

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

CHAPTER 3
PUBLIC HEALTH AND SOCIAL SERVICES

SOURCE: The former Chapter 3 was repealed by P.L. 22-130:1 (May 31, 1994) and a new Chapter 3 was added by P.L. 22-130:2 (May 31, 1994) establishing a division of Public Health within the Department of Public Health and Social Services.

- Article 1. Division of Public Health.
- Article 2. Vital Statistics.
- Article 3. Disease Control.
- Article 4. Maternal and Child Health and Children with Special Health Needs.
- Article 5. Maternal and Child Health Services.
- Article 6. Services for Children with Special Health Needs.
- Article 7. U.S. Public Health Services.
- Article 8. Guam Community Health Centers.
- Article 9. Guam Early Learning Council.
- Article 10. Guam Council on Child Death Review and Prevention (CCDRP).

ARTICLE 1
DIVISION OF PUBLIC HEALTH

- § 3101. Establishment of Division.
- § 3102. Personnel.
- § 3103. General Duties.
- § 3104. Chief Administrative Officer.
- § 3105. Federal Grants.
- § 3106. Rule-Making.
- § 3107. Authority to Set Fees.
- § 3107.1. Bureau of Health and Nursing Services; Family Planning Program Fees.
- § 3108. Chief Pharmacists for the Community Health Centers.
- § 3109. Medical Director; Establishment.

§ 3101. Establishment of Division.

There is hereby established a Division of Public Health (the Division) in the Department of Public Health and Social Services

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

to be administered by the Director of Public Health and Social Services (the Director). The Division through organized community effort and applied scientific and technical knowledge is responsible for working toward the prevention and control of disease and for promoting health throughout Guam.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3102. Personnel.

The Director is authorized to appoint such personnel to act on behalf of the Director and fix their duties for the purposes of carrying out the responsibilities so delegated to the Division.

§ 3103. General Duties.

The general duties of the Division are to:

- (a) Formulate plans and policies to address the health needs of the community.
- (b) Implement health programs and services to meet identified health needs of the community.
- (c) Conduct research and studies to identify community health problems.
- (d) Provide health services to individuals who are medically and financially in need.
- (e) Administer grants-in-aid for health programs and services.
- (f) Conduct disease surveillance and monitor activities to prevent and/or identify health problems.
- (g) Conduct health promotion and education programs.
- (h) Serve as the “State Public Health Agency” for Guam.
- (i) Establish standards and regulations necessary to ensure quality health care and the prevention and control of diseases.

§ 3104. Chief Administrative Officer.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

The Chief Public Health Officer shall be the Chief Administrative Officer of the Division.

§ 3105. Federal Grants.

The Division shall comply with all federal requirements and procedures necessary for administration of grants-in-aid and cooperative agreements.

§ 3106. Rule-Making.

The Director shall, in accordance with the Administrative Adjudication Law, adopt, amend and repeal rules and regulations necessary to fulfill the duties of the Division.

§ 3107. Authority to Set Fees.

(a) The Director is authorized to establish fees for health services in accordance with the Administrative Adjudication Law and as may be required to qualify for grants-in-aid.

(b) Fees established by the Department of Public Health and Social Services shall not be a deterrent to receiving health care and shall be based on ability to pay.

§ 3107.1. Bureau of Health and Nursing Services; Family Planning Program Fees.

(a) The Department of Public Health and Social Services (DPHSS) Bureau of Family Health and Nursing Services (BFHNS) shall promulgate the required fee schedule for health services provided by the Family Planning (FP) Program, in accordance with the Administrative Adjudication Law, and as may be required for continuing qualification and compliance for grants-in-aid federally funded by Title X of the Public Health Service Act, 42 U.S.C. § 300, et seq., and other funding sources. The fee schedule shall be based on the current Centers for Medicare and Medicaid Services fees, and shall be amended as necessary to maintain continuing compliance.

(b) Interim Fee Schedule; Adoption. Notwithstanding any other provision of law, rule, or regulation to the contrary, the promulgated fee schedule of the Regional Community Health Centers of the Department of Public Health and Social Services shall be applicable and shall be assessed for health care services

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

provided to clients of the FP Program until such time as a fee schedule has been duly promulgated specifically for the services provided by the FP Program. In the event there is any difference between the Regional Community Health Centers fee schedule and the current fee schedule of the Centers for Medicare and Medicaid Services, then the fee schedule of the Centers for Medicare and Medicaid Services shall be utilized.

SOURCE: Added by P.L. 33-188:2 (Sept. 26, 2016).

§ 3108. Chief Pharmacists for the Community Health Centers.

The Department of Public Health and Social Services is authorized to have a Chief Pharmacist for the Northern and Southern Community Health Centers and a Chief Pharmacist for the Central Public Health Facility.

SOURCE: Added by P.L. 28-068:II:III:29:b (Sept. 30, 2005).

§ 3109. Medical Director; Establishment.

The Director shall appoint one of the classified physician specialists as Medical Director, to perform collateral administrative and clinical medical duties for the Department. The Medical Director should be a physician specialist preferably in a field of practice or multiple specialties required by the Department, and an experienced public healthcare services administrator. The Medical Director shall serve at the pleasure of the Director and shall, upon the termination of appointment as Medical Director, remain in the classified position which said person held prior to appointment as Medical Director. Said person shall retain all accrued benefits and leave, and shall be entitled to advancement in pay range and step to which that person is entitled in the position of physician specialist.

(a) Duties. The duties of the Medical Director may include, but are not necessarily limited to, the overall development, management and coordination of administrative policy and support for clinical medical services, public healthcare coverage, clinical and nonclinical communicable disease control, and other clinical or nonclinical medical services provided by the respective Bureaus and programs of the Department.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(b) Compensation. The Director of the Department of Public Health and Social Services is authorized, pursuant to negotiations, to add an additional incentive bonus to the base salary of an existing physician specialist who is appointed to directly perform administrative and clinical collateral duty as the Medical Director of the Department, up to a maximum amount not to exceed Fifty Thousand Dollars (\$50,000), subject to the availability of funds.

SOURCE: Added by P.L. 32-185:2 (Oct. 13, 2014).

ARTICLE 2

VITAL STATISTICS

- § 3201. Establishment of Office.
- § 3201.1. Guam Cancer Registry.
- § 3202. Supervision.
- § 3203. Personnel.
- § 3204. Mayors to aid.
- § 3205. Report.
- § 3206. Regulations.
- § 3207. Definitions.
- § 3208. Duties of the Registrar.
- § 3209. Forms of Certificates.
- § 3210. Birth Registration.
- § 3211. Foundling Registration; Infants of Unknown Parentage.
- § 3212. Delayed Registration.
- § 3213. Judicial Procedure to Establish Facts of Birth.
- § 3214. Court Reports of Adoption.
- § 3215. New Certification of Birth Following Adoption, Legitimation and Paternity Determination.
- § 3215.1. Certificate of Foreign Birth.
- § 3216. Death Registration.
- § 3217. Fetal Death Registration.
- § 3218. Partial-Birth Abortion and Abortion Report.
- § 3218.1. The Women's Reproductive Health Information Act of 2012.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

- § 3219. Extension of Time.
- § 3220. Marriage Registration.
- § 3221. Court Reports of Divorce and Annulment of Marriage.
- § 3222. Correction and Amendment of Vital Records.
- § 3223. Reproduction of Records.
- § 3224. Same: Microfilm.
- § 3225. Disclosure of Records.
- § 3226. Copies of Data from Vital Records.
- § 3227. Fees for Copies.
- § 3227.1. Office of Vital Statistics Revolving Fund.
- § 3228. Duty to Furnish Information Relative to Vital Events.
- § 3229. Penalties.
- § 3230. Burial-Transit Permits.
- § 3231. Disposition.

§ 3201. Establishment of Office.

There is hereby established within the Department of Public Health and Social Services an Office of Vital Statistics which shall install, maintain and operate the system of vital statistics for Guam.

§ 3201.1. Guam Cancer Registry.

(a) There is hereby established within the Department of Public Health and Social Services ('DPHSS') a Guam Cancer Registry, which *shall* operate under the supervision of the Division of Public Health, Office of Epidemiology and Research, to collect information on all cases of cancer occurring within Guam, to analyze and compare such data in appropriate ways and to annually prepare and distribute a report on their findings. The qualifications of the Guam Epidemiologist *shall* be:

- (1) a Guam physician's license; or
- (2) a MD degree from an American Medical Association approved medical school with a minimum of two (2) years of experience in the field of epidemiology; or
- (3) a Guam veterinarian's license with a minimum of two (2) years of experience in the field of epidemiology; or

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(4) a MPH (epidemiology major) or a graduate degree in epidemiology or biostatistics, both from a U.S. accredited college or university and with one (1) to two (2) years of experience in the field of epidemiology; or

(5) a MSPH degree with a focus in epidemiology or analysis and assessment from a U.S. accredited college or university; or

(6) a PhD degree in epidemiology from a U.S. accredited college or university; or

(7) a graduate degree in epidemiology from a non-U.S. accredited institution, and with at least four (4) years of experience designing, overseeing, implementing, and conducting epidemiological studies related to public health; or

(8) a non-epidemiology professional graduate degree, such as a RN, MD/DO, DDS/DMD, DVM, or PhD, from a U.S. accredited college or university, with at least four (4) years of experience performing epidemiology work under the guidance of an epidemiologist.

