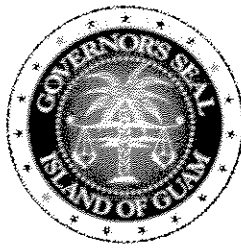


I Mina'Trentai Dos Na Liheslaturan Received
Bill Log Sheet

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES
42-32 (COR), P.L. 32-183	D.G. Rodriguez, Jr.	AN ACT TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS, FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM, ETC.) BY ADDING A NEW ARTICLE 12 TO CHAPTER 2, TITLE 10, GUAM CODE ANNOTATED.	2/14/2013 3:17 P.M.	02/15/13	Committee on Health & Human Services, Health Insurance Reform, Economic Development, and Senior Citizens	4/3/2013	4/15/2013	Fiscal Notes Requested 2/14/13 Fiscal Notes Received 5/9/13 4:22 P.M. Revision of Title Page to Committee Report Received 05/20/13 "Supplemental" Received 09/30/14 10:29 a.m.
	DATE PASSED	TITLE	TRANSMITTED		DUE DATE	<small>DATE SIGNED BY I MAGA'LAHEN GUAHAN</small>	PUBLIC LAW NO.	NOTES
	10/3/2014	AN ACT TO ADD A NEW ARTICLE 12 TO CHAPTER 2 OF TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM).	10/6/14	6:32 p.m.	10/17/14	10/13/2014	32-183	Passed



EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam

OCT 16 2014

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

32-14- 2132
Office of the Speaker
Judith T. Won Pat, Ed.D

Date: 10/17/14
Time: 3:58 PM
Received By: [Signature]

2014 OCT 17 PM 4: 52

EW

Dear Madame Speaker:

Transmitted herewith is Bill No. 42-32 (COR) "AN ACT TO ADD A NEW ARTICLE 12 TO CHAPTER 2 OF TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM)," which I signed into law on October 13, 2014 as Public Law 32-183.

Senseramente,

[Signature]
EDDIE BAZA CALVO

2132

I MINA'TRENTAI DOS NA LIHESLATURAN GUÅHAN
2014 (SECOND) Regular Session

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

This is to certify that Bill No. 42-32 (COR), "AN ACT TO ADD A NEW ARTICLE 12 TO CHAPTER 2 OF TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM)," was on the 3rd day of October, 2014, duly and regularly passed.




Judith T. Won Pat, Ed.D.
Speaker

Attested:


Tina Rose Muña Barnes
Legislative Secretary

This Act was received by *I Maga'lahaen Guåhan* this 6 day of Oct,
2014, at 6:32 o'clock P.M.


Assistant Staff Officer
Maga'lahaen's Office

APPROVED:


EDWARD J.B. CALVO
I Maga'lahaen Guåhan

Date: OCT 13 2014
Public Law No. 32-183

I MINA'TRENTAI DOS NA LIHESLATURAN GUAHAN
2013 (FIRST) Regular Session

Bill No. 42-32 (COR)

Introduced by:

Dennis G. Rodriguez, Jr.
T. C. Ada
V. Anthony Ada
FRANK B. AGUON, JR.
B. J.F. Cruz
Chris M. Dueñas
Michael T. Lintiacó
Brant T. McCreadie
Tommy Morrison
T. R. Muña Barnes
R. J. Respicio
Michael F. Q. San Nicolas
Aline A. Yamashita, Ph.D.
Judith T. Won Pat, Ed.D.

AN ACT TO ADD A NEW ARTICLE 12 TO CHAPTER 2 OF TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM).

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

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds
3 that there is no Medicaid or Medically Indigent Program recovery and
4 reimbursement policy from third party payers in Guam statute. In the enactment of
5 the Deficit Reduction Act of 2005 (P.L. 109-761), every state and territory
6 participating under Title XIX of the Social Security Act must comply with the

1 changes to the third party liability policies of the Medicaid program under Section
2 6035 of the DRA amended Section 1902 (a)(25). The amendment requires every
3 state and territory to:

4 (1) Clarify which specific entities are considered “third parties” and
5 “health insurers” that may be liable for payment and that cannot discriminate
6 against individuals based on their eligibility for Medicaid; and

7 (2) Require that states pass laws requiring health insurers: provide
8 the state with coverage, eligibility and claims data needed by the state to
9 identify potentially liable third parties; honor assignments to the state of a
10 Medicaid/Medically Indigent recipient’s right to payment by such insurers
11 for health care items or services; and not deny such assignment or refuse to
12 pay claims submitted by Medicaid or the Medically Indigent Program based
13 on procedural reasons.

14 **Section 2.** A new Article 12 is hereby *added* to Chapter 2 of Title 10,
15 Guam Code Annotated, to read:

16 **“ARTICLE 12**

17 **RECOVERY OF MEDICAID/MIP PAYMENTS FROM THIRD**
18 **PARTY PAYERS**

19 **§ 3000. Authority of the Department of Public Health and**
20 **Social Services.** The Department of Public Health and Social Services is
21 hereby authorized to recover payments from third party payers for services
22 provided to recipients of Medicaid/Medically Indigent Program.

23 **§ 3001. Third Party Payer Basis and Purpose.** This Article
24 sets forth the Department of Public Health and Social Services’ (DPHSS)
25 Medicaid and Medically Indigent State Plan requirements concerning:

26 (a) the legal liability of third parties to pay for services
27 provided under the plan;

1 (b) assignment to the DPHSS of an individual's rights to
2 third party payments; and

3 (c) cooperative agreements between the DPHSS Division of
4 Public Welfare and other entities for obtaining third party payments.

5 **§ 3002. Definitions.**

6 (a) *DPHSS shall* mean the Department of Public Health and
7 Social Services;

8 (b) *Director shall* mean the Director of the Department of
9 Public Health and Social Services;

10 (c) *Health care insurer shall* mean a self-insured health
11 benefit plan, a group health plan as defined in Section 607(1) of the
12 Employment Retirement Income Security Act of 1974, a pharmacy
13 benefit manager or any other party that by statute, contract or
14 agreement is responsible for paying for items or services provided to
15 an eligible person under this Act.

16 (d) *Health care services* includes products provided or
17 purchased through an approved facility.

18 (e) *Insurance, medical service, or health plan* includes a
19 preferred provider organization, an insurance plan described as
20 Medicare supplemental insurance, and a personal injury protection
21 plan or medical payments benefit plan for personal injuries resulting
22 from the operation of a motor vehicle.

23 (f) *Private insurer* means:

24 (1) any commercial insurance company offering
25 health or casualty insurance to individuals or groups (including
26 both experience-rated insurance contracts and indemnity
27 contracts);

1 (2) any profit or nonprofit prepaid plan offering either
2 medical services or full or partial payment for services included
3 in the state plan; and

4 (3) any organization administering health or casualty
5 insurance plans for professional associations, unions, fraternal
6 groups, employer-employee benefit plans, and any similar
7 organization offering these payments or services, including self-
8 insured and self-funded plans.

9 (g) *Third party payer* means an entity that provides an
10 insurance, medical service, or health plan by contract or agreement,
11 including an automobile liability insurance or no fault insurance
12 carrier, and any other plan or program that is designed to provide
13 compensation or coverage for expenses incurred by a beneficiary for
14 health care services or products.

15 (h) *Title IV-D agency* means the organizational unit in the
16 state that has the responsibility for administering or supervising the
17 administration of a state plan for child support enforcement under
18 Title IV-D of the Act.

19 **§ 3003. State Plan Requirements.**

20 (a) The Division of Social Services State Plan must provide
21 for:

22 (1) identifying third parties liable for payment of
23 services under the plan and for payment of claims involving
24 third parties;

25 (2) assignment of rights to benefits, cooperation with
26 the agency in obtaining medical support or payments, and

1 cooperation in identifying and providing information to assist
2 the state in pursuing any liable third parties; and

3 (3) assuring the requirements for cooperative
4 agreements and incentive payments for third party collections
5 are met.

6 **§ 3004. Health Care Services Incurred on Behalf of Covered**
7 **Beneficiaries; Collection From Third Party Payer.**

8 (a) In the case of a person who is a covered beneficiary, the
9 DPHSS *shall* have the right to collect from a third party payer
10 reasonable charges for health care services incurred by the DPHSS on
11 behalf of such person through a health facility to the extent that the
12 person would be eligible to receive reimbursement or indemnification
13 from the third party payer if the person were to incur such charges on
14 the person's own behalf. If the insurance, medical service or health
15 plan of that payer includes a requirement for a deductible or
16 copayment by the beneficiary of the plan, then the amount that the
17 DPHSS may collect from the third party payer is a reasonable charge
18 for the care provided, less the appropriate deductible or copayment
19 amount.

20 (b) A covered beneficiary may *not* be required to pay an
21 additional amount to the DPHSS for health care services by reason of
22 this Section.

23 (c) No provision of any insurance, medical service, or health
24 plan contract or agreement having the effect of excluding from
25 coverage or limiting payment of charges for certain care shall operate
26 to prevent collection by the DPHSS under Subsection (a) if that care is
27 provided:

- (1) through an approved facility;
- (2) directly or indirectly by a governmental entity;
- (3) to an individual who has no obligation to pay for that care or for whom no other person has a legal obligation to pay; or
- (4) by a provider with which the third party payer has no participation agreement.

(d) Under the regulations prescribed under Subsection (e), records of the facility that provided health care services to a beneficiary of an insurance, medical service, or health plan of a third party payer *shall* be made available for inspection and review by representatives of the payer from which collection by the DPHSS is sought.

(e) To improve the administration of this Section, the Director may prescribe regulations providing for the collection of information regarding insurance, medical service, or health plans of third party payers held by covered beneficiaries.

(f) Information obtained under this Subsection may *not* be disclosed for any purpose other than to carry out the purpose of this Section

(g) Amounts collected under this Section from a third party payer or under any other provision of law from any other payer for health care services provided at or through an approved facility *shall* be credited to the appropriation supporting the maintenance and operation of the facility and *shall not* be taken into consideration in establishing the operating budget of the facility.

1 (h) In the case of a third party payer that is an automobile,
2 liability insurance or no fault insurance carrier, the right of the
3 DPHSS to collect under this Section *shall* extend to health care
4 services provided to a person entitled to health care under this Act.

5 **§ 3005. Obtaining Health Insurance Information: Initial**
6 **Application and Redetermination Processes for Medicaid and Medically**
7 **Indigent Program Eligibility.**

8 (a) If the Medically Indigent Program (MIP) or the Medicaid
9 agency determines eligibility for MIP or Medicaid, it must, during the
10 initial application and each redetermination process, obtain from the
11 applicant or recipient such health insurance information as would be
12 useful in identifying legally liable third party resources so that the
13 agency may process claims under the third party liability payment
14 procedures. Health insurance information may include, but is *not*
15 limited to, the name of the policy holder, his or her relationship to the
16 applicant or recipient, the social security number (SSN) of the policy
17 holder, and the name and address of the insurance company and
18 policy number.

19 (b) Cooperation in establishing paternity and in obtaining
20 medical support and payments, and in identifying and providing
21 information to assist in pursuing third parties who may be liable to
22 pay.

23 **§ 3006. Confidentiality of Information Obtained.** Any
24 information obtained by the Director or the administration under this Section
25 *shall* be maintained as confidential as required by the Health Insurance
26 Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191; 110 stat.
27 1936), and any other applicable law, and *shall* be used solely for the purpose

1 of determining whether a health care insurer was also providing coverage to
2 an individual during the period that the individual was an eligible member,
3 for the purposes of avoiding payments by the system for services covered
4 through other insurance and for enforcing the administration's right to
5 assignment

6 **§ 3007. Legal Proceedings, Compromise, Settlement or**
7 **Waiver.**

8 (a) The DPHSS may institute and prosecute legal
9 proceedings against a third party payer to enforce a right of the
10 DPHSS under this Section.

11 (b) The Director may compromise, settle, or waive a claim of
12 the DPHSS under this Section.

13 **§ 3008. Severability.** *If any provision of this Law or its*
14 *application to any person or circumstance is found to be invalid or contrary*
15 *to law, such invalidity shall not affect other provisions or applications of this*
16 *Law which can be given effect without the invalid provisions or application,*
17 *and to this end the provisions of this Law are severable.”*

18 **Section 3. Effective Date.** This Act *shall* become effective upon
19 enactment.



