PLANNING PROGRAM, AND TO ESTABLISH AN INTERIM FEE SCHEDULE BY AUTHORIZING AND ADOPTING THE FEE SCHEDULE OF THE REGIONAL COMMUNITY HEALTH CENTERS.

COMMITTEE ON RULES



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

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> V. Anthony Ada MINORITY LEADER

Mary C. Torres
MINORITY MEMBER

Certification of Waiver of Fiscal Note Requirement

This is to certify that the Committee on Rules submitted to the Bureau of Budget and Management Research (BBMR) a request for a fiscal note, or applicable waiver, on Bill No. 297-33(COR) -Dennis G. Rodriguez, Jr., "AN ACT TO ADD A NEW § 3107.1 TO ARTICLE 1 OF CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, MANDATING THE PROMULGATION OF A FEE SCHEDULE FOR PROVIDED TO CLIENTS OF PLANNING PROGRAM, AND TO ESTABLISH AN INTERIM FEE SCHEDULE BY AUTHORIZING AND ADOPTING THE FEE SCHEDULE OF THE REGIONAL COMMUNITY HEALTH CENTERS.,"- on April 15, 2016. COR hereby certifies that BBMR confirmed receipt of this request April 21, 2016 at 8:29 A.M.

COR further certifies that a response to this request was not received. Therefore, pursuant to 2 GCA §9105, the requirement for a fiscal note, or waiver thereof, on Bill 297-33(COR) to be included in the committee report on said bill, is hereby waived.

Certified by:

Senator Rory J. Respicio

Chairperson of the Committee on Rules

Rury J. Respicio

<u>June 16, 2016</u>

Date

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

Senator Rory J. Respicio CHAIRPERSON MAJORITY LEADER

April 15, 2016

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> Senator Frank Blas Aguon, Jr. Member

Senator Michael F.Q. San Nicolas Member

Senator Nerissa Bretania Underwood Member

> V. Anthony Ada Minority Leader

Mary C. Torres
MINORITY MEMBER

MEMORANDUM

To: Rennae Meno

Clerk of the Legislature

Attorney Therese M. Terlaje Legislative Legal Counsel

From: Senator Rory J. Respicio

Chairperson of the Committee on Rules

Subject: Referral of Bill No. 297-33(COR)

As the Chairperson of the Committee on Rules, I am forwarding my referral of Bill No. 297-33(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

33GL CLERKS OFFICE BILL HISTORY 4/15/2016 3:28 PM

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
297-33 (COR)	4 de la constantina del constantina de la constantina del constantina de la constant	AN ACT TO ADD A NEW § 3107.1 TO ARTICLE 1 OF CHAPTER 3, TITLE 10, GUAM CODE ANNOTATED, MANDATING THE PROMULGATION OF A FEE SCHEDULE FOR SERVICES PROVIDED TO CLIENTS OF THE FAMILY PLANNING PROGRAM, AND TO ESTABLISH AN INTERIM FEE SCHEDULE BY AUTHORIZING AND ADOPTING THE FEE SCHEDULE OF THE REGIONAL COMMUNITY HEALTH CENTERS.	1:16 p.m.	04/15/16	Committee on Health, Economic Development, Homeland Security, and Senior Citizens			



FIRST NOTICE of PUBLIC HEARING on Wednesday, May 4, 2016 at 2pm

John Luces <johnluces@toduguam.com>
To: phnotice@guamlegislature.org

Tue, Apr 26, 2016 at 5:04 PM

April 26, 2016

MEMORANDUM

To:

All Senators, Stakeholders and Media

From:

Sen. Dennis G. Rodriguez, Jr.

Subject: FIRST NOTICE of PUBLIC HEARING on Wednesday, May 4, 2016

Hafa Adai!

The Committee on Health, Economic Development, Homeland Security and Senior Citizens will conduct a Public Hearing at 2pm on Wednesday, May 4, 2016 in the Guam Legislature's Public Hearing Room.

The Committee will accept oral and written testimony on:

*Bill No. 297-33 (COR) - Introduced by Sen. D.G. Rodriguez, Jr.

An Act to add a new § 3107.1 to Article 1 of Chapter 3, Title 10, Guam Code Annotated, mandating the promulgation of a fee schedule for services provided to clients of the family planning program, and to establish an interim fee schedule by authorizing and adopting the fee schedule of the Regional Community Health centers.

*Bill No. 168-33 (COR)- As substituted by the Author, Introduced by Sen. Frank B. Aguon, Jr.

An Act to add items (5) through (11) to subsection (a) of Subsection 3208, to amend subsections (a), (c), (e), (k), and (m) of Subsection 3218, all of Article 2, Chapter 3, Title 10, Guam Code Annotated, to add a new Subsection 55.65, to Chapter 55, Title 9, Guam Code Annotated, relative to increasing the penalties for non-compliance by adding reporting mechanisms to better ensure enforcement.

*Resolution No. 308-33 (LS) - Introduced by Sen. D.G. Rodriguez, Jr.

Relative to encouraging I Maga'lahen Guahan to pursue the U.S. Department of Homeland Security's inclusion of Vietnam and the Philippines to the Consolidated Natural Resources Act of 2008, the Guam-CNMI Visa Waiver Program and to express the people of Guam's support for such.