(b) Injunctions. In case of noncompliance with the provisions of this Act or with the rules and regulations of the program, the Director shall notify the respective licensing Board and may also notify the Attorney General of such noncompliance. The licensing Board shall notify the healthcare professional and may institute suspension of license for repeated noncompliance reported by the Director of DPHSS. The Attorney General, upon receipt of such notification, may institute an appropriate action or proceeding at law or in equity to restrain, correct such noncompliance. For all cases of noncompliance referred to the Attorney General by the Director of DPHSS, quarterly reports shall be prepared by the Attorney General and submitted to the Director summarizing the status of actions taken to correct and comply.

SOURCE: Added by P.L. 24-198:2 (May 6, 1998). Subsection (a) amended by P.L. 33-082:1 (Nov. 9, 2015).

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3202. Supervision.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

The Director of Public Health and Social Services (the Director) has general supervision of vital statistics and is responsible for the implementation of the provisions of this article.

§ 3203. Personnel.

The Director shall appoint a Guam Registrar of Vital Statistics, and such other officers and personnel as may be required to carry out the provisions of this article. Such employees shall be members of the classified services of the government of Guam.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3204. Mayors to Aid.

Mayors, under the direction of the President of the Mayors’ Council, shall assist in the implementation of this article and in doing so shall be governed by this article and by regulation issued by the Director under the provisions of this Chapter.

§ 3205. Report.

The Director shall make an annual report to the Governor concerning vital statistics and the enforcement of this article, which report shall contain a summary on a municipal district basis of such statistics.

§ 3206. Regulations.

The Director is authorized to adopt, amend and repeal rules and regulations as may be necessary in his judgment, for the purpose of carrying out the provisions of this article. Such rules and regulations, and any other rules and regulations authorized or required to be issued under this article, shall be adopted and promulgated in accordance with the Administrative Adjudication Law.

§ 3207. Definitions.

Unless the context clearly requires otherwise, the following definitions shall apply to this article:

- (a) Vital Statistics means records of birth, death, fetal death, adoption, marriage, divorce and data related thereto.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(b) System of vital statistics includes the registration, collection, preservation, amendment and certification of vital statistics records and activities related thereto, including the tabulation, analysis and publication of statistical data derived from such records.

(c) Filing means the presentation of a certificate, report or other record provided for in this article of a birth, death, fetal death, adoption,

(d) Registration means the acceptance by the Office of Vital Statistics and the incorporation in its official records of certificates, reports or other records provided for in this article, of births, deaths, fetal deaths, adoptions, illegitimation marriages or divorces.

(e) Live birth means the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of umbilical cord [heart] or definite movement of the voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

(f) Fetal death means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles.

(g) Dead body means a lifeless human body or parts of such body or bones thereof from the state of which it reasonably may be concluded that death recently occurred.

(h) Marriage means the legal union between two persons without regard to gender. The legality of the union may be established by civil or religious regulations, as recognized by the laws of Guam.

(i) Divorce or annulment means the final legal dissolution of a marriage, void or otherwise, that is, the

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

separation of spouses by a judicial decree which confers on the parties the right to remarriage, according to the laws of Guam.

(j) Physician means a person authorized or licensed to practice the healing art, pursuant to the laws of Guam.

(k) Attendant at birth means the physician, midwife, nurse or other person present and assisting in the delivery of a newborn.

(l) Institution means any establishment, public or private, which provides in-patient medical, surgical or diagnostic care or treatment or nursing, custodial or domiciliary care to two (2) or more unrelated individuals, or to which persons are committed by law.

(m) Delayed registration of birth means the registration of a person's non-recorded birth after the sixth (6th) year following birth.

(n) Abortion means the purposeful termination of a human pregnancy after implantation of a fertilized ovum, by any person, including the pregnant woman herself, with the intention other than to necessarily produce a live birth or to remove a dead unborn fetus.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Subsections (h) and (i) amended by P.L. 33-065:3 (Aug. 25, 2015).

2013 NOTE: In maintaining the general codification scheme of the GCA the Compiler changed the hierarchy of subsections beginning with "Numbers" to "Lowercase Letters."

§ 3208. Duties of the Registrar.

(a) The Guam Registrar of Vital Statistics shall:

(1) Administer and enforce this article and the rules and regulations issued hereunder, and issue instructions for the efficient administration of the Guam system of vital statistics.

(2) Direct and supervise the Guam-wide system of vital statistics and the Office of Vital Statistics and be custodian of its records.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(3) Prescribe, with the approval of the Director, and distribute such forms as are required by this article, and the rules and regulations issued hereunder.

(4) Prepare and publish annual reports of vital statistics of Guam, and such other reports as may be required by the Director.

(5) Prepare, provide, and distribute forms to physicians as required by §§ 3218 and 3218.1 of this Article.

(6) Ensure the completeness of all forms filed with the Guam Registrar of Vital Statistics pursuant to §§ 3218 and 3218.1 of this Article.

(7) Reject incomplete forms filed with the Guam Registrar of Vital Statistics pursuant to §§ 3218 and 3218.1 of this Article.

(8) Give prompt notice to the filer of the rejection of an incomplete form filed with the Guam Registrar of Vital Statistics pursuant to §§ 3218 and 3218.1 of this Article that failure to file a completed form within seven (7) days will be deemed a failure to file. The notice shall advise the filer of the penalties for failure to file.

(9) Promptly report to the Attorney General of Guam any violations of §§ 3218 and 3218.1 of this Article.

(10) Promptly report to the Guam Board of Medical Examiners any violations of §§ 3218 and 3218.1 of this Article.

(11) On the first day of each month publish a report of the activities of § 3218 of this Article.

(b) The Guam Registrar of Vital Statistics may delegate such functions and duties vested in him to other employees of the Office of Vital Statistics as he may deem necessary and expedient.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Subitems (a)(5) through (11) added by P.L. 33-218:2 (Dec. 15, 2016).

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3209. Forms of Certificates.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(a) In order to promote and maintain uniformity in the system of vital statistics, the forms of certificates, reports and other returns required by this article, or by regulations adopted hereunder, shall include as a minimum the items recommended by the Federal agency responsible for national vital statistics, subject to approval of and modification by the Director.

(b) Each certificate, report and form required to be filed under this article shall have entered upon its face the date of registration, duly attested.

§ 3210. Birth Registration.

(a) The birth of each and every child born in Guam shall be registered within ten (10) days after birth, as hereinafter provided.

(b) When a birth occurs in an institution, the person in charge of the institution shall obtain the personal data, prepare the certificate and file it with the Office of Vital Statistics. The physician in attendance shall certify to the facts of birth and provide all medical information required by the certificate within five (5) days after the birth.

(c) When a birth occurs outside an institution, the certificate shall be prepared and filed by one (1) of the following in the indicated order of priority:

(1) The physician in attendance at or immediately after the birth, or in the absence of such a person:

(2) The midwife in attendance at or immediately after the birth, or in the absence of such a person:

(3) Any other person in attendance at or immediately after the birth, or in the absence of such a person:

(4) The father, the mother, or in the absence of the father or the inability of the mother, the Mayor of the municipal district where the birth occurred.

(d) The certificate of live birth for any live birth occurring on or after forty-five (45) days from the effective date of this section, as amended, shall contain those items necessary to establish the fact of the birth and shall contain at least the following information (if known):

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

- (1) Full name and sex of newborn child;
- (2) Date of birth, including month, day, hour and year;
- (3) Planned place of birth and actual place of birth;

(4) Full birth name of father, his social security number, birthplace, and date of birth of, if the child is legitimate. If the child is illegitimate, for so long as the child has not been legitimated, the father's name on the birth certificate shall be footnoted as follows: "The above named father is not the presumptive father of the child and no presumption exists as to any father-child relationship."

(5) Full birth name of mother, her social security number, birthplace, and date of birth.

(6) If multiple birth, the birth order of the newborn children.

(7) Signature, and relationship to child, of a parent or other informant, and the date signed.

(8) Name, title, mailing address of attending physician and surgeon or principal attendant, signature and certification of live birth by attending physician and surgeon or principal attendant or certifier, the date signed, and name and title of certifier of other than attending physician and surgeon or principal attendant.

(9) Date accepted for registration and signature of registrar.

(e) Informational notice advising mother of newborn of right to support and to have birth certificate mailed to father: distribution. The Guam Registrar of Vital Statistics, the Department of Law, and the Guam Memorial Hospital Authority shall cooperatively develop an informational notice which advises the single mother of a newborn child of her right to child support. The notice shall also advise the mother of her right to have an original certificate of birth mailed to the father free of charge.

(f) Legitimation of child. If both the father and mother acknowledge paternity as herein provided, the child shall thereupon be legitimized. Forms for such acknowledgment shall

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

be available to all hospitals on Guam and shall be made available at the time of birth to the parents to be filled out at the hospital at no cost to the parents. The child may be legitimized by both parents if both sign the birth certificate or the request for issuance of birth certificate, or if both sign a joint affidavit stating the names, birthdates, addresses, and social security numbers of the parents and a statement that they are the natural parents of the child. The hospital shall advise the parents as to the procedures for legitimation at the time the child is born.

(g) Affidavit of paternity. When a child is born out of wedlock, and is not legitimized, and before a birth certificate is issued, the hospital shall request an affidavit of paternity to be executed by the mother stating the name of the person who is the father of the child, his birthdate (if known), his social security number (if known), his address (if known), and the names and birthdates of his parents (if known). If the father of the child is unknown it shall be so stated on the affidavit. The affidavit shall be kept on file by the Director of Public Health and Social Services in the Office of Vital Statistics, and shall be available only to the personnel of Public Health, the Attorney General, the mother, the named father, attorneys therefor, or pursuant to court order, which court order may be obtained by any interested person upon ex parte application to the Superior Court of Guam. If the mother notes the name of the father upon such affidavit, such affidavit shall not give rise to any presumption, except it shall require that the alleged father named therein be given notice of all proceedings involving the welfare of the child, and may be used as a basis for requiring a blood test to determine whether the alleged father is in fact the natural father of the child.

