

I Mina'Trentai Kuáttro Na Liheslaturan
BILL STATUS

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES	NOTES
133-34 (COR)	Dennis G. Rodriguez, Jr.	AN ACT TO REPEAL AND REENACT ARTICLE 9 OF CHAPTER 2, DIVISION 1, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO TRANSFORMING THE MEDICALLY INDIGENT PROGRAM (MIP) INTO THE ISLAND COMMUNITY HEALTH PLAN TO AFFORD GRETER ACCESS TO HEALTHCARE SERVICES AND EFFICIENCY IN PROGRAM OPERATIONS AND FOR OTHER PURPOSES TO BE KNOWN AS THE "MAÑAINA YAN MAÑE'LU ISLAND COMMUNITY HEALTH PLAN OF 2017".	6/23/17 4:58 p.m.	7/5/17	Committee on Appropriations and Adjudication				



COMMITTEE ON RULES

I Mina'Trentai Kuåttro na Liheslaturan Guåhan • 34th Guam Legislature

JUL 05 2017

MEMO

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

Attorney Julian Aguon
Legislative Legal Counsel

From: **Senator Telen Cruz Nelson**
Chairman of the Committee on Rules

Re: **Referral of Bill No. 133-34 (COR)**

Buenas yan Håfa adai.

As per my authority as Chairman of the Committee on Rules and subject to § 6.01(d)(1), Rule VI of our Standing Rules (see B(2) and B(3) of the pre-referral checklist), I am forwarding the referral of **Bill No. 133-34 (COR)**.

Please ensure that the subject bill is referred, in my name, to Speaker Benjamin J.F. Cruz, Chairperson of the Committee on Appropriations and Adjudication. I also request that the same be forwarded to the prime sponsor of the subject bill.

After committee review, the subject bill may be further referred by the Committee on Appropriations to the Principal Committee of subject matter jurisdiction, pursuant to § 6.01(d)(1), Rule VI of our Standing Rules. If the Committee on Appropriations determines that a subsequent referral is in order, the Committee on Rules respectfully advises that the subject bill be referred to Senator Dennis G. Rodriguez, Jr., Chairperson of the Committee on Health, Tourism, Military Affairs, and Senior Citizens.

Attached, please see the COR pre-referral checklist for your information, which shall be attached as a committee report item to the bill.

If you have any questions or concerns, please feel free to contact Christian Valencia, Committee on Rules Director, at 472-2461.

Thank you for your attention to this important matter.

Respectfully,

Senator Telen Cruz Nelson
Acting Chairperson, Committee on Rules






COMMITTEE ON RULES

I Mina'Trentai Kuåttro na' Liheslaturan Guåhan • 34th Guam Legislature

PRE-REFERRAL CHECKLIST

BILL NO. 133-34 (COR)		
AN ACT TO REPEAL AND REENACT ARTICLE 9 OF CHAPTER 2, DIVISION 1, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO TRANSFORMING THE MEDICALLY INDIGENT PROGRAM (MIP) INTO THE ISLAND COMMUNITY HEALTH PLAN TO AFFORD GREATER ACCESS TO HEALTHCARE SERVICES AND EFFICIENCY IN PROGRAM OPERATIONS AND FOR OTHER PURPOSES TO BE KNOWN AS THE "MAÑAINA YAN MAÑE'LU ISLAND COMMUNITY HEALTH PLAN OF 2017".		
(A) Legal Bureau	<p>(1) One subject matter? [SR § 6.01(a), 2 GCA § 2108(a)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Return to Prime Sponsor)</p> <p>(2) Conform to Standing Rules as to form and style? [SR §§ 6.02(b) and (d), 6.03(d)] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Return to Prime Sponsor)</p>	<p>Notice to Legal Bureau: <u>6/26/17</u></p> <p>Completed by Legal Bureau: <u>7/3/17 5:55 pm</u></p>
(B) Office of Finance & Budget (OFB)	<p>(1) Does the Bill contain appropriations or authorizations for appropriations from any fund sources? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>(2) Does the Bill contain an authorization to expend government funds? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p> <p>(3) Does the Bill contain provisions that have <u>potential</u> fiscal impacts on the government of Guam budget? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Notice to OFB: <u>6/26/17</u></p> <p>Completed by OFB: <u>6/27/17 9:49 am</u></p>
COR Action	<p>Is the fiscal impact revenue negative to the government of Guam budget? <input checked="" type="checkbox"/> YES (Refer to Committee on Appropriations) <input type="checkbox"/> NO <input type="checkbox"/> N/A</p>	<p>Completed by: <u></u></p>




PRE-REFERRAL CHECKLIST

BILL NO. 133-34 (COR)

AN ACT TO REPEAL AND REENACT ARTICLE 9 OF CHAPTER 2, DIVISION 1, TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO TRANSFORMING THE MEDICALLY INDIGENT PROGRAM (MIP) INTO THE ISLAND COMMUNITY HEALTH PLAN TO AFFORD GREATER ACCESS TO HEALTHCARE SERVICES AND EFFICIENCY IN PROGRAM OPERATIONS AND FOR OTHER PURPOSES TO BE KNOWN AS THE “MAÑAINA YAN MAÑE’LU ISLAND COMMUNITY HEALTH PLAN OF 2017”.

(C) DEBT

<p>(1) SR § 6.01 (b)(1)(A) Land, Infrastructure, Building Projects, Capital Improvement Projects</p>	<p><input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO (Return to Prime Sponsor)</p>	<p>Received by: (Signature, Date & Time) <u><i>[Signature]</i> 7/5/17 14/8</u></p>
<p>(2) SR § 6.01 (b)(1)(B) Refinancing of existing debt (not less than 2%)</p>	<p><input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO (Return to Prime Sponsor)</p>	<p>Completed by: (Signature, Date & Time) <u><i>[Signature]</i> 7/5/17 14/8</u></p>
<p>(3) SR § 6.01 (b)(2) Authorize public debt to fund operations of agency, instrumentality, public corporation</p>	<p><input checked="" type="checkbox"/> N/A <input type="checkbox"/> YES (Return to Prime Sponsor) <input type="checkbox"/> NO <input type="checkbox"/> Waived (per official state of emergency, as attached)</p>	<p><u><i>[Signature]</i> 7/5/17 14/8</u></p>
<p>COR Action</p>	<p><input type="checkbox"/> Return to Prime Sponsor <input checked="" type="checkbox"/> Refer to: <i>Committee on Appropriations</i> <i>B/C</i> <i>as per B(2) & B(3)</i></p>	<p>Date & Time: <u><i>7/5/17 14/8</i></u></p>

<p>For COR Office Use Only</p>	<p>Pursuant to COR decision (COR Meeting, April 3, 2017):</p> <p>Completed within five (5) working days?</p> <p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>Initial: </p> <hr/> <p>If NO: Provide letter of explanation (see attached).</p>
	<p> </p>	<p> </p>