I MINA'TRENTAI DOS NA LIHESLATURAN GUÅHAN
THIRTY-SECOND GUAM LEGISLATURE
155 Hesler Place, Hagåtña, Guam 96910

October 6, 2014

The Honorable Edward J.B. Calvo
I Maga'láhen Guåhan
Ufisinan I Maga'láhi
Hagåtña, Guam 96910

Dear *Maga'láhi* Calvo:

Transmitted herewith are Bill and Substitute Bill Nos. 42-32 (COR), 136-32 (COR), 213-32 (COR), 284-32 (COR), 287-32 (COR), 292-32 (COR), 294-32 (COR), 295-32 (COR), 299-32 (COR), 300-32 (COR), 303-32 (COR), 324-32 (COR), 325-32 (COR), 327-32 (COR), 337-32 (COR), 347-32 (COR), 348-32 (COR), 349-32 (COR), 352-32 (LS), 354-32 (LS), 362-32 (COR), 384-32 (COR), 388-32 (LS) and 393-32 (COR) which were passed by *I Mina'Trentai Dos Na Liheslaturan Guåhan* on October 3, 2014.

Sincerely,

A handwritten signature in black ink, appearing to read "Tina Rose Muña Barnes", is written over a large, light-colored checkmark or scribble.

TINA ROSE MUÑA BARNES
Legislative Secretary

Enclosures (24)

I MINA'TRENTAI DOS NA LIHESLATURAN GUÅHAN
2014 (SECOND) Regular Session

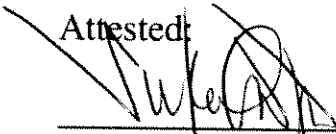
CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUÅHAN

This is to certify that Bill No. 42-32 (COR), "AN ACT TO ADD A NEW ARTICLE 12 TO CHAPTER 2 OF TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM)," was on the 3rd day of October, 2014, duly and regularly passed.



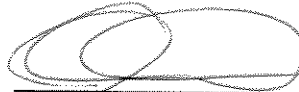
Judith T. Won Pat, Ed.D.
Speaker

Attested:



Tina Rose Muña Barnes
Legislative Secretary

This Act was received by *I Maga'lahen Guåhan* this 6 day of Oct,
2014, at 6:32 o'clock P.M.



Assistant Staff Officer
Maga'lahi's Office

APPROVED:

EDWARD J.B. CALVO
I Maga'lahen Guåhan

Date: _____
Public Law No. _____

I MINA 'TRENTAI DOS NA LIHESLATURAN GUAHAN
2013 (FIRST) Regular Session

Bill No. 42-32 (COR)

Introduced by:

Dennis G. Rodriguez, Jr.
T. C. Ada
V. Anthony Ada
FRANK B. AGUON, JR.
B. J.F. Cruz
Chris M. Dueñas
Michael T. Limtiaco
Brant T. McCreddie
Tommy Morrison
T. R. Muña Barnes
R. J. Respicio
Michael F. Q. San Nicolas
Aline A. Yamashita, Ph.D.
Judith T. Won Pat, Ed.D.

AN ACT TO ADD A NEW ARTICLE 12 TO CHAPTER 2 OF TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM).

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

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds
3 that there is no Medicaid or Medically Indigent Program recovery and
4 reimbursement policy from third party payers in Guam statute. In the enactment of
5 the Deficit Reduction Act of 2005 (P.L. 109-761), every state and territory
6 participating under Title XIX of the Social Security Act must comply with the

1 changes to the third party liability policies of the Medicaid program under Section
2 6035 of the DRA amended Section 1902 (a)(25). The amendment requires every
3 state and territory to:

4 (1) Clarify which specific entities are considered “third parties” and
5 “health insurers” that may be liable for payment and that cannot discriminate
6 against individuals based on their eligibility for Medicaid; and

7 (2) Require that states pass laws requiring health insurers: provide
8 the state with coverage, eligibility and claims data needed by the state to
9 identify potentially liable third parties; honor assignments to the state of a
10 Medicaid/Medically Indigent recipient’s right to payment by such insurers
11 for health care items or services; and not deny such assignment or refuse to
12 pay claims submitted by Medicaid or the Medically Indigent Program based
13 on procedural reasons.

14 **Section 2.** A new Article 12 is hereby *added* to Chapter 2 of Title 10,
15 Guam Code Annotated, to read:

16 **“ARTICLE 12**

17 **RECOVERY OF MEDICAID/MIP PAYMENTS FROM THIRD**
18 **PARTY PAYERS**

19 **§ 3000. Authority of the Department of Public Health and**
20 **Social Services.** The Department of Public Health and Social Services is
21 hereby authorized to recover payments from third party payers for services
22 provided to recipients of Medicaid/Medically Indigent Program.

23 **§ 3001. Third Party Payer Basis and Purpose.** This Article
24 sets forth the Department of Public Health and Social Services’ (DPHSS)
25 Medicaid and Medically Indigent State Plan requirements concerning:

26 (a) the legal liability of third parties to pay for services
27 provided under the plan;

1 (b) assignment to the DPHSS of an individual's rights to
2 third party payments; and

3 (c) cooperative agreements between the DPHSS Division of
4 Public Welfare and other entities for obtaining third party payments.

5 **§ 3002. Definitions.**

6 (a) *DPHSS shall* mean the Department of Public Health and
7 Social Services;

8 (b) *Director shall* mean the Director of the Department of
9 Public Health and Social Services;

10 (c) *Health care insurer shall* mean a self-insured health
11 benefit plan, a group health plan as defined in Section 607(1) of the
12 Employment Retirement Income Security Act of 1974, a pharmacy
13 benefit manager or any other party that by statute, contract or
14 agreement is responsible for paying for items or services provided to
15 an eligible person under this Act.

16 (d) *Health care services* includes products provided or
17 purchased through an approved facility.

18 (e) *Insurance, medical service, or health plan* includes a
19 preferred provider organization, an insurance plan described as
20 Medicare supplemental insurance, and a personal injury protection
21 plan or medical payments benefit plan for personal injuries resulting
22 from the operation of a motor vehicle.

23 (f) *Private insurer* means:

24 (1) any commercial insurance company offering
25 health or casualty insurance to individuals or groups (including
26 both experience-rated insurance contracts and indemnity
27 contracts);

1 (2) any profit or nonprofit prepaid plan offering either
2 medical services or full or partial payment for services included
3 in the state plan; and

4 (3) any organization administering health or casualty
5 insurance plans for professional associations, unions, fraternal
6 groups, employer-employee benefit plans, and any similar
7 organization offering these payments or services, including self-
8 insured and self-funded plans.

9 (g) *Third party payer* means an entity that provides an
10 insurance, medical service, or health plan by contract or agreement,
11 including an automobile liability insurance or no fault insurance
12 carrier, and any other plan or program that is designed to provide
13 compensation or coverage for expenses incurred by a beneficiary for
14 health care services or products.

15 (h) *Title IV-D agency* means the organizational unit in the
16 state that has the responsibility for administering or supervising the
17 administration of a state plan for child support enforcement under
18 Title IV-D of the Act.

19 **§ 3003. State Plan Requirements.**

20 (a) The Division of Social Services State Plan must provide
21 for:

22 (1) identifying third parties liable for payment of
23 services under the plan and for payment of claims involving
24 third parties;

25 (2) assignment of rights to benefits, cooperation with
26 the agency in obtaining medical support or payments, and

1 cooperation in identifying and providing information to assist
2 the state in pursuing any liable third parties; and

3 (3) assuring the requirements for cooperative
4 agreements and incentive payments for third party collections
5 are met.

6 **§ 3004. Health Care Services Incurred on Behalf of Covered**
7 **Beneficiaries; Collection From Third Party Payer.**

8 (a) In the case of a person who is a covered beneficiary, the
9 DPHSS *shall* have the right to collect from a third party payer
10 reasonable charges for health care services incurred by the DPHSS on
11 behalf of such person through a health facility to the extent that the
12 person would be eligible to receive reimbursement or indemnification
13 from the third party payer if the person were to incur such charges on
14 the person's own behalf. If the insurance, medical service or health
15 plan of that payer includes a requirement for a deductible or
16 copayment by the beneficiary of the plan, then the amount that the
17 DPHSS may collect from the third party payer is a reasonable charge
18 for the care provided, less the appropriate deductible or copayment
19 amount.

20 (b) A covered beneficiary may *not* be required to pay an
21 additional amount to the DPHSS for health care services by reason of
22 this Section.

23 (c) No provision of any insurance, medical service, or health
24 plan contract or agreement having the effect of excluding from
25 coverage or limiting payment of charges for certain care shall operate
26 to prevent collection by the DPHSS under Subsection (a) if that care is
27 provided:

- 1 (1) through an approved facility;
- 2 (2) directly or indirectly by a governmental entity;
- 3 (3) to an individual who has no obligation to pay for
- 4 that care or for whom no other person has a legal obligation to
- 5 pay; or
- 6 (4) by a provider with which the third party payer has
- 7 no participation agreement.

8 (d) Under the regulations prescribed under Subsection (e),
9 records of the facility that provided health care services to a
10 beneficiary of an insurance, medical service, or health plan of a third
11 party payer *shall* be made available for inspection and review by
12 representatives of the payer from which collection by the DPHSS is
13 sought.

14 (e) To improve the administration of this Section, the
15 Director may prescribe regulations providing for the collection of
16 information regarding insurance, medical service, or health plans of
17 third party payers held by covered beneficiaries.

18 (f) Information obtained under this Subsection may *not* be
19 disclosed for any purpose other than to carry out the purpose of this
20 Section

21 (g) Amounts collected under this Section from a third party
22 payer or under any other provision of law from any other payer for
23 health care services provided at or through an approved facility *shall*
24 be credited to the appropriation supporting the maintenance and
25 operation of the facility and *shall not* be taken into consideration in
26 establishing the operating budget of the facility.

1 (h) In the case of a third party payer that is an automobile,
2 liability insurance or no fault insurance carrier, the right of the
3 DPHSS to collect under this Section *shall* extend to health care
4 services provided to a person entitled to health care under this Act.

5 **§ 3005. Obtaining Health Insurance Information: Initial**
6 **Application and Redetermination Processes for Medicaid and Medically**
7 **Indigent Program Eligibility.**

8 (a) If the Medically Indigent Program (MIP) or the Medicaid
9 agency determines eligibility for MIP or Medicaid, it must, during the
10 initial application and each redetermination process, obtain from the
11 applicant or recipient such health insurance information as would be
12 useful in identifying legally liable third party resources so that the
13 agency may process claims under the third party liability payment
14 procedures. Health insurance information may include, but is *not*
15 limited to, the name of the policy holder, his or her relationship to the
16 applicant or recipient, the social security number (SSN) of the policy
17 holder, and the name and address of the insurance company and
18 policy number.

19 (b) Cooperation in establishing paternity and in obtaining
20 medical support and payments, and in identifying and providing
21 information to assist in pursuing third parties who may be liable to
22 pay.

23 **§ 3006. Confidentiality of Information Obtained.** Any
24 information obtained by the Director or the administration under this Section
25 *shall* be maintained as confidential as required by the Health Insurance
26 Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191; 110 stat.
27 1936), and any other applicable law, and *shall* be used solely for the purpose

1 of determining whether a health care insurer was also providing coverage to
2 an individual during the period that the individual was an eligible member,
3 for the purposes of avoiding payments by the system for services covered
4 through other insurance and for enforcing the administration's right to
5 assignment

6 **§ 3007. Legal Proceedings, Compromise, Settlement or**
7 **Waiver.**

8 (a) The DPHSS may institute and prosecute legal
9 proceedings against a third party payer to enforce a right of the
10 DPHSS under this Section.

11 (b) The Director may compromise, settle, or waive a claim of
12 the DPHSS under this Section.

13 **§ 3008. Severability.** *If any provision of this Law or its*
14 *application to any person or circumstance is found to be invalid or contrary*
15 *to law, such invalidity shall not affect other provisions or applications of this*
16 *Law which can be given effect without the invalid provisions or application,*
17 *and to this end the provisions of this Law are severable.”*

18 **Section 3. Effective Date.** This Act *shall* become effective upon
19 enactment.

I MINA'TRENTAI DOS NA LIHESLATURAN GUÅHAN
2014 (SECOND) Regular Session

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

This is to certify that **Bill No. 42-32 (COR)**, “AN ACT TO ADD A NEW ARTICLE 12 TO CHAPTER 2 OF TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM),” was on the 3rd day of October, 2014, duly and regularly passed.



Judith T. Won Pat, Ed.D.
Speaker

Attested:


Tina Rose Muña Barnes
Legislative Secretary

This Act was received by *I Maga'lahen Guåhan* this _____ day of _____, 2014, at _____ o'clock ____ .M.