(h) Each hospital shall provide notaries public free of charge at the hospital for the purpose of notarizing affidavits relating to paternity, or the affidavits may be executed in conformance with § 4308 of Title 6, Guam Code Annotated, as an unsworn declaration under penalty of perjury and be witnessed by an employee of the hospital or an employee of the Office of Vital Statistics not related to either parent.

(i) It shall be the duty of the parent(s) in every case to provide all information required on the birth certificate and one or the

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

other parent shall sign said certificate to attest to the accuracy of the personal data entered thereon.

(j) Upon request, the Director shall accept, for the purpose of recording births, certified copies of birth certificates of children born outside Guam to residents of Guam.

(k) When a birth occurs on a moving conveyance and the child is first removed from the conveyance in Guam, the birth shall be registered in Guam and the location where the child is removed from the conveyance shall be considered as the place of birth.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3211. Foundling Registration; Infants of Unknown Parentage.

(a) Whoever assumes custody of a living infant of unknown parentage shall report on a form and in the manner prescribed by the Guam Registrar of Vital Statistics, within seven (7) days, the following information:

- (1) The date and place of finding the child;
- (2) Sex, color or race, and approximate age of the child;
- (3) Name and address of the person or institution with whom the child has been placed for care;
- (4) Name given to the child by the custodian; and
- (5) Other data as may be required by the Guam Registrar of Vital Statistics.

(b) The place where the child was found shall be entered as the place of birth, and the date of birth shall be determined by approximation.

(c) A report registered under this Section shall constitute the certificate of birth for the infant.

(d) If the child is identified and a certificate of birth is found or obtained, any report registered under this Section shall be sealed and filed and may be opened only by order of a court of competent jurisdiction.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3212. Delayed Registration.

(a) Birth:

(1) When a birth of a person either born in Guam, or who is a non-U.S. citizen born in a foreign country and adopted by a resident of Guam has not been registered, a certificate may be filed in accordance with the regulations of the Office of Vital Statistics. Such certificate shall be registered subject to such evidentiary requirements as the Office of Vital Statistics shall by regulation prescribe to substantiate the alleged facts of birth.

(2) certificates of birth registered seven (7) years or more after the date of occurrence shall be marked “Delayed” and show on their face the date of delayed registration.

(3) In all instances of delayed birth registration, the following facts concerning the person whose birth is to be registered are required and must be established: Date of birth; place of birth; and parentage.

(4) When an applicant does not submit the minimum documentation required in the regulation for delayed registration, or when the Guam Registrar of Vital Statistics finds reason to question the validity or adequacy of the certificate or the documentary evidence, the Guam Registrar shall not register the delayed certificate and shall advise the applicant of the reasons for this action.

(5) If the person whose birth is to be recorded be a child under the age of eighteen (18) years, the birth certificate shall be signed by one of the following in the indicated order of priority:

- (A) The attendant at birth;
- (B) By either parent or adoptive parent;
- (C) By the child's guardian; or
- (D) By relatives in the next immediate degree of kindred; provided, that each person signing a certificate

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

shall attest under oath to his belief in the truth of the statements made concerning the age, birthplace, and parentage of the person whose birth is being recorded.

(6) If the person whose birth is to be recorded be of legal age, the date of birth and place of birth shall be supported by at least two (2) documents of which only one (1) may be an affidavit; the facts of parentage must be supported by at least one (1) document which may be one (1) of the two (2) submitted as evidence of the other facts.

(b) Death and marriage:

(1) When a death or marriage in Guam has not been registered, a certificate may be filed in accordance with regulations of the Office of Vital Statistics. Such certificate shall be registered subject to such evidentiary requirements as the Office shall by regulation prescribe to substantiate the alleged facts of death or marriage.

(2) Certificates of death and marriage registered one (1) year or more after the date of occurrence shall be marked "Delayed" and shall show on their face the date of the delayed registration.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Subsection (a) amended by P.L. 28-031:2 (April 22, 2005).

2017 NOTE: References to "territory" and "territorial" removed and/or altered to "Guam" pursuant to 1 GCA § 420.

§ 3213. Judicial Procedure to Establish Facts of Birth.

(a) If a delayed certificate of birth is rejected under the provisions of § 3212 of this Article, a petition may be filed with the Superior Court of Guam for an order establishing a record of the date and place of birth and the parentage of the person whose birth is to be registered.

(b) Such petition shall allege:

(1) That the person for whom delayed certificate of birth is sought was born in Guam, or is a non-U.S. citizen born in a foreign country and adopted by a resident of Guam;

(2) That no record of birth can be found in the Office of Vital Statistics;

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(3) That diligent efforts by the petitioner have failed to obtain the evidence required in accordance with § 3212 of this Article;

(4) That the Guam Registrar of Vital Statistics has refused to register a delayed certificate of birth; and

(5) Such other allegations as may be required.

(c) The petition shall be accompanied by a statement of the registration official made in accordance with Subsection (a)(4) of said § 3212 and all documentary evidence which was submitted to the registration official in support of such registration. The petition shall be sworn to by the petitioner.

(d) The court shall fix a time and place for hearing the petition and shall give the registration official who refused to register the petitioner's delayed certificate of birth five (5) days' notice of said hearing. Such official or his authorized representative, may appear and testify in the proceedings.

(e) If the court from the evidence presented finds that the person for whom a delayed certificate of birth is sought was born in Guam, or is a non-U.S. citizen born in a foreign country and adopted by a resident of Guam, it shall make findings as to place and date of birth, parentage and such other findings as the case may require, and shall issue an order on a form prescribed and furnished by the Guam Registrar of Vital Statistics to establish a record of birth. This order shall include the birth data to be registered, a description of the evidence presented in the manner prescribed by said § 3212, and the date of the court's action.

(f) The Clerk of the Superior Court shall forward each such order to the Guam Registrar of Vital Statistics not later than the tenth (10th) day of the calendar month following the month in which it was entered. Such order shall be registered by the Guam Registrar of Vital Statistics and shall constitute the record of birth, from which copies may be issued in accordance with § 3226 of this Article.

(g) Any person who objects to the accuracy of any of the information on a certificate of birth may petition the Superior

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

Court to correct the certificate, using the same procedures as for obtaining a change of name.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Amended by P.L. 28-031:3 (April 22, 2005).

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3214. Court Reports of Adoption.

(a) For each adoption decreed by a court of competent jurisdiction, the court shall require the preparation of a certificate of adoption on a form prescribed and furnished by the Guam Registrar of Vital Statistics. The certificate shall include such facts as are necessary to locate and identify the certificate of birth of the person adopted; provide information necessary to establish a new certificate of birth of the person adopted, and shall identify the order of adoption and be certified by the clerk of court. For a person born in a foreign country who is not a citizen of the United States, and for whom a final order of adoption has been decreed by a court of competent jurisdiction, the court shall require the preparation of a certificate of foreign birth as provided in § 3215.1.

(b) The certificate of adoption shall be filed with the original record of birth, if such record exists, which shall remain as a part of the permanent records of the Office of Vital Statistics.

(c) Whenever an adoption decree is amended or annulled, the clerk of the court shall prepare a certificate thereof, which shall include such facts as are necessary to identify the original adoption report, and the facts amended in the adoption decree as shall be necessary to properly amend the birth record.

(d) When the Guam Registrar of Vital Statistics receives a record of adoption or annulment of adoption or amendment thereof from a court for a person born elsewhere, such record shall be forwarded to the appropriate registration authority in the place of birth of the child adopted.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Subsection (a) amended by P.L. 28-031:4 (April 22, 2005).

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

2014 NOTE: Subsection (a)(1) added by P.L. 28-031:4, incorporated into subsection (a) by the Compiler in accordance with the authority granted by 1 GCA § 1606.

§ 3215. New Certification of Birth Following Adoption, Legitimation and Paternity Determination.

(a) The Guam Registrar of Vital Statistics shall establish a new certificate of birth for a person when he or she receives one (1) of the following:

(1) An adoption report as provided in § 3214 of this Article, or a certified copy of the decree of adoption, together with the information necessary to identify the original certificate of birth and to establish a new certificate of birth; (except that a new certificate of birth shall not be established if so requested by the court decreeing the adoption, the adoptive parents or the adopted person);

(2) An affidavit of acknowledgment of paternity signed by both parents; or

(3) A court order determining paternity.

(b) When a new certificate of birth is established, the actual place and date of birth shall be shown. It shall be substituted for the original certificate of birth, and thereafter,

(1) The original certificate and the evidence of adoption, paternity or legitimation shall not be subject to inspection, except upon court order or as provided by regulations.

(2) Upon receipt of notice of annulment of adoption, the original certificate of birth shall be restored to its place in the files and the new certificate and evidence shall not be subject to inspection, except upon court order.

(c) If no certificate of birth is on file for the person for whom a new certificate is to be established under this section, a delayed certificate of birth shall be filed with the Office of Vital Statistics as provided in §§ 3212 or 3213 of this article. Before a new certificate of birth is established, except that when the date and place of birth and parentage have been established in the adoption proceeding, a delayed certificate shall not be required.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(d) When a new certificate of birth is established by the Guam Registrar of Vital Statistics, all copies of the original certificate of birth in the custody of the Office of Vital Statistics, will be sealed from inspection and opened only upon court order or as provided by regulation.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Subsection (a) amended by P.L. 28-031:5 (April 22, 2005).