Individuals who wish to submit written testimony may address: Sen. Dennis G. Rodriguez, Jr., Chairman, and send via email to senatordrodriguez@gmail.com or hand deliver to 176 Serenu Ave. Suite 107 Tamuning, Guam or 155 Hesler PI. Hagatna, Guam.

Individuals who may require special accommodations are asked to contact the office of Sen. Rodríguez no later than 48 hours prior to the scheduled hearing at 649-8638/0511.

Si Yu'os Ma'ase'!

Si Yu'os Ma'ase'!

JOHN DEREK A. LUCES

-POLICY ANALYST

Office of Senator Dennis G. Rodriguez, Jr.

I Mina'Trentai Tres Na Liheslaturan Guåhan

Chairman,

Committee on Health, Economic Development, Homeland Security, and Senior Citizens

33rd Guam Legislature

176 Serenu Avenue Suite 107

Tamuning, Guam, USA

96931

Tel: (671) 649-TODU 8638/0511

Office Hours: M-F 8:00 A.M. - 5:00 P.M.



SECOND NOTICE of PUBLIC HEARING on Wednesday, May 4, 2016 at 2pm

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

Mon, May 2, 2016 at 8:08 AM

May 2, 2016

MEMORANDUM

To: All Senators, Stakeholders and Media

From: Sen. Dennis G. Rodriguez, Jr.

Subject: SECOND NOTICE of PUBLIC HEARING on Wednesday, May 4, 2016

Hafa Adai!

The Committee on Health, Economic Development, Homeland Security and Senior Citizens will conduct a Public Hearing at 2pm on Wednesday, May 4, 2016 in the Guam Legislature's Public Hearing Room.

The Committee will accept oral and written testimony on:

*Bill No. 297-33 (COR) - Introduced by Sen. D.G. Rodriguez, Jr.

An Act to add a new § 3107.1 to Article 1 of Chapter 3, Title 10, Guam Code Annotated, mandating the promulgation of a fee schedule for services provided to clients of the family planning program, and to establish an interim fee schedule by authorizing and adopting the fee schedule of the Regional Community Health centers.

*Bill No. 168-33 (COR)- As substituted by the Author, Introduced by Sen. Frank B. Aguon, Jr.

An Act to add items (5) through (11) to subsection (a) of Subsection 3208, to amend subsections (a), (c), (e), (k), and (m) of Subsection 3218, all of Article 2, Chapter 3, Title 10, Guam Code Annotated, to add a new Subsection 55.65, to Chapter 55, Title 9, Guam Code Annotated, relative to increasing the penalties for non-compliance by adding reporting mechanisms to better ensure enforcement.

*Resolution No. 308-33 (LS) - Introduced by Sen. D.G. Rodriguez, Jr.

Relative to encouraging I Maga'lahen Guahan to pursue the U.S. Department of Homeland Security's inclusion of Vietnam and the Philippines to the Consolidated Natural Resources Act of 2008, the Guam-CNMI Visa Waiver Program and to express the people of Guam's support for such.

Individuals who wish to submit written testimony may address: Sen. Dennis G. Rodriguez, Jr., Chairman, and send via email to senatordrodriguez@gmail.com or hand deliver to 176 Serenu Ave. Suite 107 Tamuning, Guam or 155 Hesler Pl. Hagatna, Guam.

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

Si Yu'os Ma'ase'!

Joseph A. Q. Mesngon

Office of Senator Dennis G. Rodriguez, Jr. Committee on Health, Economic Development, Homeland Security and Senior Citizens I Mina' trentai Tres Na Liheslaturan Guahan 33rd Guam Legislature 176 Serenu Ave. Suite 107 Tamuning, Guam 96931 649-8638/0511 www.toduguam.com

Public Hearing Notice Listserv phnotice@guamlegislature.org (Media, All Senators, and Staff)

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PUBLIC HEARING AGENDA

Wednesday, May 4, 2016

2:00 pm Public Hearing Room, I Liheslatura

- I. Call to order
- II. Items for public consideration:

2:00 P.M.

- Bill No. 297-33 (COR) Introduced by Senator D.G. Rodriguez, Jr. An Act to add a new § 3107.1 to Article 1 of Chapter 3, Title 10, Guam Code Annotated, mandating the promulgation of a fee schedule for services provided to clients of the family planning program, and to establish an interim fee schedule by authorizing and adopting the fee schedule of the Regional Community Health centers.
- Bill No. 168-33 (COR) As Substituted by the Author Introduced by Senator Frank B. Aguon, Jr. / D.G. Rodriguez, Jr. An Act to add items (5) through (11) to subsection (a) of Subsection 3208, to amend subsections (a), (c), (e), (k), and (m) of Subsection 3218, all of Article 2, Chapter 3, Title 10, Guam Code Annotated, to add a new Subsection 55.65, to Chapter 55, Title 9, Guam Code Annotated, relative to increasing the penalties for non-compliance by adding reporting mechanisms to better ensure enforcement.
- Resolution No. 308-33 (LS) Introduced by Senator D.G. Rodriguez, Jr. Relative to encouraging I Maga'lahen Guahan to pursue the U.S. Department of Homeland Security's inclusion of Vietnam and the Philippines to the Consolidated Natural Resources Act of 2008, the Guam-CNMI Visa Waiver Program and to express the people of Guam's support for such.

III. Adjournment

Thank you for your participation in today's hearing.