Assistant Staff Officer
Maga'lahi's Office

APPROVED:

EDWARD J.B. CALVO
I Maga'lahen Guåhan

Date: _____
Public Law No. _____

I MINA'TRENTAI DOS NA LIHESLATURAN GUAHAN
2013 (FIRST) Regular Session

Bill No. 42-32 (COR)

Introduced by:

Dennis G. Rodriguez, Jr.
T. C. Ada
V. Anthony Ada
FRANK B. AGUON, JR.
B. J.F. Cruz
Chris M. Dueñas
Michael T. Limtiaco
Brant T. McCreddie
Tommy Morrison
T. R. Muña Barnes
R. J. Respicio
Michael F. Q. San Nicolas
Aline A. Yamashita, Ph.D.
Judith T. Won Pat, Ed.D.

AN ACT TO ADD A NEW ARTICLE 12 TO CHAPTER 2 OF TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM).

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

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds
3 that there is no Medicaid or Medically Indigent Program recovery and
4 reimbursement policy from third party payers in Guam statute. In the enactment of
5 the Deficit Reduction Act of 2005 (P.L. 109-761), every state and territory
6 participating under Title XIX of the Social Security Act must comply with the

1 changes to the third party liability policies of the Medicaid program under Section
2 6035 of the DRA amended Section 1902 (a)(25). The amendment requires every
3 state and territory to:

4 (1) Clarify which specific entities are considered “third parties” and
5 “health insurers” that may be liable for payment and that cannot discriminate
6 against individuals based on their eligibility for Medicaid; and

7 (2) Require that states pass laws requiring health insurers: provide
8 the state with coverage, eligibility and claims data needed by the state to
9 identify potentially liable third parties; honor assignments to the state of a
10 Medicaid/Medically Indigent recipient’s right to payment by such insurers
11 for health care items or services; and not deny such assignment or refuse to
12 pay claims submitted by Medicaid or the Medically Indigent Program based
13 on procedural reasons.

14 **Section 2.** A new Article 12 is hereby *added* to Chapter 2 of Title 10,
15 Guam Code Annotated, to read:

16 **“ARTICLE 12**

17 **RECOVERY OF MEDICAID/MIP PAYMENTS FROM THIRD**
18 **PARTY PAYERS**

19 **§ 3000. Authority of the Department of Public Health and**
20 **Social Services.** The Department of Public Health and Social Services is
21 hereby authorized to recover payments from third party payers for services
22 provided to recipients of Medicaid/Medically Indigent Program.

23 **§ 3001. Third Party Payer Basis and Purpose.** This Article
24 sets forth the Department of Public Health and Social Services’ (DPHSS)
25 Medicaid and Medically Indigent State Plan requirements concerning:

26 (a) the legal liability of third parties to pay for services
27 provided under the plan;

1 (b) assignment to the DPHSS of an individual's rights to
2 third party payments; and

3 (c) cooperative agreements between the DPHSS Division of
4 Public Welfare and other entities for obtaining third party payments.

5 **§ 3002. Definitions.**

6 (a) *DPHSS shall* mean the Department of Public Health and
7 Social Services;

8 (b) *Director shall* mean the Director of the Department of
9 Public Health and Social Services;

10 (c) *Health care insurer shall* mean a self-insured health
11 benefit plan, a group health plan as defined in Section 607(1) of the
12 Employment Retirement Income Security Act of 1974, a pharmacy
13 benefit manager or any other party that by statute, contract or
14 agreement is responsible for paying for items or services provided to
15 an eligible person under this Act.

16 (d) *Health care services* includes products provided or
17 purchased through an approved facility.

18 (e) *Insurance, medical service, or health plan* includes a
19 preferred provider organization, an insurance plan described as
20 Medicare supplemental insurance, and a personal injury protection
21 plan or medical payments benefit plan for personal injuries resulting
22 from the operation of a motor vehicle.

23 (f) *Private insurer* means:

24 (1) any commercial insurance company offering
25 health or casualty insurance to individuals or groups (including
26 both experience-rated insurance contracts and indemnity
27 contracts);

1 (2) any profit or nonprofit prepaid plan offering either
2 medical services or full or partial payment for services included
3 in the state plan; and

4 (3) any organization administering health or casualty
5 insurance plans for professional associations, unions, fraternal
6 groups, employer-employee benefit plans, and any similar
7 organization offering these payments or services, including self-
8 insured and self-funded plans.

9 (g) *Third party payer* means an entity that provides an
10 insurance, medical service, or health plan by contract or agreement,
11 including an automobile liability insurance or no fault insurance
12 carrier, and any other plan or program that is designed to provide
13 compensation or coverage for expenses incurred by a beneficiary for
14 health care services or products.

15 (h) *Title IV-D agency* means the organizational unit in the
16 state that has the responsibility for administering or supervising the
17 administration of a state plan for child support enforcement under
18 Title IV-D of the Act.

19 **§ 3003. State Plan Requirements.**

20 (a) The Division of Social Services State Plan must provide
21 for:

22 (1) identifying third parties liable for payment of
23 services under the plan and for payment of claims involving
24 third parties;

25 (2) assignment of rights to benefits, cooperation with
26 the agency in obtaining medical support or payments, and

1 cooperation in identifying and providing information to assist
2 the state in pursuing any liable third parties; and

3 (3) assuring the requirements for cooperative
4 agreements and incentive payments for third party collections
5 are met.

6 **§ 3004. Health Care Services Incurred on Behalf of Covered**
7 **Beneficiaries; Collection From Third Party Payer.**

8 (a) In the case of a person who is a covered beneficiary, the
9 DPHSS *shall* have the right to collect from a third party payer
10 reasonable charges for health care services incurred by the DPHSS on
11 behalf of such person through a health facility to the extent that the
12 person would be eligible to receive reimbursement or indemnification
13 from the third party payer if the person were to incur such charges on
14 the person's own behalf. If the insurance, medical service or health
15 plan of that payer includes a requirement for a deductible or
16 copayment by the beneficiary of the plan, then the amount that the
17 DPHSS may collect from the third party payer is a reasonable charge
18 for the care provided, less the appropriate deductible or copayment
19 amount.

20 (b) A covered beneficiary may *not* be required to pay an
21 additional amount to the DPHSS for health care services by reason of
22 this Section.

23 (c) No provision of any insurance, medical service, or health
24 plan contract or agreement having the effect of excluding from
25 coverage or limiting payment of charges for certain care shall operate
26 to prevent collection by the DPHSS under Subsection (a) if that care is
27 provided:

1 (1) through an approved facility;

2 (2) directly or indirectly by a governmental entity;

3 (3) to an individual who has no obligation to pay for
4 that care or for whom no other person has a legal obligation to
5 pay; or

6 (4) by a provider with which the third party payer has
7 no participation agreement.

8 (d) Under the regulations prescribed under Subsection (e),
9 records of the facility that provided health care services to a
10 beneficiary of an insurance, medical service, or health plan of a third
11 party payer *shall* be made available for inspection and review by
12 representatives of the payer from which collection by the DPHSS is
13 sought.

14 (e) To improve the administration of this Section, the
15 Director may prescribe regulations providing for the collection of
16 information regarding insurance, medical service, or health plans of
17 third party payers held by covered beneficiaries.

18 (f) Information obtained under this Subsection may *not* be
19 disclosed for any purpose other than to carry out the purpose of this
20 Section

21 (g) Amounts collected under this Section from a third party
22 payer or under any other provision of law from any other payer for
23 health care services provided at or through an approved facility *shall*
24 be credited to the appropriation supporting the maintenance and
25 operation of the facility and *shall not* be taken into consideration in
26 establishing the operating budget of the facility.

1 (h) In the case of a third party payer that is an automobile,
2 liability insurance or no fault insurance carrier, the right of the
3 DPHSS to collect under this Section *shall* extend to health care
4 services provided to a person entitled to health care under this Act.

5 **§ 3005. Obtaining Health Insurance Information: Initial**
6 **Application and Redetermination Processes for Medicaid and Medically**
7 **Indigent Program Eligibility.**

8 (a) If the Medically Indigent Program (MIP) or the Medicaid
9 agency determines eligibility for MIP or Medicaid, it must, during the
10 initial application and each redetermination process, obtain from the
11 applicant or recipient such health insurance information as would be
12 useful in identifying legally liable third party resources so that the
13 agency may process claims under the third party liability payment
14 procedures. Health insurance information may include, but is *not*
15 limited to, the name of the policy holder, his or her relationship to the
16 applicant or recipient, the social security number (SSN) of the policy
17 holder, and the name and address of the insurance company and
18 policy number.

19 (b) Cooperation in establishing paternity and in obtaining
20 medical support and payments, and in identifying and providing
21 information to assist in pursuing third parties who may be liable to
22 pay.

23 **§ 3006. Confidentiality of Information Obtained.** Any
24 information obtained by the Director or the administration under this Section
25 *shall* be maintained as confidential as required by the Health Insurance
26 Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191; 110 stat.
27 1936), and any other applicable law, and *shall* be used solely for the purpose

1 of determining whether a health care insurer was also providing coverage to
2 an individual during the period that the individual was an eligible member,
3 for the purposes of avoiding payments by the system for services covered
4 through other insurance and for enforcing the administration's right to
5 assignment

6 **§ 3007. Legal Proceedings, Compromise, Settlement or**
7 **Waiver.**

8 (a) The DPHSS may institute and prosecute legal
9 proceedings against a third party payer to enforce a right of the
10 DPHSS under this Section.

11 (b) The Director may compromise, settle, or waive a claim of
12 the DPHSS under this Section.

13 **§ 3008. Severability.** *If* any provision of this Law or its
14 application to any person or circumstance is found to be invalid or contrary
15 to law, such invalidity *shall not* affect other provisions or applications of this
16 Law which can be given effect without the invalid provisions or application,
17 and to this end the provisions of this Law are severable.”

18 **Section 3. Effective Date.** This Act *shall* become effective upon
19 enactment.

LEGISLATIVE SESSION

I MINA'TRENTAI DOS NA LIHESLATURAN

2014 (SECOND) Regular Session

Voting Sheet

Speaker Antonio R. Unipingco Legislative Session Hall
October 3, 2014

Bill No. 42-32 (COR)

<u>NAME</u>	<u>Yea</u>	<u>Nay</u>	<u>Not Voting/ Abstained</u>	<u>Out During Roll Call</u>	<u>Absent</u>
Senator Thomas "Tom" C. ADA	✓				
Senator V. Anthony "Tony" ADA	✓				
Senator Frank Blas AGUON Jr.	✓				
Vice-Speaker Benjamin J.F. CRUZ	✓				
Senator Christopher M. DUENAS	✓				
Senator Michael LIMTIACO	✓				
Senator Brant McCREADIE	✓				
Senator Thomas "Tommy" MORRISON	✓				
Senator Tina Rose MUÑA BARNES	✓				
Senator Rory J. RESPICIO	✓				
Senator Dennis G. RODRIGUEZ, Jr.	✓				
Senator Michael F. Q.SAN NICOLAS	✓				
Speaker Judith T. WON PAT, Ed.D.	✓				
Senator Aline A. YAMASHITA, Ph.D.	✓				

TOTAL

14

Yea

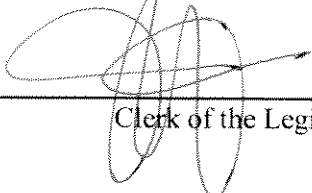
Nay

Not Voting/
Abstained

Out During
Roll Call

Absent

CERTIFIED TRUE AND CORRECT:



Clerk of the Legislature

I = Pass



COMMITTEE ON RULES

I Mina'trentai Dos na Liheslaturan Guåhan • The 32nd 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

Senator
Thomas C. Ada
VICE CHAIRPERSON
ASSISTANT MAJORITY LEADER

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

Senator
Dennis G. Rodriguez, Jr.
Member

Vice-Speaker
Benjamin J.F. Cruz
Member

Legislative Secretary
Tina Rose Muña Barnes
Member

Senator
Frank Blas Aguon, Jr.
Member

Senator
Michael F.Q. San Nicolas
Member


Senator
V. Anthony Ada
Member
MINORITY LEADER

Senator
Aline Yamashita
Member

September 30, 2014

MEMORANDUM

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

From: **Senator Rory J. Respicio** 

Subject: **Fiscal Note for Committee Report
Bill No. 42-32(COR)**

Hafa Adai!

Please include this memo and the attachment as a "Supplemental" to the Committee Report on Bill No. 42-32 (COR).

Please make the appropriate indication in your records; and forward to MIS for posting on our website. I also request that the same be forwarded to all Senators of *I Mina'trentai Dos na Liheslaturan Guåhan*.