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3215.1. Certificate of Foreign Birth.

The Guam Registrar of Vital Statistics shall, upon request, establish a new certificate of birth for a person born in a foreign country when in receipt of a report of adoption decreed by a court of competent jurisdiction, proof of the date and place of the person’s birth, and a request from the court, the adopting parent or parents, or the adopted person if eighteen (18) years of age or over, that such a certificate be prepared. The certificate shall be labeled ‘Certificate of Foreign Birth’ and shall show the actual country of birth. The Certificate of Foreign Birth shall show the true or probable foreign country of birth, and shall state that the certificate is not evidence of United States citizenship for the child for whom it is issued or for the adoptive parent or parents. After registration of the Certificate of Foreign Birth in the new name of the adopted person, the Guam Registrar shall seal the report of adoption, which shall not be subject to inspection except upon order of a court of competent jurisdiction.

SOURCE: Added by P.L. 28-031:6 (April 22, 2005).

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

2014 NOTE: Subsection designation removed to adhere to the Compiler’s general codification scheme in accordance with the authority granted by 1 GCA § 1606.

§ 3216. Death Registration.

(a) A death certificate for each death which occurs on Guam shall be filed with the Office of Vital Statistics.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(b) The Mayor, upon receiving information of any death within his municipal district, shall report the same immediately to the Office of Vital Statistics, on a prescribed form; provided, that:

(1) If the place of death is unknown, a death report shall be filed by the Mayor of the municipal district in which a dead body is found and the place where the body is found shall be shown as the place of death; provided, further

(2) That if death occurs in a moving conveyance, a death report shall be filed by the Mayor of the municipal district in which the dead body was first removed from such conveyance and the location where the body is removed from the conveyance shall be shown as the place of death or if taken to an institution, the death certificate shall be filed by the person in charge of that institution.

(c) Death in an institution shall be reported to the Office of Vital Statistics by the person in charge of that institution.

(d) Any person who first assumes custody of a dead human body shall report same and file a death certificate with the Office of Vital Statistics. He shall obtain the personal data from the next of kin or the best qualified person or source available and shall obtain the medical certification of cause of death from the person responsible therefor.

(e) The medical certification shall be completed and signed within twenty-four (24) hours after death by a registered nurse pursuant to 10 GCA § 12332; or by the physician in charge of the patient's care for the illness or condition which resulted in death, except when the patient has received no medical attention within seventy-two (72) hours prior to death, or when inquiry is required in accordance with the Post-Mortem Examination Act (10 GCA Chapter 81).

(f) When death occurred without medical attendance as set forth in paragraph (e) of this section, or when inquiry is required by the Post-Mortem Examination Act, the Medical Examiner or his duly authorized representative shall investigate the cause of death and shall complete and sign the medical certification within twenty-four (24) hours after taking charge of the case.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(g) Upon request, the Director shall accept, for purposes of recording deaths, certified copies of death certificates of residents of Guam who died outside Guam.

(h) When a death is presumed to have occurred within Guam but the body cannot be located, a death certificate may be prepared by the Guam Registrar upon receipt of an order from a court of competent jurisdiction, which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked “presumptive” and shall show on its face the date of registration and shall identify the court and date of decree.

(i) The death certificate of a person shall contain the social security number of the deceased; if none exists, the certificate shall also state that fact.

(j) When a death is presumed to have occurred in and around the waters of Guam and the body cannot be located, after an official search and rescue attempt has been made by the Guam Fire Department Search and Rescue Unit or the U.S. Coast Guard, a death certificate may be prepared by the Guam Registrar upon receipt of an order from a court of competent jurisdiction, or the Medical Examiner, which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked ‘presumptive’ and shall show on its face the date of registration and shall identify the court, or the Medical Examiner, and the date of decree.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Subsection (i) added by P.L. 24-129:30 (Feb. 16, 1998). Subsection (j) added as subsection (i) by P.L. 24-320:1 (Dec. 28, 1998). Renumbered by Compiler since subsection (i) already exists.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3217. Fetal Death Registration.

(a) A fetal death report for each fetal death which occurs in Guam after twenty (20) complete weeks of gestation or more or when a fetus weighs three hundred fifty (350) grams or more, shall be filed with the Office of Vital Statistics within twenty-four (24) hours after such delivery and prior to the removal of the disposition of said fetus; provided, that:

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(1) If the place of fetal death is unknown, a fetal death certificate shall be filed by the Mayor of the municipal district in which the dead fetus was found; or

(2) If a fetal death occurs in a moving conveyance, a fetal death report shall be filed by the Mayor of the municipal district in which the dead fetus was first removed or if to an institution, the fetal death report shall be filed by the person in charge of that institution.

(b) Any physician, midwife or other person in attendance at or after the delivery of a dead fetus shall file a fetal death report. He shall obtain the personal data from the next of kin or the best qualified person or source available.

(c) The medical certification shall be completed and signed within twenty-four (24) hours after delivery by the physician in attendance at or after delivery, except when inquiry is required by the Post-Mortem Examination Act.

(d) When a fetal death occurs without medical attendance upon the mother at or after deliver, or when inquiry is required by the Post-Mortem Examination Act, the Medical Examiner shall investigate the cause of fetal death, and shall complete and sign the medical certification within twenty-four (24) hours after taking charge of the case.

§ 3218. Partial-Birth Abortion and Abortion Report.

(a) An individual abortion report for each abortion *shall* be completed by the mother's attending physician, and *shall* be transmitted directly to the Office of Vital Statistics of the Department of Public Health and Social Services. The report *shall* be confidential and it *shall not* contain the name of the mother involved. This report *shall* include:

- (1) patient number;
- (2) name and address of the abortion facility or hospital;
- (3) date of the abortion;
- (4) zip code or other residential identification of the pregnant woman;

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

- (5) age of the pregnant woman;
- (6) ethnic origin of the pregnant woman;
- (7) marital status of the pregnant woman;
- (8) number of previous pregnancies;
- (9) number of years of education of the pregnant woman;
- (10) number of living children;
- (11) number of previous induced abortions;
- (12) date of the last induced abortion;
- (13) date of the last live birth;
- (14) method of contraception used, if any, at the time of conception;
- (15) date of the beginning of the last menstrual period;
- (16) medical condition of the pregnant woman at the time of abortion;
- (17) RH type of the pregnant woman;
- (18) type of abortion procedure used;
- (19) complications, if any;
- (20) type of procedure done after the abortion;
- (21) type of family planning recommended;
- (22) type of additional counseling given, if any;
- (23) signature of attending physician;
- (24) certification provided for in this Section; and
- (25) gestational age, as measured in weeks, of the unborn child terminated by the abortion.

(b) An individual complication report for any post-abortion care performed upon a woman *shall* be completed by the physician providing such post-abortion care. This report *shall* include:

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

- (1) date of the abortion;
- (2) name and the address of the medical facility, abortion facility or hospital where the abortion was performed; and
- (3) nature of the abortion complication diagnosed or treated.

(c) All abortion reports shall be signed by the attending physician under penalty of perjury and shall be filed with the Guam Registrar of Vital Statistics within seven (7) days from the date of the abortion. All complication reports shall be signed by the physician providing the post-abortion care under penalty of perjury and filed with the Guam Registrar of Vital Statistics within seven (7) days from the date of the post-abortion care.

(d) A copy of the abortion report *shall* be made a part of the medical record of the patient in the facility or hospital in which the abortion was performed.

(e) The Guam Registrar of Vital Statistics *shall* collect and annually publish a statistical report based on such data from abortions performed in the previous calendar year.

(f) The Office of Vital Statistics *shall* make available to physicians performing abortions on Guam, forms for both abortion reports and post-abortion care reports, as provided in Subsections (a) and (b) of this Section.

(g) All information in abortion reports and post-abortion care reports and the reports themselves *shall* be confidential. Information and records may be disclosed *only* in communications between qualified professional persons in the provision of services or in statistical form for research purposes as required by Subsection (e) of this Section.

(h) Any person who releases confidential information in violation of Subsection (g) of this Section *shall* be guilty of a misdemeanor.

(i) Any person may bring an action against an individual who has willfully and knowingly released confidential

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

information about such person in violation of Subsection (g) of this Section for the greater of the following amounts:

(1) Five Hundred Dollars (\$500); or

(2) Three (3) times the amount of actual damages, *if* any, sustained by the plaintiff, reasonable attorney's fees and the costs of the action. It is *not* a prerequisite to an action under this Subsection that the plaintiff suffer or be threatened with actual damages.

(j) *If* a physician performs a partial-birth abortion on the woman, the physician *shall* report such determination and the reasons for such determination in writing to the medical care facility in which the abortion is performed for inclusion in the report of the medical care facility to the Office of Vital Statistics and to the Guam Board of Medical Examiners, *or if* the abortion is *not* performed in a medical care facility, the physician *shall* report the reasons for such determination in writing to the Office of Vital Statistics and to the Guam Board of Medical Examiners as part of the written report made by the physician to the Office of Vital Statistics and to the Guam Board of Medical Examiners. The physician *shall* retain a copy of the written reports required under this Section for *not less than* five (5) years.

(k) Failure to file a complete individual abortion report for each abortion with the Guam Registrar of Vital Statistics within seven (7) days from the date of the abortion is a misdemeanor, pursuant to § 55.65 of Chapter 55, Title 9, Guam Code Annotated.