Si Yu'os Ma'ase'!

cc: Legal Counsel
Clerk of the Legislature
Sergeant-at-Arms
MIS

2014 SEP 30 AM 10:29 



BUREAU OF BUDGET & MANAGEMENT RESEARCH

OFFICE OF THE GOVERNOR
Post Office Box 2950, Hagåtña Guam 96932

EDDIE BAZA CALVO
GOVERNOR

JOHN A. RIOS
DIRECTOR

RAY TENORIO
LIEUTENANT GOVERNOR

MAY 08 2013

Senator Rory J. Respicio
Chairperson, Committee on Rules
I Mina'trentai Unu na Liheslaturan Guåhan
The 31st Guam Legislature
155 Hesler Place
Hagåtña, Guam 96932

Hafa Adai Senator Respicio:

Transmitted herewith is Fiscal Note on the following Bill Nos.: 27-32(COR), 42-32(COR),
79-32(COR), and Fiscal Note Waiver on the following Bill Nos.: 48-32(LS).

If you have any question(s), please do not hesitate to call the office at 475-9412/9106.


JOHN A. RIOS
Director

Enclosures

cc: Senator Vicente (ben) Pangelinan

Bureau of Budget & Management Research
Fiscal Note of Bill No. 42-32(COR)

AN ACT TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS, FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM, ETC.) BY ADDING A NEW ARTICLE 12 TO CHAPTER 2, TITLE 10, GUAM CODE ANNOTATED.

Department/Agency Appropriation Information	
Dept./Agency Affected: Public Health & Social Services	Dept./Agency Head: James W. Gillan
Department's General Fund (GF) appropriation(s) to date:	50,488,109
Department's Other Fund (Specify) appropriation(s) to date: Healthy Futures Fund & Environmental Health Fund	6,562,289
Total Department/Agency Appropriation(s) to date:	\$57,050,398

Fund Source Information of Proposed Appropriation			
	General Fund:	(Specify Special Fund):	Total:
FY 2012 Unreserved Fund Balance ¹		\$0	\$0
FY 2013 Adopted Revenues	\$0	\$0	\$0
FY 2013 Appro. (P.L. 31-233)	\$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 2013 (if applicable)	FY 2014	FY 2015	FY 2016	FY 2017
General Fund	\$0	\$0	\$0	\$0	\$0	\$0
(Specify Special Fund)	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0	\$0

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

Analyst: Orilda J. Guerrero Date: 5/3/2013 Director: John A. Rios, Director Date: MAY 07 2013

Comments:
 See Attached.

Comments on Legislative Bill No. 42-32 (COR)

The proposed legislation is seeking to implement Section 6035 of the Deficit Reduction Act of 2005 (U.S. P.L. 109-171(a)(25)) which requires that State government:

- i) "Clarify which specific entities are considered "third parties" and "health insurers" that may be liable for payment and that cannot discriminate against individuals based on their eligibility for Medicaid;
- ii) Require that states pass laws requiring health insurers provide the state coverage, eligibility and claims data needed by the state to identify potentially liable third parties, honor assignments to the state of a Medicaid/Medically Indigent recipient's right to payment by such insurers for health care items or services and not deny such assignment or refuse to pay claims submitted by Medicaid or the Medically Indigent Program based on procedural reasons.

The Bill is also proposing a new Article 12 added to Chapter 2 of Title 10 GCA which:

- a) Identifies Department of Public Health and Social Services (DPHSS) as the authorized department to recover third-party payers for services provided to recipient of Medicaid/Medically Indigent program;
- b) Identifies the Third-Party Basis and Purpose;
- c) Defines the terminology of the program;
- d) Requires the Division of Social Services to develop a state plan;
- e) Re-identifies DPHSS responsibilities in the collection from third party payers on behalf of the recipient of the program;
- f) Authorizes obtaining of information by Medicaid and MIP from recipients to determine third party liabilities;
- g) Keeps all information obtained from recipients confidential.

Per information from the Department of Public Health, there are 36,364 recipients under the Medicaid Program and 9,275 recipients under the Medically Indigent Program. Although the proposed measure is a federal requirement at the state level, states and local laws promulgating such requirement may be challenged, resulting in un-budgeted litigation expenses during the fiscal year. There is also a cost to enforcing this local mandate such as the cost of additional manpower for the enforcement of the program or the cost of collection. In addition, an indirect impact on the government's health cost program which has the potential of increasing as the result of higher operating cost of participating health insurance companies. Lastly, there is a potential conflict of interest with the DPHSS since the Department is also a third-party payer for Medicaid and MIP.



COMMITTEE ON RULES

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Senator
Rory J. Respicio
CHAIRPERSON
MAJORITY LEADER

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VICE CHAIRPERSON
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Senator
Michael F.Q. San Nicolas
Member

Senator
V. Anthony Ada
Member
MINORITY LEADER

Senator
Aline Yamashita
Member

May 20, 2013

MEMORANDUM

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

From: **Senator Rory J. Respicio**

Subject: **Revision of Title Page to Committee Report on
Bill No. 42-32(COR)**

2013 MAY 20 AM 9:08

Hafa Adai!

Transmitted herewith is a memo from Senator Dennis G. Rodriguez, Jr., Chairperson, Committee on Health & Human Services, Health Insurance Reform, Economic Development, and Senior Citizens, forwarding Attachments for Bill No. 42-32 (COR).

Please include this memo and the attachment as a "Revision" to the Committee Report on Bill No. 42-32 (COR).

Please make the appropriate indication in your records; and forward to MIS for posting on our website. I also request that the same be forwarded to all Senators of *I Mina'trentai Dos na Liheslaturan Guåhan*.

Si Yu'os Ma'ase'!

cc: Legal Counsel
Clerk of the Legislature
Sergeant-at-Arms
MIS



SENATOR DENNIS G. RODRIGUEZ, JR.

COMMITTEE REPORT ON

BILL NO. 42-32 (COR)

Sponsored by Senator Dennis G. Rodriguez, Jr.

An act to authorize the Department of Public Health and Social Services Director to charge third party payers, first, for services provided to individuals who qualify under any welfare program (Medicaid, Medically Indigent Program, etc.) by adding a new Article 12 to Chapter 2, Title 10, Guam Code Annotated.



SENATOR DENNIS G. RODRIGUEZ, JR.

April 11, 2013

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

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

RE: Committee Report – Bill No. 42-32 (COR)

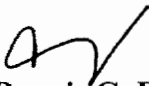
Dear Speaker Won Pat:

- Transmitted herewith, for your consideration, is the **Committee Report on BILL 42-32(COR)- An act to authorize the Department of Public Health and Social Services Director to charge third party payers, first, for services provided to individuals who qualify under any welfare program (Medicaid, Medically Indigent Program, etc.) by adding a new Article 12 to Chapter 2, Title 10, Guam Code Annotated.** Introduced by Sen. Dennis G. Rodriguez, Jr., and referred to the Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens. Bill No. 42-32 (COR) was publicly heard on April 3, 2013.

Committee votes are as follows:

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

Senseramente,


Senator Dennis G. Rodriguez, Jr.
Chairman

Attachments

2013 APR 15 PM 1:48

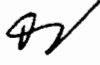



SENATOR DENNIS G. RODRIGUEZ, JR.

April 11, 2013

MEMORANDUM

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

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

Subject: **Committee Report on Bill no. 42-32 (COR).**

Transmitted herewith, for your consideration, is the **Committee Report on BILL 42-32(COR)- An act to authorize the Department of Public Health and Social Services Director to charge third party payers, first, for services provided to individuals who qualify under any welfare program (Medicaid, Medically Indigent Program, etc.) by adding a new Article 12 to Chapter 2, Title 10, Guam Code Annotated;** Introduced by Senator Dennis G. Rodriguez, Jr.

This report includes the following:

- Committee Voting Sheet
- Committee Report Narrative/Digest
- Copy of Bill No. 42-32 (COR)
- Public Hearing Sign-in Sheet
- Copies of Submitted Testimony and Supporting Documents
- Copy of COR Referral of Bill No. 42-32 (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



SENATOR DENNIS G. RODRIGUEZ, JR.

COMMITTEE VOTING SHEET

BILL 42-32(COR)- An act to authorize the Department of Public Health and Social Services Director to charge third party payers, first, for services provided to individuals who qualify under any welfare program (Medicaid, Medically Indigent Program, etc.) by adding a new Article 12 to Chapter 2, Title 10, Guam Code Annotated. Introduced by Senator Dennis G. Rodriguez, Jr.

	SIGNATURE	TO PASS	NOT TO PASS	ABSTAIN	REPORT OUT ONLY	PLACE IN INACTIVE FILE
DENNIS G. RODRIGUEZ, Jr. Chairman		✓ 4/11				
V. ANTHONY ADA Vice Chairman						
JUDITH T. WON PAT, Ed.D. Speaker (Ex-officio)						
BENJAMIN J. F. CRUZ Vice-Speaker		✓ 4/13				
TINA ROSE MUNA-BARNES Legislative Secretary						
FRANK B. AGUON, Jr.						
VICENTE C. PANGELINAN						
RORY J. RESPICIO		✓ 4/12/13				
ALINE A. YAMASHITA, Ph.D.					4/11/13	
THOMAS MORRISON						
MICHAEL LIMTIACO					4/12/13	
BRANT T. MCCREADIE		4/12 ✓				
CHRISTOPHER M. DUENAS						



SENATOR DENNIS G. RODRIGUEZ, JR.

COMMITTEE REPORT DIGEST

Bill No. 42-32 (COR)

- I. OVERVIEW:** The Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens conducted a public hearing on April 3, 2013. The hearing convened at 10:00AM in I Liheslatura's Public Hearing Room. Among the items on the agenda was the consideration of **BILL 42-32(COR)- An act to authorize the Department of Public Health and Social Services Director to charge third party payers, first, for services provided to individuals who qualify under any welfare program (Medicaid, Medically Indigent Program, etc.) by adding a new Article 12 to Chapter 2, Title 10, Guam Code Annotated.**

II. Public Notice Requirements

Notices were disseminated via hand-delivery/fax and/or email to all senators and all main media broadcasting outlets on March 27, 2013 (5-day notice), and again on March 29, 2013 (48-hour notice).

Senators Present

Senator Dennis G. Rodriguez, Jr.	Chairman
Senator V. Anthony Ada	Vice-Chairman
Senator Benjamin F. Cruz	Committee Member
Senator Thomas C. Ada	Committee Member
Senator Michael San Nicolas	Committee Member
Senator Thomas Morrison	Committee Member
Senator Christopher M. Duenas	Committee Member
Senator Brant McCreadie	Committee Member
Senator Michael Limtiaco	Committee Member

The public hearing on agenda item Bill No. 42-32 (COR) was called to order at 10:00AM.

II. SUMMARY OF TESTIMONY & DISCUSSION.

Chairman Rodriguez: This is a bill that we introduced last term; however, we didn't get around to it. We are introducing it now because we know the importance. Maybe you can share its importance with the senators present here today.

James Gillan: For a long time, Public Health's mission is to provide care, regardless, of the ability to pay. That makes sense for certain services. The federal government required, at least in terms of immunization, we have to accurately seek reimbursement. The only challenge we have is that we don't know how to bill. We simply dispense the services. I agree 100% that we need to set up the system and a couple of problems that I have, from a public health standpoint, is know that their



SENATOR DENNIS G. RODRIGUEZ, JR.

insurance companies will be billed. With immunization, which is difficult for me, entering in into relationships with the insurance in a third party payer should not be difficult. Getting their eligibility listing, and if our system is in place, then we'll be able to figure out the eligibility.

At the community health center, we do have our electronic systems. We should be able to do it in those centers. Where we do a lot of the immunizations, we are not there yet. There is obviously a cost related to that. I go to work fairly early and there are already people waiting outside to get immunizations, which is a good thing. I noticed that some of them, for instance a construction worker, I wonder why the company would not take care of that. At a Public Health stand point, of course we would treat the guy so that he does not get him sick. So we think of giving him a shot and not get reimburse or do not give him a shot. It's difficult and that's always going to be the predicament we will have because we want as many people immunized and provide them with prenatal care. In the federal government, we have the ability to get reimbursed and we should. What the cost is of putting the system together, we have not looked at that. We know that the Community Health Centers will be eligible for that.

Medicaid System also has a 90/10 matching system, which will allow them to beef up the system, which will interface in our public health systems. The public health data is very important. With our clients, although they are not necessarily in the Medicaid program, they are willing to pay for that interface. We will be able to have more public health data that will be populated in our system, knowing that CMS will be able to pay us about 90%. Again, we should be getting reimbursement for these services and a lot of our clients do not have insurance. I do not think that it will defray a lot of the expenses.

Chairman Rodriguez: I agree with you Jim. Although it is not going to be a significant impact now, but getting it in place would get us up to federal requirements and it's also for future planning. This may rise in the implementation of Obamacare and requiring people to have insurance. I know that we are still in the process of deciding whether we will be doing an exchange here or not, but it's something that we should be doing today. We will support the department as you move forward.

I know you mention in your testimony that you do not have a billing system right now but you do have the infrastructure of the community health centers, which is a benefit already.

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. 42-32 (COR).

Fiscal Note: Pending request/receipt from COR.

III. FINDINGS AND RECOMMENDATIONS

The Committee on Health & Human Services, Health Insurance Reform, Economic Development and Senior Citizens, hereby **reports out Bill No. 42-32 (COR)**, with the recommendation to

Report out only.

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

Ufisinan Todu Guam • I Mina' Trenta Dos Na Libeslaturan Guåhan • 32nd Guam Legislature


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

I MINA'TRENTAI DOS NA LIHESLATURAN GUAHAN
2013 (FIRST) Regular Session

Bill No. 42-32 (COR)

Introduced by:

D. G. RODRIGUEZ, JR. 

AN ACT TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS, FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM, ETC.) BY ADDING A NEW ARTICLE 12 TO CHAPTER 2, TITLE 10, GUAM CODE ANNOTATED.


2013 FEB 14 PM 3:17

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

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds
3 that there is no Medicaid or Medically Indigent Program recovery and
4 reimbursement policy from third-party payers in the Guam statute. In the
5 enactment of the Deficit Reduction Act of 2005 (PL. 109-761) every State and
6 Territory participating under Title XIX of the Social Security Act must comply
7 with the changes to the third-party liability policies of the Medicaid program under
8 Section 6035 of the DRA amended section 1902 (a)(25). The amendment requires
9 every State and Territory to:

10 (1) Clarify which specific entities are considered “third parties” and
11 “health insurers” that may be liable for payment and that cannot discriminate
12 against individuals based on their eligibility for Medicaid; and

13 (2) Require that states pass laws requiring health insurers: provide the
14 state with coverage, eligibility and claims data needed by the state to identify
15 potentially liable third parties; honor assignments to the state of a

1 Medicaid/Medically Indigent recipient's right to payment by such insurers for
2 health care items or services; and not deny such assignment or refuse to pay
3 claims submitted by Medicaid or the Medically Indigent Program based on
4 procedural reasons

5 **Section 2.** A new Article 12 is hereby added to Chapter 2 of Title 10, Guam
6 Code Annotated, to read:

7 **“ARTICLE 12**

8 **§3000. Authority of the Department of Public Health and Social**
9 **Services.** The Department of Public Health and Social Services is hereby
10 authorized to recover from third-party payers for services provided to recipients of
11 Medicaid/Medically Indigent Program, etcetera.

12 **§3001. Third-Party Payer Basis and Purpose.** This Article sets forth the
13 Department of Public Health & Social Services' (DPHSS) Medicaid and Medically
14 Indigent State Plan requirements concerning:

15 (a) The legal liability of third parties to pay for services provided under the
16 plan;

17 (b) Assignment to the DPHSS of an individual's rights to third party
18 payments; and

19 (c) Cooperative agreements between the DPHSS, Division of Public
20 Welfare and other entities for obtaining third party payments.

21 **§3002. Definitions.**

1 (a) “DPHSS” shall mean the Department of Public Health & Social
2 Services;

3 (b) “Director” shall mean the Director of the Department of Public Health
4 & Social Services;

5 (c) “Health care insurer” shall mean a self-insured health benefit plan, a
6 group health plan as defined in section 607(1) of the employment retirement
7 income security act of 1974, a pharmacy benefit manager or any other party that by
8 statute, contract or agreement is responsible for paying for items or services
9 provided to an eligible person under this act,

10 (d) “Health care services” includes products provided or purchased through
11 an approved facility

12 (e) “Insurance, medical service, or health plan” includes a preferred
13 provider organization, an insurance plan described as Medicare supplemental
14 insurance, and a personal injury protection plan or medical payments benefit plan
15 for personal injuries resulting from the operation of a motor vehicle.

16 (f) “Private insurer” means:

17 (1) Any commercial insurance company offering health or casualty
18 insurance to individuals or groups (including both experience-rated
19 insurance contracts and indemnity contracts);

20 (2) Any profit or nonprofit prepaid plan offering either medical services
21 or full or partial payment for services included in the State plan; and

22 (3) Any organization administering health or casualty insurance plans for
23 professional associations, unions, fraternal groups, employer-
24 employee benefit plans, and any similar organization offering these
25 payments or services, including self-insured and self-funded plans
26

1 (g) “*Third-party payer*” means an entity that provides an insurance, medical
2 service, or health plan by contract or agreement, including an automobile liability
3 insurance or no fault insurance carrier, and any other plan or program that is
4 designed to provide compensation or coverage for expenses incurred by a
5 beneficiary for health care services or products.

6 (h) “*Title IV-D agency*” means the organizational unit in the State that has
7 the responsibility for administering or supervising the administration of a State
8 plan for child support enforcement under title IV-D of the Act.

9 **§3003. State Plan Requirements**

10 (a) The Division of Social Services State Plan must provide for:

11 (1) Identifying third parties liable for payment of services under the plan
12 and for payment of claims involving third parties.

13 (2) Assignment of rights to benefits, cooperation with the agency in
14 obtaining medical support or payments, and cooperation in identifying
15 and providing information to assist the State in pursuing any liable
16 third parties; and

17 (3) Assuring the requirements for cooperative agreements and incentive
18 payments for third party collections are met.

19 **§3004. Health care services incurred on behalf of covered beneficiaries;
20 collection from third-party payer.**

21 (a) In the case of a person who is a covered beneficiary, the DPHSS shall
22 have the right to collect from a third-party payer reasonable charges for health care
23 services incurred by the DPHSS on behalf of such person through a health facility
24 to the extent that the person would be eligible to receive reimbursement or
25 indemnification from the third-party payer if the person were to incur such charges
26 on the person’s own behalf. If the insurance, medical service or health plan of that

1 payer includes a requirement for a deductible or copayment by the beneficiary of
2 the plan, then the amount that the DPHSS may collect from the third-party payer is
3 a reasonable charge for the care provided less the appropriate deductible or
4 copayment amount.

5 (b) A covered beneficiary may not be required to pay an additional amount
6 to the DPHSS for health care services by reason of this section.

7 (c) No provision of any insurance, medical service, or health plan contract
8 or agreement having the effect of excluding from coverage or limiting payment of
9 charges for certain care shall operate to prevent collection by the DPHSS under
10 subsection (a) if that care is provided:

- 11 (1) Through an approved facility;
- 12 (2) Directly or indirectly by a governmental entity;
- 13 (3) To an individual who has no obligation to pay for that care or for
14 whom no other person has a legal obligation to pay; or
- 15 (4) By a provider with which the third party payer has no participation
16 agreement.

17 (d) Under regulations prescribed under subsection (e), records of the facility
18 that provided health care services to a beneficiary of an insurance, medical service,
19 or health plan of a third-party payer shall be made available for inspection and
20 review by representatives of the payer from which collection by the DPHSS is
21 sought.

22 (e) To improve the administration of this section the Director may prescribe
23 regulations providing for the collection of information regarding insurance,
24 medical service, or health plans of third-party payers held by covered beneficiaries.

1 (f) Information obtained under this subsection may not be disclosed for any
2 purpose other than to carry out the purpose of this section

3 (g) Amounts collected under this section from a third-party payer or under
4 any other provision of law from any other payer for health care services provided
5 at or through an approved facility shall be credited to the appropriation supporting
6 the maintenance and operation of the facility and shall not be taken into
7 consideration in establishing the operating budget of the facility.

8 (h) In the case of a third-party payer that is an automobile, liability insurance
9 or no fault insurance carrier, the right of the DPHSS to collect under this section
10 shall extend to health care services provided to a person entitled to health care
11 under this Act.

12 **§3005. Obtaining health insurance information: Initial application and**
13 **redetermination processes for Medicaid and Medically Indigent Program**
14 **eligibility.**

15 (a) If the Medically Indigent Program (MIP) or the Medicaid agency
16 determines eligibility for MIP or Medicaid, it must, during the initial application
17 and each redetermination process, obtain from the applicant or recipient such
18 health insurance information as would be useful in identifying legally liable third
19 party resources so that the agency may process claims under the third party liability
20 payment procedures. Health insurance information may include, but is not limited
21 to, the name of the policy holder, his or her relationship to the applicant or
22 recipient, the social security number (SSN) of the policy holder, and the name and
23 address of insurance company and policy number.

1 (b) Cooperation in establishing paternity and in obtaining medical support
2 and payments and in identifying and providing information to assist in pursuing
3 third parties who may be liable to pay.

4 **§3006. Confidentiality of information obtained.** Any information
5 obtained by the director or the administration under this section shall be
6 maintained as confidential as required by the Health Insurance Portability and
7 Accountability Act (HIPAA) of 1996 (P. L. 104-191; 110 stat. 1936) and other
8 applicable law and shall be used solely for the purpose of determining whether a
9 health care insurer was also providing coverage to an individual during the period
10 that the individual was an eligible member, for the purposes of avoiding payments
11 by the system for services covered through other insurance and for enforcing the
12 administration's right to assignment

13 **§3007. Legal proceedings, compromise, settlement or waiver.**

14 (a) The DPHSS may institute and prosecute legal proceedings against a
15 third-party payer to enforce a right of the DPHSS under this section.

16 (b) The Director may compromise, settle, or waive a claim of the DPHSS
17 under this section.

18 **§3008. Severability.** *If any provision of this Law or its application to any*
19 *person or circumstance is found to be invalid or contrary to law, such invalidity*
20 *shall not affect other provisions or applications of this Law which can be given*
21 *effect without the invalid provisions or application, and to this end the provisions*
22 *of this Law are severable."*

23 **Section 3. Effective Date.** This Act shall become immediately effective
24 upon enactment.



EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

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

APR 03 2013

The Honorable Dennis G. Rodriguez, Jr.
Chairperson, Committee on Health and Human
Services, Health Insurance Reform, Economic Development,
and Senior Citizens

32nd Guam legislature (First) Regular Session
Hagatna, Guam

Dear Mr. Chairman:

Buenas yan Hafa Adai! The Department supports the intent of **Bill No. 42-32** “AN ACT TO AUTHORIZE THE DEPARTMENT OF PUBLIC HELATH AND SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM, ETC)”.

Federal law generally requires health insurers and other third parties with payment liability for health care services received by Medicaid recipients to pay for such services primary to Medicaid. However, Medicaid agencies occasionally pay claims for which a third party may be liable because they lack information about the existence of other coverage.

This bill if passed into law will comply with Section 6035(b) of the Deficit Reduction Act Section 1902(a)(25), Subsection (I) of the Act enforcing states and territories to pass laws which will require health insurers: (a) to provide the state with eligibility and coverage information needed by the State/Territories to identify potentially liable third parties; (b) to honor the assignment to the state/territories of the Medicaid recipient’s right to payment by such insurers for health care items or services; and (c) not to deny such assignment or refuse to pay claims based on procedural reasons. This will strengthen both Medicaid and Medically Indigent Program’s (MIP) ability to identify and collect payment from third party payers that are responsible to pay claims primary to Medicaid and MIP.

While we agree that wherever possible, the Department should seek reimbursement from third party payers and others, not just Medicaid and MIP services. Immunizations (another federal requirement), radiology, dental services and many more, should be provided without cost, either by federal mandate or because there is an overriding Public Health Interest.

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

Our Community Health Centers are the only entities positioned to be able to do this at this time. The Department does not have the capability to bill for services provided in our Central Facility. We also have neither the budget nor the expertise to develop a billing and collection system. While it is possible to “ride on” the Community Health Centers’ System, the Department would still need to acquire at a minimum a basic billing and accounting system, we would also need to negotiate agreements with private third parties and thus also be required to query their eligibility systems. We feel at this time, the numbers of insureds using the Public health System would be small. An estimate would be difficult as we have not had a need to keep those kinds of demographics. We also face the possibility of consumer lawsuits unless specific language decrees that there will no longer be an expectation of “free” services. Most Health Departments have developed under a culture of providing services regardless of ability to pay. This has always been due to the concern for the protection of the Public’s health. However, in these tight financial times, it is appropriate to seek reimbursement, and indeed it just makes sense to lower the tax burden where reimbursements are available. The challenge will be to determine whether the outlay to develop a billing system and its attendant book keeping requirements will at a minimum, pay for itself

Senseramente,



JAMES W. GILLAN



COMMITTEE ON RULES

I Mina'trentai Dos na Liheslaturan Guåhan • The 32nd Guam Legislature
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CHAIRPERSON
MAJORITY LEADER

Senator
Thomas C. Ada
VICE CHAIRPERSON
ASSISTANT MAJORITY LEADER

Senator
Vicente (Ben) C. Pangelinan
Member

Speaker
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Dennis G. Rodriguez, Jr.
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Vice-Speaker
Benjamin J.F. Cruz
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Legislative Secretary
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Member

Senator
Michael F.Q. San Nicolas
Member

Senator
V. Anthony Ada
Member
MINORITY LEADER

Senator
Aline Yamashita
Member

February 14, 2013

VIA FACSIMILE

(671) 472-2825

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

RE: Request for Fiscal Note – Bill Nos. ⁴⁸32 (COR)

Hafa Adai Mr. Rios:

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

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

Very Truly Yours,


Senator Rory J. Respicio
Chairperson, Committee on Rules

Attachments

Cc: Clerk of the Legislature

2013 FEB 14 PM 5:15
LR

Bill No. 42-32(COR) – D.G. Rodriguez, Jr.