(l) Subsection (k) *does not* preclude sanctions, or disciplinary action, or any other appropriate action by the Guam Board of Medical Examiners.

(m) The Guam Registrar of Vital Statistics *shall* receive, ascertain the completeness of, compile, and retain all partial-birth abortion reports filed with her under this Section, and collate and evaluate all data gathered therefrom, and *shall* annually publish a statistical report based on such data from partial-birth abortions performed in the previous calendar year *no later than* January 31st of the following calendar year.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(n) The Office of Vital Statistics *shall* make available to physicians performing partial-birth abortions on Guam and the Guam Board of Medical Examiners forms for partial-birth abortion reports.

(o) All information in partial-birth abortion reports the Office of Vital Statistics receives *shall* be confidential. Information and reports may be disclosed *only* in communications between qualified professional persons in the provisions of services, or in statistical form for research purposes.

(p) Any person who releases confidential information in violation of Subsection (o) of this Section *shall* be guilty of a misdemeanor.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Amended by P.L. 29-115:1 (Nov. 18, 2008), P.L. 32-073:3 (Nov. 27, 2013). Subsections (j-p) added by P.L. 29-115:2 (Nov. 18, 2008). Subsections (a)(23) and (24) amended by P.L. 32-217:2 (Dec. 29, 2014, and subsection (a)(25) added by P.L. 32-217:2 (Dec. 29, 2014), effective 30 days after enactment pursuant to P.L. 32-217:3. Subsection (a) amended by P.L. 33-218:3 (Dec. 15, 2016); subsection (c) amended by P.L. 33-218:4 (Dec. 15, 2016); subsection (e) amended by P.L. 33-218:5 (Dec. 15, 2016); and subsection (k) amended by P.L. 33-218:6 (Dec. 15, 2016); and subsection (m) amended by P.L. 33-218:7 (Dec. 15, 2016);.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

NOTE: This provision was to become effective sixty (60) days after the “printed materials” described in § 3218.1 (c) and the “checklist certification” described in § 3218.1(c)(5) were approved by the Department of Public Health and Social Services (DPHSS) pursuant to the rule-making process set forth in Title 5, Chapter 9, Article 3 of the Guam Code Annotated. P.L. 31-235:4 (Nov. 1, 2012). P.L. 32-089:2 (Nov. 27, 2013) amended the approving authority from DPHSS to “a majority vote of a team consisting of the Director of DPHSS, who shall serve as the Chairperson, the Medical Director of the DPHSS; and OB/GYN doctor from the Guam Medical Association; a Social Worker from the National Association of Social Workers; and a Psychiatrist from the Guam Behavioral Health and Wellness Center.” The “printed materials” described in § 3218.1 (c) and the “checklist certification” described in § 3218.1(c)(5) were to be approved no later than 120 days after enactment, pursuant to P.L. 32-089:2.

§ 3218.1. The Women's Reproductive Health Information Act of 2012.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(a) Definitions. For the purposes of this § 3218.1, the following words and phrases are defined to mean:

(1) Abortion means the use or prescription of any instrument, medicine, drug, or other substance or device to terminate the pregnancy of a woman known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, to act upon an ectopic pregnancy, or to remove a dead unborn child who died as the result of natural causes in utero, accidental trauma, or a criminal assault on a pregnant woman or her unborn child, and which causes the premature termination of the pregnancy;

(2) Act means the Women's Reproductive Health Information Act of 2012 codified at Title 10 GCA § 3218.1;

(3) Complication means that condition which includes but is not limited to hemorrhage, infection, uterine perforation, cervical laceration, pelvic inflammatory disease, endometriosis, and retained products. The Department may further define the term "complication" as necessary and in a manner not inconsistent with this § 3218.1;

(4) Conception means the fusion of a human spermatozoon with a human ovum;

(5) Department means the Department of Public Health and Social Services;

(6) Facility or medical facility means any public or private hospital, clinic, center, medical school, medical training institution, health care facility, physician's office, infirmary, dispensary, ambulatory surgical treatment center, or other institution or location wherein medical care is provided to any person;

(7) First trimester means the first twelve (12) weeks of gestation;

(8) Gestational age means the time that has elapsed since the first day of the woman's last occurring menstruation;

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(9) Hospital means any building, structure, institution or place, public or private, whether organized for profit or not, devoted primarily to the maintenance and operation of facilities for the diagnosis, treatment and provision of medical or surgical care for three (3) or more non-related individuals, admitted for overnight stay or longer in order to obtain medical, including obstetric, psychiatric and nursing care of illness, disease, injury or deformity, whether physical or mental and regularly making available at least clinical laboratory services and diagnostic x-ray services and treatment facilities for surgery or obstetrical care or other definitive medical treatment;

(10) Medical emergency means a condition which, in reasonable medical judgment, so complicates the medical condition of the pregnant woman as to necessitate the immediate termination of her pregnancy to avert her death or for which a delay will create a serious risk of substantial and irreversible physical impairment of a major bodily function. No condition shall be deemed a medical emergency if based on a claim or diagnosis that the woman will engage in conduct which would result in her death or in substantial and irreversible physical impairment of a major bodily function;

(11) Physician means any person licensed to practice medicine or surgery or osteopathic medicine under the Physicians Practice Act (Title 10 GCA § 12201, et seq.) or in another jurisdiction of the United States;

(12) Pregnant or pregnancy means that female reproductive condition of having an unborn child in the mother's uterus;

(13) Qualified person means an agent of a physician who is a psychologist, licensed social worker, licensed professional counselor, registered nurse, or physician;

(14) Records Section means the Guam Memorial Hospital Medical Records Section;

(15) Unborn child or fetus each means an individual organism of the species homo sapiens from conception until live birth;

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(16) Viability means the state of fetal development when, in the reasonable judgment of a physician based on the particular facts of the case before him or her and in light of the most advanced medical technology and information available to him or her, there is a reasonable likelihood of sustained survival of the unborn child outside the body of his or her mother, with or without artificial support; and

(17) Woman means a female human being whether or not she has reached the age of majority.

(b) Informed Consent Requirement. No abortion shall be performed or induced without the voluntary and informed consent of the woman upon whom the abortion is to be performed or induced. Except in the case of a medical emergency, consent to an abortion is voluntary and informed if and only if:

(1) at least twenty-four (24) hours before the abortion, the physician who is to perform the abortion or a qualified person has informed the woman in person of the following:

(A) the name of the physician who will perform the abortion;

(B) the following medically accurate information that a reasonable person would consider material to the decision of whether or not to undergo the abortion:

(i) a description of the proposed abortion method and

(ii) the immediate and long-term medical risks associated with the proposed abortion method, including but not limited to any risks of infection, hemorrhage, cervical or uterine perforation, and any potential effect upon future capability to conceive as well as to sustain a pregnancy to full term;

(C) the probable gestational age of the unborn child at the time the abortion is to be performed;

(D) the probable anatomical and physiological characteristics of the unborn child at the time the

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

abortion is to be performed;

(E) the medical risks associated with carrying the child to term;

(F) any need for anti-Rh immune globulin therapy if she is Rh negative, the likely consequences of refusing such therapy, and the cost of the therapy;

(2) at least twenty-four (24) hours before the abortion, the physician who is to perform the abortion or a qualified person has informed the woman in person, that:

(A) medical assistance benefits may be available for prenatal care, childbirth, and neonatal care and that more detailed information on the availability of such assistance is contained in the printed materials given to her and described in Subsection (c) of this § 3218.1;

(B) public assistance may be available to provide medical insurance and other support for her child while he or she is a dependent and that more detailed information on the availability of such assistance is contained in the printed materials given to her and described in Subsection (c) of this § 3218.1;

(C) public services exist which will help to facilitate the adoption of her child and that more detailed information on the availability of such services is contained in the printed materials given to her and described in Subsection (c) of this § 3218.1;

(D) the printed materials in Subsection (c) of this Section 3218.1 describe the unborn child;

(E) the father of the unborn child is liable to assist in the support of this child, even in instances where he has offered to pay for the abortion. In the case of rape or incest, this information may be omitted; and

(F) she is free to withhold or withdraw her consent to the abortion at any time without affecting her right to future care or treatment and without the loss of any locally or federally funded benefits to which she might

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

otherwise be entitled.

(3) At least twenty-four (24) hours before the abortion, the physician who is to perform the abortion or a qualified person has given the woman a copy of the printed materials described in Subsection (c) of this § 3218.1. If the woman is unable to read the materials, they shall be read to her. If the woman asks questions concerning any of the information or materials, answers shall be provided to her in a language she can understand.

(4) The information in Subsections (b)(1), (b)(2) and (b)(3) of this § 3218.1 is provided to the woman individually and in a private room to protect her privacy and maintain the confidentiality of her decision and to ensure that the information focuses on her individual circumstances and that she has an adequate opportunity to ask questions.

(5) Prior to the abortion, the woman certifies in writing on a checklist certification provided by the Department that the information required to be provided under Subsections (b)(1), (b)(2) and (b)(3) of this § 3218.1 has been provided. All physicians who perform abortions shall report the total number of certifications received monthly to the Records Section. The Records Section shall make the number of certifications received available to the public on an annual basis.

(6) Except in the case of a medical emergency, the physician who is to perform the abortion shall receive and sign a copy of the written checklist certification prescribed in Subsection (b)(5) of this § 3218.1 prior to performing the abortion. The physician shall retain a copy of the checklist certification in the woman's medical record.