AN ACT TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS, FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM, ETC.) BY ADDING A NEW ARTICLE 12 TO CHAPTER 2, TITLE 10, GUAM CODE ANNOTATED.



COMMITTEE ON RULES

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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. 42-32 (COR) – “AN ACT TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS, FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM, ETC.) BY ADDING A NEW ARTICLE 12 TO CHAPTER 2, TITLE 10, GUAM CODE ANNOTATED.”** –on February 14, 2013. COR hereby certifies that BBMR confirmed receipt of this request on February 14, 2013 at 05:07 PM.

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 42-32 (COR) to be included in the committee report on said bill, is hereby waived.**

Certified by:

Senator Rory J. Respicio
Chairperson, Committee on Rules

April 15, 2013

Date



COMMITTEE ON RULES

I Mina'trentai Dos na Liheslaturan Guåhan • The 32nd Guam Legislature

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Member

February 15, 2013

MEMORANDUM

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

Attorney Therese M. Terlaje
Legislative Legal Counsel

From: **Senator Rory J. Respicio**
Majority Leader & Rules Chair

Subject: **Referral of Bill No. 42-32(COR)**

As the Chairperson of the Committee on Rules, I am forwarding my referral of Bill No. 42-32(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 Dos 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 Dos Na Liheslaturan Guahan
Bill Log Sheet

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	STATUS
42-32 (COR)	D.G. Rodriguez, Jr.	AN ACT TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS, FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM, ETC.) BY ADDING A NEW ARTICLE 12 TO CHAPTER 2, TITLE 10, GUAM CODE ANNOTATED.	2/14/2013 3:17 P.M.	2/15/13	Committee on Health & Human Services, Health Insurance Reform, Economic Development, and Senior Citizens			



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

1st Notice of Public Hearing

3 messages

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Wed, Mar 27, 2013 at 4:51 PM

To: clynt@spbguam.com, dcrisostomo@guampdn.com, dmgeorge@guampdn.com, dtamondong@guampdn.com, editor@mvariety.com, gdumat-ol@guampdn.com, gerry@mvguam.com, hottips@kuam.com, john@kuam.com, jtyquiengco@spbguam.com, mpieper@guampdn.com, mvariety@pticom.com, news@spbguam.com, nick.delgado@kuam.com, parroyo@k57.com, ricknauta@hitradio100.com, sabrina@kuam.com, slimtiaco@guampdn.com, zita@mvguam.com, Amritha Alladi <aalladi@guampdn.com>, Arvin Temkar <aktemkar@guampdn.com>, Cameron Miculka <cimiculka@guampdn.com>, "George, Duane M" <dmgeorge@guam.gannett.com>, gerry partido <gerrypartido.mvguam3@gmail.com>, James <officemanager@hitradio100.com>, Jason Salas <jason@kuam.com>, Jerick Sablan <jpsablan@guampdn.com>, Jesse Lujan <jesselujan27@yahoo.com>, "Jon A. Anderson" <editor@mvguam.com>, Joy <joy@mvguam.com>, Jr <news@lifeneews.com>, Katrina <life@guampdn.com>, Ken Quintanilla <kenq@kuam.com>, Kevin Kerrigan <kevin@spbguam.com>, Kevin Kerrigan <news@k57.com>, Marvic Cagurangan <marvic@mvguam.com>, Mindy Aguon <mindy@kuam.com>, Oyaol Ngirairiki <odngirairiki@guampdn.com>, Pacific Daily News <news@guampdn.com>, "rgibson@k57.com" <rgibson@k57.com>, Travis Coffman <thebigshow@k57.com>, William Gibson <breakfastshowk57@gmail.com>
Bcc: jmesngon.senatorrodriguez@gmail.com

PRESS RELEASE

FIRST NOTICE OF PUBLIC HEARING

Wednesday, April 03, 2013 9:00AM

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Health Insurance Reform, Economic Development, & Senior Citizens will be conducting a Public Hearing on **Wednesday, April 03, 2013 at 9:00AM.**, at *Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

9:00AM

The Committee on Health will host a follow-up presentation by the Guam Memorial Hospital Authority (GMHA) on the financial state of affairs of the hospital as well as corrective actions that are being undertaken.

10:00 AM

- Bill No. 42-32 (COR) - An act to authorize the Department of Public Health & Social Services Director to charge third party payers, first, for services provided to individuals who qualify under any welfare program (Medicaid, Medically Indigent Program, etc.) by adding a new Article 12 to Chapter 2, Title 10, Guam Code Annotated. *(Introduced by D.G. Rodriguez, Jr.)*
- Bill No. 62-32 (COR) - An act to establish the Guam Council on Child Death Review and Prevention (CCDRP) by adding a new Article 10 to Chapter 3, Division 1 of Title 10, Guam Code Annotated. *(Introduced by D.G. Rodriguez, Jr.)*
- Bill No. 73-32 (LS) - An act to rename the Department of Mental Health and Substance Abuse (DMHSA), to the "Guam Behavioral Health Center" (GBHC), by amending Chapter 86 of Title 10, Guam Annotated, and to allow for changes to other relevant laws as necessary *solely* for consistency with the agency's name change. *(Introduced by D.G. Rodriguez, Jr.)*

2:00 PM

Roundtable discussion on the following Bills-

- Bill No. 48-32 (LS) –An act to define educational and professional requirements for a licensed professional counselor. *(Introduced by R.J. Respicio)*
- Bill No. 49-32 (LS) - An act to define educational and professional requirements for a licensed mental health counselor. *(Introduced by R.J. Respicio)*
- Bill No. 50-32 (LS) - An act to define educational and professional requirements for a marriage and family therapist. *(Introduced by R.J. Respicio)*

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

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

Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638

Email: Cherbert.senatordrodriguez@gmail.com

Website: www.toduquam.com

"Start the children off on the way they should go, and even when they are old they will not turn from it"
Proverbs 22:6 (NIV)

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

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

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

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>
To: "phnotice@guamlegislature.org" <phnotice@guamlegislature.org>

Wed, Mar 27, 2013 at 4:59 PM

-

Ufisinan Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.

I Mina'trentai Dos Na Liheslaturan Guåhan

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

Dear Senators,

Buenas yan Hafa Adai!

Please see attached 1st notice of public hearing. Should you have any questions please feel free to contact this office at anytime.

Best Regards,

Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638

Email: Cherbert.senatorrodriguez@gmail.com

Website: www.toduguam.com

"Start the children off on the way they should go, and even when they are old they will not turn from it"

Proverbs 22:6 (NIV)

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 **Senator's 1st Notice Public Hearing Apr. 3, 2013.pdf**
79K

Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>
To: amanda@toduguam.com

Tue, Apr 2, 2013 at 12:11 PM

Joseph A. Q. Mesngon
Office of Senator Dennis G. Rodriguez, Jr.
I Mina'trentai Dos Na Liheslaturan Guahan
32nd Guam Legislature
176 Serenu Avenue Suite 107
Tamuning, Guam 96913
Tel: 671.649.8638/0511
Fax: 671-649-0520
Please visit us at:
www.toduguam.com

[Quoted text hidden]


 **Senator's 1st Notice Public Hearing Apr. 3, 2013.pdf**
79K



SENATOR DENNIS G. RODRIGUEZ, JR.

March 27, 2013

TO: ALL SENATORS

FROM: SENATOR DENNIS G. RODRIGUEZ, JR. 
CHAIRPERSON

SUBJECT: NOTICE OF PUBLIC HEARING

PUBLIC HEARING

Wednesday, April 3, 2013 9:00AM

9:00AM

The Committee on Health will host a follow-up presentation by the Guam Memorial Hospital Authority (GMHA) on the financial state of affairs of the hospital as well as corrective actions that are being undertaken.

10:00 AM

- Bill No. 42-32 (COR) - An act to authorize the Department of Public Health & Social Services Director to charge third party payers, first, for services provided to individuals who qualify under any welfare program (Medicaid, Medically Indigent Program, etc.) by adding a new Article 12 to Chapter 2, Title 10, Guam Code Annotated. *(Introduced by D.G. Rodriguez, Jr.)*
- Bill No. 62-32 (COR) - An act to establish the Guam Council on Child Death Review and Prevention (CCDRP) by adding a new Article 10 to Chapter 3, Division 1 of Title 10, Guam Code Annotated. *(Introduced by D.G. Rodriguez, Jr.)*
- Bill No. 73-32 (LS) - An act to rename the Department of Mental Health and Substance Abuse (DMHSA), to the "Guam Behavioral Health Center" (GBHC), by amending Chapter 86 of Title 10, Guam Annotated, and to allow for changes to other relevant laws as necessary *solely* for consistency with the agency's name change. *(Introduced by D.G. Rodriguez, Jr.)*

2:00 PM

Roundtable discussion on the following Bills-

- Bill No. 48-32 (LS) -An act to define educational and professional requirements for a licensed professional counselor. *(Introduced by R.J. Respicio)*
- Bill No. 49-32 (LS) - An act to define educational and professional requirements for a licensed mental health counselor. *(Introduced by R.J. Respicio)*
- Bill No. 50-32 (LS) - An act to define educational and professional requirements for a marriage and family therapist. *(Introduced by R.J. Respicio)*

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

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SENATOR DENNIS G. RODRIGUEZ, JR.

or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact Clifton Herbert at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event. We look forward to your attendance and participation.

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



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

2nd Notice of Public Hearing

2 messages

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Fri, Mar 29, 2013 at 10:20 AM

To: clynt@spbgum.com, dcrisostomo@guampdn.com, dmgeorge@guampdn.com, dtamondong@guampdn.com, editor@mvariety.com, gdumat-ol@guampdn.com, gerry@mvguam.com, hottips@kuam.com, john@kuam.com, jtyquiengco@spbgum.com, mpieper@guampdn.com, mvariety@pticom.com, news@spbgum.com, nick.delgado@kuam.com, parroyo@k57.com, ricknauta@hitradio100.com, sabrina@kuam.com, slimtiaco@guampdn.com, zita@mvguam.com, Amritha Alladi <aalladi@guampdn.com>, Arin Temkar <aktemkar@guampdn.com>, Cameron Miculka <cimiculka@guampdn.com>, "George, Duane M" <dmgeorge@guam.gannett.com>, gerry partido <gerrypartido.mvguam3@gmail.com>, James <officemanager@hitradio100.com>, Jason Salas <jason@kuam.com>, Jerick Sablan <jpsablan@guampdn.com>, Jesse Lujan <jesselujan27@yahoo.com>, "Jon A. Anderson" <editor@mvguam.com>, Joy <joy@mvguam.com>, Jr <news@lifeneews.com>, Katrina <life@guampdn.com>, Ken Quintanilla <kenq@kuam.com>, Kevin Kerrigan <kevin@spbgum.com>, Kevin Kerrigan <news@k57.com>, Marvic Cagurangan <marvic@mvguam.com>, Mindy Aguon <mindy@kuam.com>, Oyaol Ngirairiki <odngirairiki@guampdn.com>, Pacific Daily News <news@guampdn.com>, "rgibson@k57.com" <rgibson@k57.com>, Travis Coffman <thebigshow@k57.com>, William Gibson <breakfastshowk57@gmail.com>
Bcc: jmesngon.senatorrodriguez@gmail.com

PLEASE NOTE THERE HAS BEEN A TIME CHANGE FOR THE AFTERNOON ROUNDTABLE. THE TIME HAS BEEN MOVED TO **3:30PM**
THANKS

PRESS RELEASE

SECOND NOTICE OF PUBLIC HEARING

Wednesday, April 03, 2013 9:00AM

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Health Insurance Reform, Economic Development, & Senior Citizens will be conducting a Public Hearing on **Wednesday, April 03, 2013 at 9:00AM.** at *I Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

9:00AM

The Committee on Health will host a follow-up presentation by the Guam Memorial Hospital Authority (GMHA) on the financial state of affairs of the hospital as well as corrective actions that are being undertaken.

10:00AM

- Bill No. 42-32 (COR) - An act to authorize the Department of Public Health & Social Services Director to charge third party payers, first, for services provided to individuals who qualify under any welfare program (Medicaid, Medically Indigent Program, etc.) by adding a new Article 12 to Chapter 2, Title 10, Guam Code Annotated. *(Introduced by D.G. Rodriguez, Jr.)*
- Bill No. 62-32 (COR) - An act to establish the Guam Council on Child Death Review and Prevention (CCDRP) by adding a new Article 10 to Chapter 3, Division 1 of Title 10, Guam Code Annotated. *(Introduced by D.G. Rodriguez, Jr.)*
- Bill No. 73-32 (LS) - An act to rename the Department of Mental Health and Substance Abuse (DMHSA), to the "Guam Behavioral Health Center" (GBHC), by amending Chapter 86 of Title 10, Guam Annotated, and to allow for changes to other relevant laws as necessary solely for consistency with the agency's name change. *(Introduced by D.G. Rodriguez, Jr.)*

3:30PM

Roundtable discussion on the following Bills-

- Bill No. 48-32 (LS) –An act to define educational and professional requirements for a licensed professional counselor. *(Introduced by R.J. Respicio)*
- Bill No. 49-32 (LS) - An act to define educational and professional requirements for a licensed mental health counselor. *(Introduced by R.J. Respicio)*
- Bill No. 50-32 (LS) - An act to define educational and professional requirements for a marriage and family therapist. *(Introduced by R.J. Respicio)*

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

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Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638

Email: Cherbert.senatorrodriguez@gmail.com

Website: www.toduguam.com

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Proverbs 22:6 (NIV)

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Clifton Herbert <cherbert.senatorrodriguez@gmail.com>
To: "phnotice@guamlegislature.org" <phnotice@guamlegislature.org>

Fri, Mar 29, 2013 at 10:30 AM

Dear Senators,

Buenas yan Hafa Adai,

Please note that there has been a time change for the afternoon roundtable. The time has been moved to **3:30PM**. Should you have any questions or concerns please feel free to contact this office. Thank you and have a Blessed Easter.

Sincerely,

Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638

Email: Cherbert.senatorrodriguez@gmail.com

Website: www.toduguam.com

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Senator's 2nd Notice Public Hearing Apr. 3, 2013.pdf

79K



SENATOR DENNIS G. RODRIGUEZ, JR.

March 29, 2013

TO: ALL SENATORS
FROM: SENATOR DENNIS G. RODRIGUEZ, JR. 
CHAIRPERSON
SUBJECT: SECOND NOTICE OF PUBLIC HEARING

PUBLIC HEARING
Wednesday, April 3, 2013 9:00AM

9:00AM

The Committee on Health will host a follow-up presentation by the Guam Memorial Hospital Authority (GMHA) on the financial state of affairs of the hospital as well as corrective actions that are being undertaken.

10:00AM

- Bill No. 42-32 (COR) - An act to authorize the Department of Public Health & Social Services Director to charge third party payers, first, for services provided to individuals who qualify under any welfare program (Medicaid, Medically Indigent Program, etc.) by adding a new Article 12 to Chapter 2, Title 10, Guam Code Annotated. (Introduced by D.G. Rodriguez, Jr.)
- Bill No. 62-32 (COR) - An act to establish the Guam Council on Child Death Review and Prevention (CCDRP) by adding a new Article 10 to Chapter 3, Division 1 of Title 10, Guam Code Annotated. (Introduced by D.G. Rodriguez, Jr.)
- Bill No. 73-32 (LS) - An act to rename the Department of Mental Health and Substance Abuse (DMHSA), to the "Guam Behavioral Health Center" (GBHC), by amending Chapter 86 of Title 10, Guam Annotated, and to allow for changes to other relevant laws as necessary solely for consistency with the agency's name change. (Introduced by D.G. Rodriguez, Jr.)

3:30PM

Roundtable discussion on the following Bills-

- Bill No. 48-32 (LS) -An act to define educational and professional requirements for a licensed professional counselor. (Introduced by R.J. Respicio)
- Bill No. 49-32 (LS) - An act to define educational and professional requirements for a licensed mental health counselor. (Introduced by R.J. Respicio)
- Bill No. 50-32 (LS) - An act to define educational and professional requirements for a marriage and family therapist. (Introduced by R.J. Respicio)

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

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SENATOR DENNIS G. RODRIGUEZ, JR.

or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact Clifton Herbert at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event. We look forward to your attendance and participation.

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



SENATOR DENNIS G. RODRIGUEZ, JR.

AGENDA

Wednesday, April 3, 2013

9:00am

Public Hearing Room, *I Liheslatura*

9:00am **Guam Memorial Hospital Presentation**

- Status update presentation by the Guam Memorial Hospital Authority on the financial state of affairs of the hospital as well as corrective actions currently being undertaken.

10:00am **Public Hearing**

- **BILL 42-32(COR)**- An act to authorize the Department of Public Health and Social Services Director to charge third party payers, first, for services provided to individuals who qualify under any welfare program (Medicaid, Medically Indigent Program, etc.) by adding a new Article 12 to Chapter 2, Title 10, Guam Code Annotated. Introduced by Sen. Dennis G. Rodriguez, Jr.
- **BILL 62-32(COR)**- An act to establish the Guam Council on Child Death Review and Prevention (CCDRP) by adding a new Article 10 to Chapter 3, Division I of Title 10, Guam Code Annotated. Introduced by Sen. Dennis G. Rodriguez, Jr., Sen. Aline Yamashita, Ph.D., & Sen. Brant McCreadie.
- **BILL 73-32(LS)**- An act to rename the Department of Mental Health and Substance Abuse (DMHSA), to the "*Guam Behavioral Health Center*" (GBHC), by amending Chapter 86 of Title 10, Guam Code Annotated, and to allow for changes to other relevant laws as necessary *solely* for consistency with the agency's name change. Introduced by Sen. Dennis G. Rodriguez, Jr., Sen. BJ Cruz & Sen. Aline Yamashita, Ph.D.

3:30pm **Roundtable Discussion**

- **Bill 48-32(COR)**- An act to define educational and professional requirements for a licensed professional counselor. Introduced by Sen. Rory Respicio.
- **Bill 49-32(COR)**- An act to define educational and professional requirements for a licensed mental health counselor. Introduced by Sen. Rory Respicio.
- **Bill 50-32(COR)**- An act to define educational and professional requirements for a marriage and family therapist. Introduced by Sen. Rory Respicio.

Si Yu'os Ma'åse' for your participation in today's hearings and discussions!



COMMITTEE ON RULES

I Mina'trentai Dos na Liheslaturan Guåhan • The 32nd 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

Senator
Thomas C. Ada
VICE CHAIRPERSON
ASSISTANT MAJORITY LEADER

Senator
Vicente (Ben) C. Pangelinan
Member

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

Senator
Dennis G. Rodriguez, Jr.
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Vice-Speaker
Benjamin J.F. Cruz
Member

Legislative Secretary
Tina Rose Muña Barnes
Member

Senator
Frank Blas Aguon, Jr.
Member

Senator
Michael F.Q. San Nicolas
Member

Senator
V. Anthony Ada
Member
MINORITY LEADER

Senator
Aline Yamashita
Member

May 9, 2013

Memorandum

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

From: **Senator Rory J. Respicio**
Majority Leader & Rules Chair

Subject: **Fiscal Notes**

Hafa Adai!

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

FISCAL NOTES:

Bill Nos.: 27-32(COR), 42-32(COR), 79-32(COR)

WAIVERS:

Bill No. 48-32(LS)

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'åse'!

2013 MAY - 9 PM 4: 22

**BUREAU OF BUDGET & MANAGEMENT RESEARCH**

OFFICE OF THE GOVERNOR
Post Office Box 2950, Hagåtña Guam 96932

EDDIE BAZA CALVO
GOVERNOR

JOHN A. RIOS
DIRECTOR

RAY TENORIO
LIEUTENANT GOVERNOR

MAY 08 2013

Senator Rory J. Respicio
Chairperson, Committee on Rules
I Mina'trentai Unu na Liheslaturan Guåhan
The 31st Guam Legislature
155 Hesler Place
Hagåtña, Guam 96932

Hafa Adai Senator Respicio:

Transmitted herewith is Fiscal Note on the following Bill Nos.: 27-32(COR), 42-32(COR), 79-32(COR), and Fiscal Note Waiver on the following Bill Nos.: 48-32(LS).

If you have any question(s), please do not hesitate to call the office at 475-9412/9106.


JOHN A. RIOS
Director

Enclosures

cc: Senator Vicente (ben) Pangelinan

**Bureau of Budget & Management Research
Fiscal Note of Bill No. 42-32(COR)**

AN ACT TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS, FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM, ETC.) BY ADDING A NEW ARTICLE 12 TO CHAPTER 2, TITLE 10, GUAM CODE ANNOTATED.

Department/Agency Appropriation Information	
Dept./Agency Affected: Public Health & Social Services	Dept./Agency Head: James W. Gillan
Department's General Fund (GF) appropriation(s) to date:	50,488,109
Department's Other Fund (Specify) appropriation(s) to date: Healthy Futures Fund & Environmental Health Fund	6,562,289
Total Department/Agency Appropriation(s) to date:	\$57,050,398

Fund Source Information of Proposed Appropriation			
	General Fund:	(Specify Special Fund):	Total:
FY 2012 Unreserved Fund Balance ¹		\$0	\$0
FY 2013 Adopted Revenues	\$0	\$0	\$0
FY 2013 Appro. (P.L. 31-233)	\$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 2013 (if applicable)	FY 2014	FY 2015	FY 2016	FY 2017
General Fund	\$0	\$0	\$0	\$0	\$0	\$0
(Specify Special Fund)	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$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 /x/ No
Is there a federal mandate to establish the program/agency? // Yes /x/ 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 as of the due date // Other:

Analyst: Orilda J. Guerrero Date: 5/3/2013 Director: John A. Rios, Director Date: MAY 07 2013

Comments:
I/ See Attached.

Comments on Legislative Bill No. 42-32 (COR)

The proposed legislation is seeking to implement Section 6035 of the Deficit Reduction Act of 2005 (U.S. P.L. 1902(a)(25)) which requires that State government:

- i) “Clarify which specific entities are considered “third parties” and “health insurers” that may be liable for payment and that cannot discriminate against individuals based on their eligibility for Medicaid;
- ii) Require that states pass laws requiring health insurers provide the state coverage, eligibility and claims data needed by the state to identify potentially liable third parties, honor assignments to the state of a Medicaid/Medically Indigent recipient’s right to payment by such insurers for health care items or services and not deny such assignment or refuse to pay claims submitted by Medicaid or the Medically Indigent Program based on procedural reasons.

The Bill is also proposing a new Article 12 added to Chapter 2 of Title 10 GCA which:

- a) Identifies Department of Public Health and Social Services (DPHSS) as the authorized department to recover third-party payers for services provided to recipient of Medicaid/Medically Indigent program;
- b) Identifies the Third-Party Basis and Purpose;
- c) Defines the terminology of the program;
- d) Requires the Division of Social Services to develop a state plan;
- e) Re-identifies DPHSS responsibilities in the collection from third party payers on behalf of the recipient of the program;
- f) Authorizes obtaining of information by Medicaid and MIP from recipients to determine third party liabilities;
- g) Keeps all information obtained from recipients confidential.

Per information from the Department of Public Health, there are 36,364 recipients under the Medicaid Program and 9,275 recipients under the Medically Indigent Program. Although the proposed measure is a federal requirement at the state level, states and local laws promulgating such requirement may be challenged, resulting in un-budgeted litigation expenses during the fiscal year. There is also a cost to enforcing this local mandate such as the cost of additional manpower for the enforcement of the program or the cost of collection. In addition, an indirect impact on the government’s health cost program which has the potential of increasing as the result of higher operating cost of participating health insurance companies. Lastly, there is a potential conflict of interest with the DPHSS since the Department is also a third-party payer for Medicaid and MIP.



COMMITTEE ON RULES

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Member

Senator
Michael F.Q. San Nicolas
Member

Senator
V. Anthony Ada
Member
MINORITY LEADER

Senator
Aline Yamashita
Member

February 15, 2013

MEMORANDUM

To: Rennae Meno
Clerk of the Legislature

Attorney Therese M. Terlaje
Legislative Legal Counsel

From: Senator Rory J. Respicio 
Majority Leader & Rules Chair

Subject: Referral of Bill No. 42-32(COR)

As the Chairperson of the Committee on Rules, I am forwarding my referral of Bill No. 42-32(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 Dos na Liheslaturan Guåhan*.