(7) In the event of a medical emergency requiring an immediate termination of the pregnancy, the physician who performed the abortion shall clearly certify in writing the nature of the medical emergency and the circumstances which necessitated the waiving of the informed consent requirements of this § 3218.1. This certification shall be signed by the physician who performed the emergency

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

termination of pregnancy, and shall be permanently filed in both the patient records maintained by the physician performing the emergency procedure and the records maintained by the facility where the emergency procedure occurred.

(8) A physician shall not require or obtain payment from anyone for providing the information and certification required by this § 3218.1 until the expiration of the twenty-four (24) hour reflection period required by this § 3218.1.

(c) Publication of Materials. The Department shall cause to be published printed materials in English and any other culturally sensitive languages which the Department deems appropriate within one hundred eighty (180) days after this Act becomes law. The printed materials shall be printed in a typeface large enough to be clearly legible and shall be presented in an objective, unbiased manner designed to convey only accurate scientific information. On an annual basis, the Department shall review and update, if necessary, the following easily comprehensible printed materials:

(1) Printed materials that inform the woman of any entities available to assist a woman through pregnancy, upon childbirth and while her child is dependent, including but not limited to adoption services.

The printed materials shall include a list of the entities, a description of the services they offer, and the telephone numbers of the entities, and shall inform the woman about available medical assistance benefits for prenatal care, childbirth, and neonatal care. The Department shall ensure that the materials described in this § 3218.1 are comprehensive and do not directly or indirectly promote, exclude, or discourage the use of any entity described in this § 3218.1.

These printed materials shall state that it is unlawful for any individual to coerce a woman to undergo an abortion. The printed materials shall also state that any physician who performs an abortion upon a woman without her informed consent may be liable to her for damages in a civil action and

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

that the law permits adoptive parents to pay costs of prenatal care, childbirth, and neonatal care. The printed materials shall include the following statement:

“The Territory of Guam strongly urges you to contact the resources provided in this booklet before making a final decision about abortion. The law requires that your physician or his or her agent give you the opportunity to call agencies and service providers like these before you undergo an abortion.”

(2) Printed materials that include information on the support obligations of the father of a child who is born alive, including but not limited to the father's legal duty to support his child, which may include child support payments and health insurance, and the fact that paternity may be established by written declaration of paternity or by court action. The printed material shall also state that more information concerning paternity establishment and child support services and enforcement may be obtained by calling the Office of the Attorney General of Guam, Child Support Enforcement Division.

(3) Printed materials that inform the pregnant woman of the probable anatomical and physiological characteristics of an unborn child at two (2) - week gestational increments from fertilization to full term, including color photographs of the developing unborn child at two (2) - week gestational increments. The descriptions shall include information about brain and heart functions, the presence of external members and internal organs during the applicable stages of development, and any relevant information on the possibility of the child's survival at several and equidistant increments throughout a full term pregnancy. If a photograph is not available, a picture must contain the dimensions of the unborn child and must be anatomically accurate and realistic. The materials shall be objective, nonjudgmental, and designed to convey only accurate scientific information about the unborn child at the various gestational ages.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(4) Printed materials which contain objective information describing the various surgical and drug-induced methods of abortion, as well as the immediate and long-term medical risks commonly associated with each abortion method including but not limited to the risks of infection, hemorrhage, cervical or uterine perforation or rupture, any potential effect upon future capability to conceive as well as to sustain a pregnancy to full term, the possible adverse psychological effects associated with an abortion, and the medical risks associated with carrying a child to term.

(5) A checklist certification to be used by the physician or a qualified person under Subsection (b)(5) of this § 3218.1, which will list all the items of information which are to be given to the woman by the physician or a qualified person under this § 3218.1.

(d) Cost of Materials. The Department shall make available the materials enumerated in Subsection (c) of this § 3218.1 for purchase by the physician or qualified person who is required to provide these materials to women pursuant to Subsection (b)(3) of this § 3218.1 at such cost as reasonably determined by the Department. No claim of inability to pay the cost charged by the Department for these materials will excuse any party from complying with the requirements set forth in this § 3218.1.

(e) Emergencies. When a medical emergency compels the performance of an abortion or termination of pregnancy, the physician shall inform the woman, before the abortion if possible, of the medical indications supporting the physician's judgment that an immediate abortion or termination of pregnancy is necessary to avert her death or that a twenty-four (24) hour delay would cause substantial and irreversible impairment of a major bodily function.

(f) Criminal Penalties. Any person who intentionally, knowingly, or recklessly violates this Act is guilty of a misdemeanor.

(g) Civil and Administrative Claims. In addition to whatever remedies are available under the common law or statutory laws of Guam, failure to comply with the requirements of this Act shall:

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(1) in the case of an intentional violation of the Act, constitute prima facie evidence of a failure to obtain informed consent. When requested, the court shall allow a woman upon whom an abortion was performed or attempted to be performed allegedly in violation of this Act to be identified in any action brought pursuant to this Act using solely her initials or the pseudonym “Jane Doe.” Further, with or without a request, the court may close any proceedings in the case from public attendance, and the court may enter other protective orders in its discretion to preserve the privacy of the woman upon whom the abortion was performed or attempted to be performed allegedly in violation of this Act.

(2) Provide a basis for professional disciplinary action under 10 GCA § 11110.

(3) Provide a basis for recovery for the woman for the wrongful death of her unborn child under Title 7 GCA § 12109, whether or not the unborn child was born alive or was viable at the time the abortion was performed.

SOURCE: Added by P.L. 31-235:2 (Nov. 1, 2012).

2013 NOTE: This provision was to become effective sixty (60) days after the “printed materials” described in § 3218.1 (c) and the “checklist certification” described in § 3218.1(c)(5) were approved by the Department of Public Health and Social Services (DPHSS) pursuant to the rule-making process set forth in Title 5, Chapter 9, Article 3 of the Guam Code Annotated. P.L. 31-235:4 (Nov. 1, 2012). P.L. 32-089:2 (Nov. 27, 2013) amended the approving authority from DPHSS to “a majority vote of a team consisting of the Director of DPHSS, who shall serve as the Chairperson, the Medical Director of the DPHSS; and OB/GYN doctor from the Guam Medical Association; a Social Worker from the National Association of Social Workers; and a Psychiatrist from the Guam Behavioral Health and Wellness Center.” The “printed materials” described in § 3218.1 (c) and the “checklist certification” described in § 3218.1(c)(5) were to be approved no later than 120 days after enactment, pursuant to P.L. 32-089:2.

2012 NOTE: Subsection designations in subsection (b) were altered to adhere to the Compiler’s alpha-numeric scheme in accordance with the authority granted by 1 GCA § 1606.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

§ 3219. Extension of Time.

The Office of Vital Statistics may, by regulation, and upon such conditions as it may prescribe to assure compliance with the purposes of this article, provide for the extension of the periods prescribed in §§ 3216 and 3217 of this article for the filing of death certificates, fetal death reports and medical certifications of cause of death in cases in which compliance with the applicable prescribed period would result in undue hardship.

§ 3220. Marriage Registration.

(a) A record of each marriage performed on Guam shall be filed with the Guam Registrar of Vital Statistics as provided in this section.

(b) The officer who issues the marriage license shall prepare the license and certificate on the form prescribed and furnished by the Office of Vital Statistics upon the basis of information obtained from the parties to be married, who shall attest to the information by their signatures.

(c) Every person authorized by the laws of Guam to perform a marriage shall certify the fact of marriage and file the record of such marriage with the Office of Vital Statistics within ten (10) days after the ceremony. This certificate shall be signed by the witnesses, and another signed copy shall be given to the parties marrying.

(d) The officer issuing marriage licenses shall complete and forward to the Guam Registrar of Vital Statistics, on or before the fifteenth (15th) day of each month, copies of the applications and licenses filed with him during the preceding calendar month.

(e) The Director shall accept, for the purpose of recordation, certified copies of records of marriages performed outside Guam in which one (1) or both parties are residents of Guam.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3221. Court Reports of Divorce and Annulment of Marriage.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(a) For each divorce and annulment of marriage granted by the courts of Guam, a report shall be filed with the Office of Vital Statistics by the clerk of court.

(b) On or before the fifteenth (15th) day of each month, the clerk of court shall forward to the Office of Vital Statistics the report of each divorce and annulment of marriage granted during the preceding calendar month and such related reports as may be required by regulations issued under this article.

(c) The information necessary to prepare the report shall be furnished with the petition to the clerk of court by the parties, petitioner or their legal representative on forms prescribed and furnished by the Guam Registrar of Vital Statistics.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3222. Correction and Amendment of Vital Records.

(a) A certificate or record registered under this article may be amended only in accordance with this article and regulations thereunder, adopted by the Department to protect the integrity and accuracy of vital statistics records.

(b) A certificate that is amended under this section shall be marked “Amended,” except as provided in paragraphs (b) and (d) of this section. The date of amendment and a summary description of the evidence submitted in support of the amendment shall be endorsed on or made a part of the record. The Office of Vital Statistics shall prescribe by regulation the conditions under which additions or minor corrections shall be made to birth certificates within one (1) year after the date of birth without the certificates being considered as amended.

(c) Upon receipt of a certified copy of a court order changing the name of a person born in Guam, and upon request of such person or his parent, guardian or legal representative, the Office of Vital Statistics shall amend the certificate of birth to reflect the new name.

(d) Upon request and receipt of a sworn acknowledgment of paternity of a child born out of wedlock, signed by both parents, the Guam Registrar of Vital Statistics shall amend a certificate of

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

birth to show such paternity, if paternity is not shown on the certificate. The surname of the child shall then be changed to that of the father, but the certificate shall not be marked “Amended”.