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

Si Yu'os Ma'åse!

Attachment



COMMITTEE ON RULES

I Mina'trentai Dos na Liheslaturan Guahan • The 32nd Guam Legislature
155 Hesler Place, Hagåtña, Guam 96910 • www.guamlegislature.com
E-mail: roryforguam@gmail.com • Tel: (671)472-7679 • Fax: (671)472-3547

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Senator
Michael F.Q. San Nicolas
Member

Senator
V. Anthony Ada
Member
MINORITY LEADER

Senator
Aline Yamashita
Member

February 14, 2013

VIA FACSIMILE

(671) 472-2825

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


RE: Request for Fiscal Note – Bill Nos. ⁴⁸48-32 (COR)

Hafa Adai Mr. Rios:

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

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

Very Truly Yours,


Senator Rory J. Respicio
Chairperson, Committee on Rules

Attachments

Cc: Clerk of the Legislature

2013 FEB 14 PM 5:15
Copy

Bill No. 42-32(COR) – D.G. Rodriguez, Jr.

AN ACT TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS, FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM, ETC.) BY ADDING A NEW ARTICLE 12 TO CHAPTER 2, TITLE 10, GUAM CODE ANNOTATED.

MESSAGE CONFIRMATION

FEB-14-2013 04:51 PM THU

FAX NUMBER : 4772240
NAME : GNF

NAME/NUMBER : 4722825
PAGE : 2
START TIME : FEB-14-2013 04:50PM THU
ELAPSED TIME : 00' 18"
MODE : STD ECM
RESULTS : [O.K]



COMMITTEE ON RULES

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Vicente (Ben) C. Pangelinan
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Member

Senator
Dennis G. Rodriguez, Jr.
Member

Vice-Speaker
Benjamin J.F. Cruz
Member

Legislative Secretary
Tina Rose Muña Barnes
Member

Senator
Frank Blas Aguon, Jr.
Member

Senator
Michael F.Q. San Nicolas
Member

Senator
V. Anthony Ada
Member
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Senator
Aline Yamashita
Member

February 14, 2013

VIA FACSIMILE
(671) 472-2825

John A. Rios
Director
Bureau of Budget & Management Research
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Hagåtña, Guam 96910

RE: Request for Fiscal Note - Bill Nos. 48-32 (COR)

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

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

Very Truly Yours,

Rory J. Respicio
Senator Rory J. Respicio
Chairperson, Committee on Rules

Attachments

Cc: Clerk of the Legislature

*Recvd by: Ato Salas @ BBMR
Confirmed by JCS 2/14/13 5:07pm*

MESSAGE CONFIRMATION

FEB-20-2013 01:41 PM WED

FAX NUMBER : 4772240
NAME : GNF

NAME/NUMBER : 4722825
PAGE : 3
START TIME : FEB-20-2013 01:40PM WED
ELAPSED TIME : 00' 32"
MODE : STD ECM
RESULTS : [O.K]



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February 14, 2013

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

RE: Request for Fiscal Note – Bill Nos. 46-32 (COR)

Hafa Adai Mr. Rios:

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

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

Very Truly Yours,

Rory J. Respicio
Senator Rory J. Respicio
Chairperson, Committee on Rules

Attachments

Cc: Clerk of the Legislature

2013 FEB 14 PM 5:15

*Resent per request of
Analyn Estiguito. Sent
via 2/20/13 1:54pm
by Analyn Estiguito*

I MINA'TRENTAI DOS NA LIHESLATURAN GUAHAN
2013 (FIRST) Regular Session

Bill No. 42-32 (COR)

Introduced by:

D. G. RODRIGUEZ, JR. 

AN ACT TO AUTHORIZE THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES DIRECTOR TO CHARGE THIRD PARTY PAYERS, FIRST, FOR SERVICES PROVIDED TO INDIVIDUALS WHO QUALIFY UNDER ANY WELFARE PROGRAM (MEDICAID, MEDICALLY INDIGENT PROGRAM, ETC.) BY ADDING A NEW ARTICLE 12 TO CHAPTER 2, TITLE 10, GUAM CODE ANNOTATED.

2013 FEB 14 PM 3:17

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. *I Liheslaturan Guåhan* finds that there is no Medicaid or Medically Indigent Program recovery and reimbursement policy from third-party payers in the Guam statute. In the enactment of the Deficit Reduction Act of 2005 (PL. 109-761) every State and Territory participating under Title XIX of the Social Security Act must comply with the changes to the third-party liability policies of the Medicaid program under Section 6035 of the DRA amended section 1902 (a)(25). The amendment requires every State and Territory to:

(1) Clarify which specific entities are considered “third parties” and “health insurers” that may be liable for payment and that cannot discriminate against individuals based on their eligibility for Medicaid; and

(2) Require that states pass laws requiring health insurers: provide the state with coverage, eligibility and claims data needed by the state to identify potentially liable third parties; honor assignments to the state of a

1 Medicaid/Medically Indigent recipient’s right to payment by such insurers for
2 health care items or services; and not deny such assignment or refuse to pay
3 claims submitted by Medicaid or the Medically Indigent Program based on
4 procedural reasons

5 **Section 2.** A new Article 12 is hereby added to Chapter 2 of Title 10, Guam
6 Code Annotated, to read:

7 **“ARTICLE 12**

8 **§3000. Authority of the Department of Public Health and Social**
9 **Services.** The Department of Public Health and Social Services is hereby
10 authorized to recover from third-party payers for services provided to recipients of
11 Medicaid/Medically Indigent Program, etcetera.

12 **§3001. Third-Party Payer Basis and Purpose.** This Article sets forth the
13 Department of Public Health & Social Services’ (DPHSS) Medicaid and Medically
14 Indigent State Plan requirements concerning:

15 (a) The legal liability of third parties to pay for services provided under the
16 plan;

17 (b) Assignment to the DPHSS of an individual's rights to third party
18 payments; and

19 (c) Cooperative agreements between the DPHSS, Division of Public
20 Welfare and other entities for obtaining third party payments.

21 **§3002. Definitions.**

1 (a) “DPHSS” shall mean the Department of Public Health & Social
2 Services;

3 (b) “Director” shall mean the Director of the Department of Public Health
4 & Social Services;

5 (c) "Health care insurer" shall mean a self-insured health benefit plan, a
6 group health plan as defined in section 607(1) of the employment retirement
7 income security act of 1974, a pharmacy benefit manager or any other party that by
8 statute, contract or agreement is responsible for paying for items or services
9 provided to an eligible person under this act,

10 (d) “Health care services” includes products provided or purchased through
11 an approved facility

12 (e) “Insurance, medical service, or health plan” includes a preferred
13 provider organization, an insurance plan described as Medicare supplemental
14 insurance, and a personal injury protection plan or medical payments benefit plan
15 for personal injuries resulting from the operation of a motor vehicle.

16 (f) “Private insurer” means:

17 (1) Any commercial insurance company offering health or casualty
18 insurance to individuals or groups (including both experience-rated
19 insurance contracts and indemnity contracts);

20 (2) Any profit or nonprofit prepaid plan offering either medical services
21 or full or partial payment for services included in the State plan; and

22 (3) Any organization administering health or casualty insurance plans for
23 professional associations, unions, fraternal groups, employer-
24 employee benefit plans, and any similar organization offering these
25 payments or services, including self-insured and self-funded plans
26

1 (g) “*Third-party payer*” means an entity that provides an insurance, medical
2 service, or health plan by contract or agreement, including an automobile liability
3 insurance or no fault insurance carrier, and any other plan or program that is
4 designed to provide compensation or coverage for expenses incurred by a
5 beneficiary for health care services or products.

6 (h) “*Title IV-D agency*” means the organizational unit in the State that has
7 the responsibility for administering or supervising the administration of a State
8 plan for child support enforcement under title IV-D of the Act.

9 **§3003. State Plan Requirements**

10 (a) The Division of Social Services State Plan must provide for:

11 (1) Identifying third parties liable for payment of services under the plan
12 and for payment of claims involving third parties.

13 (2) Assignment of rights to benefits, cooperation with the agency in
14 obtaining medical support or payments, and cooperation in identifying
15 and providing information to assist the State in pursuing any liable
16 third parties; and

17 (3) Assuring the requirements for cooperative agreements and incentive
18 payments for third party collections are met.

19 **§3004. Health care services incurred on behalf of covered beneficiaries;
20 collection from third-party payer.**

21 (a) In the case of a person who is a covered beneficiary, the DPHSS shall
22 have the right to collect from a third-party payer reasonable charges for health care
23 services incurred by the DPHSS on behalf of such person through a health facility
24 to the extent that the person would be eligible to receive reimbursement or
25 indemnification from the third-party payer if the person were to incur such charges
26 on the person’s own behalf. If the insurance, medical service or health plan of that

1 payer includes a requirement for a deductible or copayment by the beneficiary of
2 the plan, then the amount that the DPHSS may collect from the third-party payer is
3 a reasonable charge for the care provided less the appropriate deductible or
4 copayment amount.

5 (b) A covered beneficiary may not be required to pay an additional amount
6 to the DPHSS for health care services by reason of this section.

7 (c) No provision of any insurance, medical service, or health plan contract
8 or agreement having the effect of excluding from coverage or limiting payment of
9 charges for certain care shall operate to prevent collection by the DPHSS under
10 subsection (a) if that care is provided:

- 11 (1) Through an approved facility;
- 12 (2) Directly or indirectly by a governmental entity;
- 13 (3) To an individual who has no obligation to pay for that care or for
14 whom no other person has a legal obligation to pay; or
- 15 (4) By a provider with which the third party payer has no participation
16 agreement.

17 (d) Under regulations prescribed under subsection (e), records of the facility
18 that provided health care services to a beneficiary of an insurance, medical service,
19 or health plan of a third-party payer shall be made available for inspection and
20 review by representatives of the payer from which collection by the DPHSS is
21 sought.

22 (e) To improve the administration of this section the Director may prescribe
23 regulations providing for the collection of information regarding insurance,
24 medical service, or health plans of third-party payers held by covered beneficiaries.

1 (f) Information obtained under this subsection may not be disclosed for any
2 purpose other than to carry out the purpose of this section

3 (g) Amounts collected under this section from a third-party payer or under
4 any other provision of law from any other payer for health care services provided
5 at or through an approved facility shall be credited to the appropriation supporting
6 the maintenance and operation of the facility and shall not be taken into
7 consideration in establishing the operating budget of the facility.

8 (h) In the case of a third-party payer that is an automobile, liability insurance
9 or no fault insurance carrier, the right of the DPHSS to collect under this section
10 shall extend to health care services provided to a person entitled to health care
11 under this Act.

12 **§3005. Obtaining health insurance information: Initial application and**
13 **redetermination processes for Medicaid and Medically Indigent Program**
14 **eligibility.**

15 (a) If the Medically Indigent Program (MIP) or the Medicaid agency
16 determines eligibility for MIP or Medicaid, it must, during the initial application
17 and each redetermination process, obtain from the applicant or recipient such
18 health insurance information as would be useful in identifying legally liable third
19 party resources so that the agency may process claims under the third party liability
20 payment procedures. Health insurance information may include, but is not limited
21 to, the name of the policy holder, his or her relationship to the applicant or
22 recipient, the social security number (SSN) of the policy holder, and the name and
23 address of insurance company and policy number.

1 (b) Cooperation in establishing paternity and in obtaining medical support
2 and payments and in identifying and providing information to assist in pursuing
3 third parties who may be liable to pay.

4 **§3006. Confidentiality of information obtained.** Any information
5 obtained by the director or the administration under this section shall be
6 maintained as confidential as required by the Health Insurance Portability and
7 Accountability Act (HIPAA) of 1996 (P. L. 104-191; 110 stat. 1936) and other
8 applicable law and shall be used solely for the purpose of determining whether a
9 health care insurer was also providing coverage to an individual during the period
10 that the individual was an eligible member, for the purposes of avoiding payments
11 by the system for services covered through other insurance and for enforcing the
12 administration's right to assignment

13 **§3007. Legal proceedings, compromise, settlement or waiver.**

14 (a) The DPHSS may institute and prosecute legal proceedings against a
15 third-party payer to enforce a right of the DPHSS under this section.

16 (b) The Director may compromise, settle, or waive a claim of the DPHSS
17 under this section.

18 **§3008. Severability.** *If any provision of this Law or its application to any*
19 *person or circumstance is found to be invalid or contrary to law, such invalidity*
20 *shall not affect other provisions or applications of this Law which can be given*
21 *effect without the invalid provisions or application, and to this end the provisions*
22 *of this Law are severable.”*

23 **Section 3. Effective Date.** This Act shall become immediately effective
24 upon enactment.