(e) Upon receipt of a sworn statement from the physician performing the surgery certifying the sex of an individual has been changed by surgical procedure, and upon written request of an individual born in Guam, the sex of the individual shall be amended on the birth certificate to reflect such change. The name of the individual may be changed as provided in paragraph (c) of this section.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3223. Reproduction of Records.

To preserve original documents, the Guam Registrar of Vital Statistics is authorized to prepare typewritten, photographic or other reproductions of original records and files in his office. Such a reproduction, when certified by him and sealed with an official government seal, shall be accepted as the original and official record.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3224. Same: Microfilm.

To preserve original records, the Guam Registrar is authorized and directed to microfilm all vital records. All such reproductions shall be equally admissible as competent evidence in all courts of Guam or in any administrative proceeding as the original itself whether the original is in existence or not.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3225. Disclosure of Records.

(a) To protect the integrity, the confidentiality, the validity and the evidentiary value of Vital Statistics Records, to insure their proper use and to insure the efficient and proper administration of the Vital Statistics system, it shall be unlawful for any person to permit inspection of, or to disclose information contained in Vital Statistics Records, or to copy or issue a copy of

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

all or part of any such record, except as authorized by regulation or as provided for by this article.

(b) The Office of Vital Statistics may authorize the disclosure of data contained in Vital Statistics Records for research purposes; provided, that request for such be first approved by the Director.

(c) Information in Vital Statistics Records, such as birth occurring out of wedlock or length of pregnancy, may not be disclosed except as provided for in this article, by regulation or upon court order.

(d) Appeals from decisions of the Guam Registrar refusing to disclose information, or to permit inspection of or copying of records under the authority of this section and regulations issued hereunder shall be made to the Director, whose decisions shall be binding upon the Guam Registrar.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3226. Copies of Data from Vital Records.

In accordance with § 3225 of this article, and the regulations adopted pursuant thereto:

(a) The Office of Vital Statistics shall upon request, issue a certified copy of any certificate or record in his custody or of a part thereof. Each copy issued shall show the date of registration; and copies issued from records marked “Delayed,” “Amended” or “Court Order” shall be similarly marked and show the effective date.

(b) A certified copy of a certificate or any part thereof, issued in accordance with paragraph (a) of this section, shall be considered for all purposes the same as the original, and shall be prima facie evidence of the facts therein stated; provided, that the evidentiary value of the certificate or record filed more than one (1) year after the event, or a record which has been amended shall be determined by the judicial or administrative body or official before whom the certificate is offered as evidence.

(c) The National Center for Health Statistics shall be furnished such copies or data as it may require for national

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

statistics; provided, that the government of Guam shall be reimbursed for the cost of furnishing such data; and provided, further, that such data shall not be used for other than statistical purposes by the National Center for Health Statistics unless so authorized by the Office of Vital Statistics.

(d) Federal, state or other territorial governmental branches and other public or private agencies may, upon request, be furnished copies of data for statistical purposes upon such terms or conditions as may be prescribed by the Office of Vital Statistics.

(e) No person shall prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this article or regulations adopted hereunder.

§ 3227. Fees for Copies.

(a) The Director shall, by regulation, establish fees for certified copies of certificates or records issued; for the search of the files or records when no copy or information is available; for processing a change of name by court order and other means; for amending records; and for filing a delayed certificate of birth or marriage.

(b) Fees collected under this Section by the Office of Vital Statistics shall be deposited in the Office of Vital Statistics Revolving Fund, for expenditure as provided pursuant to § 3227.1 of this Chapter.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Amended by P.L. 31-213:2 (May 10, 2012).

§ 3227.1. Office of Vital Statistics Revolving Fund.

(a) There is hereby established an Office of Vital Statistics Revolving Fund (Fund) to be maintained by the Guam Registrar, Office of Vital Statistics, of the Department of Public Health & Social Services. The Fund shall be established and maintained in a bank account separate and apart from the General Fund or any other bank account(s) of the government of Guam, and shall not be co-mingled with, or a part of, the General Fund. All funds due

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

or accruing to the account from whatever source(s), as provided or authorized pursuant to applicable law, inclusive of any interest, shall be deposited in the Fund in its entirety immediately upon receipt by the government of Guam. The Fund shall not be subject to the transfer authority of *I Maga'lahaen Guåhan*. It is further provided that:

(1) The Guam Registrar of the Office of Vital Statistics, of the Department of Public Health & Social Services shall report monthly and maintain full compliance with all financial reporting requirements of the government of Guam pursuant to applicable law; and

(2) Any and all collections deposited into and/or expenditures from the Fund shall be reported to *I Maga'lahaen Guåhan* and the Speaker of *I Liheslaturan Guåhan*.

(b) Independent Records and Accounts. The Fund shall be maintained separate and apart from all other government funds; have an independent records and accounts concerning the Fund; and audited by the Public Internal Auditor or the Department of Interior for each fiscal year and shall provide *I Maga'lahaen Guåhan* and the Speaker of *I Liheslaturan Guåhan* with a copy of the audited report.

(c) Deposits / Continuing Appropriation. All monies collected for products and services rendered by the Office of Vital Statistics shall be accounted for and deposited into the Fund and shall be available to pay for the expenses of the Office of Vital Statistics. All monies in the Fund are hereby deemed appropriated on a continuing basis and shall not lapse, and shall not be subject to appropriation constraints in order to be expended.

(d) Application. All monies deposited in the Fund shall be available to be expended and shall be used solely in support of the functions of and to pay the expenses of the Office of Vital Statistics. The Fund may also be used for, but is not limited to, the following expenses which shall be directly and solely applicable to the functions and operations of the Office of Vital Statistics:

(1) payment(s) for procurement and maintenance of contractual services for equipment and/or technology

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

support, for the direct use and exclusive benefit of the Office of Vital Statistics;

(2) payment(s) for supplies;

(3) payment(s) for any other expenses, which if remains unpaid may result in an emergency situation within the Office of Vital Statistics, as approved by the Director;

(4) additional personnel, as may be necessary to supplement and address the staffing requirements of the Office of Vital Statistics; provided, however, that all authorized personnel positions, regardless of whether the position(s) is currently filled or vacant, which are budgeted for in the FY 2012 Budget Appropriation for the Executive Branch with monies from the General Fund, any Special Fund and/or Federal funds, shall continue to be paid from these funding sources, and not from the Fund;

(5) procurement, upgrade and/or maintenance of computer system(s); and

(6) payment(s) for burials arranged by the Director pursuant to § 3231 of this Chapter 3, and § 4A103 of Chapter 4A Title 10, Guam Code Annotated.

(e) The Director shall submit an annual spending plan for the Fund in accordance with and at the same time as the Bureau of Budget and Management Research budget call.

(f) The Guam Registrar of the Office of Vital Statistics, via the Director, shall, by no later than the 20th day of each month, submit a financial report relative to the status and activities of the Fund. The monthly report shall be submitted, via the Office of *I Maga'lahaen Guåhan*, to the Speaker of *I Liheslaturan Guåhan*, and the Chairpersons of the Committee on Finance, and the Committee on Health of *I Liheslaturan Guåhan*. The report shall, at a minimum, contain:

(1) all expenditures and encumbrances (monthly and year to date);

(2) funds received and source(s);

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(3) status of accounts receivable for outstanding debts and/or delinquent payment obligations owed to the Office of Vital Statistics; and

(4) any and all other pertinent information relative to the Fund.

(g) The Office of Vital Statistics Revolving Fund shall be included in the government of Guam annual audit review and report.

SOURCE: Added by P.L. 31-213:3 (May 10, 2012).

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

2015 NOTE: In subsection (d)(6), the reference to § 4501 of Chapter 4A of Title 10 GCA was changed to § 4A103 pursuant to authority granted by 1 GCA § 1606.

§ 3228. Duty to Furnish Information Relative to Vital Events.

Any person having knowledge of the facts, shall furnish such information as he may possess regarding any birth, death, fetal death, marriage or divorce, upon demand of the Guam Registrar of Vital Statistics.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3229. Penalties.

(a) (1) Any person who willfully and knowingly makes any false statement in a report, record or certificate required to be filed under this article or in an application for amendment thereof or who willfully and knowingly supplies false information intending that such information be used in the preparation of any such report, record or certificate, or amendment thereof; or

(2) Any person who without lawful authority and with intent to deceive, makes, alters, amends or mutilates any report, record or certificate required to be filed under this article or certified copy of such report, record or certificate; or

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(3) Any person who willfully and knowingly uses or attempts to use or furnish to another for use, for any purpose of deception, any certificate, record, report or certified copy thereof so made, altered, amended or mutilated; or

(4) Any person who, with the intention to deceive, willfully uses or attempts to use any certificate of birth or certified copy of a record of birth, knowing that such certificate or certified copy was issued upon a record which is false in whole or in part, or which relates to the birth of another person; or

(5) Any person who willfully and knowingly furnishes a certificate of birth or certified copy of a record of birth with the intention that it be used by a person other than the person to whom the record of birth relates, shall be guilty of a misdemeanor.

(b) (1) Any person who refuses to provide information required by this article; or

(2) Any person who willfully and knowingly transports or accepts for transportation; interment or other disposition a dead body without an accompanying permit as required by this article; or

(3) Any person who willfully neglects or violates any of the provisions of this article, or refuses to perform any of the duties imposed upon him by this article, shall be guilty of a petty misdemeanor.

§ 3230. Burial-Transit Permits.

(a) No dead human body or fetus attaining twenty (20) weeks of gestation or more shall be buried, deposited in a crypt, mausoleum or vault, cremated, removed from Guam or otherwise disposed of, unless a burial-transit permit has first been issued therefor by the Office of Vital Statistics. Such permit shall be presented to the person in charge of the cemetery, crematorium or other place of disposition, and shall be promptly returned by him to the Office of Vital Statistics after such burial, cremation or other disposition with a certification that the body was disposed of in accordance with the burial-transit permit.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(b) The Guam Registrar shall not issue a burial-transit permit for the disposition of any dead body in any place other than in a cemetery, crematorium, crypt or mausoleum which is in compliance with the regulations for cemeteries, crematoriums, crypts or mausoleums established by the Director. Each burial-transit permit shall include the cemetery plot number, crypt number or other information which will designate the exact location to which the body will be taken.

(c) The Guam Registrar shall issue burial-transit permits for disposition of bodies outside Guam or for burial at sea only when such disposition complies with regulations established by the Director for this purpose.

(d) Any person first assuming custody of a dead body or fetus shall obtain a burial-transit prior to final disposition or removal from Guam within seventy-two (72) hours after death.

(e) Burial-transit permits shall be issued provided that first a certificate of death or fetal death has been filed with the Office in accordance with §§ 3216 and 3217 of this article.

(f) A permit issued under the law of any state which accompanies a dead human body or fetus brought into Guam for final disposition shall be the authority to dispose of said body or fetus; provided, that the Director, in the protection of the public health, having consideration of the cause of death or other special conditions, may, in his discretion, order such form of burial or disposition of a dead body or fetus as he deems necessary.

(g) No dead human body or remains shall be disinterred for reburial or other purpose from any cemetery, crypt, mausoleum or vault without a permit from the Office of Vital Statistics. Such disinterments must comply with regulations established by the Director of the disinterment of human bodies or remains.

2017 NOTE: References to “territory” and “territorial” removed and/or altered to “Guam” pursuant to 1 GCA § 420.

§ 3231. Disposition.

The right to control the disposition of a dead human body and the duty of burial or other disposition and the liability for the

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

reasonable cost shall be pursuant to the provisions of § 4A102 and § 4A103 of Chapter 4A of 10 GCA.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Amended by P.L. 31-046:3 (May 23, 2011).

2015 NOTE: The reference to §§ 4502 and 4503 of Chapter 4A of Title 10 GCA was changed to §§ 4A102 and 4A103 pursuant to authority granted by 1 GCA § 1606.

2013 NOTE: Subsection designation deleted to adhere to the Compiler's general codification scheme in accordance to the authority granted by 1 GCA § 1606.

ARTICLE 3
DISEASE CONTROL

- § 3301. Definitions.
- § 3302. Duty to Report.
- § 3303. Same: Dispensaries, Hospitals, etc.
- § 3304. Same: Laboratories.
- § 3305. Same: Keeper of Boarding or Lodging Houses.
- § 3306. Same: Master of Vessels; Captain of Aircraft.
- § 3307. Investigation.
- § 3308. Same: Access to Records, Reports, etc.
- § 3309. Isolation and Quarantine: Regulations.
- § 3310. Same: Authority of Director.
- § 3311. Placarding.
- § 3312. Violation of Isolation or Quarantine.
- § 3313. Chief of Police.
- § 3314. Disinfection of Premises.
- § 3315. Destruction of Property.
- § 3316. Compensation.
- § 3317. Closing of Schools.
- § 3318. Disposal of Bodies.
- § 3319. Responsibility of Person in Charge of Minor.
- § 3320. Willful Exposure.
- § 3321. Concealing Disease.
- § 3322. Vaccination and Immunization.
- § 3323. Prenatal Test.
- § 3324. Reports as to Prenatal Test.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

- § 3325. Prevention of Blindness at Childbirth.
- § 3326. Immunization Audit.
- § 3326.1. Guam Immunization Registry.
- § 3327. Same: Confidentiality.
- § 3328. Autopsy.
- § 3329. Testing for Tuberculosis.
- § 3330. Testing of Juveniles for Human Immunodeficiency Virus, and Other Sexually Transmitted Diseases upon Conviction or Adjudication of Having Committed Act or Acts of Criminal Sexual Assault.
- § 3331. Disclosure of Test Results.
- § 3332. Notice of Risk of Sexually Transmitted Disease.
- § 3333. Restricting Entry into Guam.

§ 3301. Definitions.

As used in this article:

(a) Communicable Disease includes any of the following diseases or conditions which are dangerous to public health:

- (1) Acquired Immune Deficiency Syndrome (AIDS)
- (2) Amebiasis (amoebic dysentery);
- (3) Anthrax;
- (4) Brucellosis (undulant fever);
- (5) Chancroid;
- (6) Chickenpox;
- (7) Cholera;
- (8) Clonorchiasis (liver-fluke);
- (9) Conjunctivitis, acute infectious (pink eye);
- (10) Dengue;
- (11) Diarrhea of newborn (epidemic infantile);
- (12) Diphtheria;
- (13) Encephalitis, primary (infectious);

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

- (14) Erysipelas;
- (15) Favus;
- (16) Filariasis;
- (17) Fish (ciguatera) poisoning;
- (18) Fish (scombroid) poisoning;
- (19) Glanders (farcy);
- (20) Gonorrhea;
- (21) Gonorrheal ophthalmia;
- (22) Granuloma inguinale;
- (23) Hepatitis A (Infectious)
- (24) HIV-seropositive condition;
- (25) Hepatitis B (Serum);
- (26) Hookworm disease;
- (27) Impetigo contagious (in institution);
- (28) Influenza;
- (29) Kerato-Conjunctivitis (Infectious);
- (30) Leprosy (Hansen's Disease);
- (31) Leptospirosis (Weil's disease or hemorrhagic jaundice);
- (32) Malaria;
- (33) Measles (rubeola);
- (34) Melioidosis
- (35) Meningitis, aseptic;
- (36) Meningitis, cerebrospinal (meningococcic);
- (37) Meningitis, other infectious;
- (38) Mononucleosis, infectious;
- (39) Mumps;

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

- (40) Paratyphoid fever;
- (41) Pertussis (whooping cough);
- (42) Plague;
- (43) Poliomyelitis, acute anterior (infantile paralysis);
- (44) Psittacosis-ornithosis;
- (45) Puerperal septicemia;
- (46) Rabies;
- (47) Relapsing fever;
- (48) Rheumatic fever (active);
- (49) Rickettsial disease;
- (50) Ringworm of the scalp (tinea capitis);
- (51) Rubella (German measles);
- (52) Salmonellosis;
- (53) Scabies;
- (54) Severe Acute Respiratory Syndrome (SARS)
- (55) Scarlet Fever;
- (56) Septic sore throat (streptococcus);
- (57) Shigellosis (bacillary dysentery);
- (58) Smallpox;
- (59) Syphilis;
- (60) Tetanus;
- (61) Trachoma;
- (62) Trichinosis;
- (63) Tuberculosis (pulmonary);
- (64) Tuberculosis (other than pulmonary);
- (65) Tularemia;

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(66) Typhoid fever;

(67) Typhus fever;

(68) Yaws;

(69) Yellow fever

(70) Any other disease deemed by the Director to be dangerous to the public health may be added by regulation.

(71) In the event of any severe communicable disease with pandemic potential which is identified and declared by the U.S. Center for Disease Control and Prevention (CDC) to be critically dangerous to public health and safety, and CDC mandates, directives, instructions and protocol criteria are being implemented in a national effort to combat the spread of the disease, the disease shall be immediately added, and shall not require prior promulgation by regulation as a requisite for inclusion when time is of the essence in ensuring the health and safety of the public. Subsequent promulgation by regulation may follow when practicable.

(b) Isolation means the separation of persons suffering a communicable disease or carriers of such a disease from other persons for the period of communicability in such places and under such conditions as will prevent the transmission of the causative agent; and

(c) Quarantine means the limitation of freedom of movement of those who have been exposed to a communicable disease, whether a person or animal, for a period of time equal to the longest usual incubation period of the disease, in such manner as to prevent effective contacts with those not so exposed.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). New Item (a)(55) (SARS) added by P.L. 27-007:1 (Apr. 9, 2003); remaining items renumbered pursuant to P.L. 27-007:2. Subsection (a)(71) added by P.L. 32-221:3 (Dec. 20, 2014).

§ 3302. Duty to Report.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

Any person licensed or registered to practice any healing art under Chapter 12 of this Title who has knowledge of or suspects the presence of any communicable disease or any other disease dangerous to the public health, shall report the same to the Director within forty-eight (48) hours after diagnosis, unless a different time is prescribed by regulation, together with the name, age, village of residence and sex of the person afflicted, the house or other place in which such person may be found, and such other information as may be required by regulation.

§ 3303. Same: Dispensaries, Hospitals, etc.

The superintendent, chief medical officer, nurse in charge or other person in charge of any hospital, clinic, dispensary, infirmary, medical aid station or other establishment providing medical care, either to the general public or otherwise, who has knowledge of the presence of any communicable disease or any other disease dangerous to the public health shall report the same to the Director in accordance with § 3302 of this article. When the patient is hospitalized, the person in charge of the hospital in which he is hospitalized shall make the report.

3304. Same: Laboratories.

The director, administrator, chief officer or other person in charge of any laboratory, public or private, performing any test or examinations upon persons or their blood, urine, feces or any other body products shall, upon identification or suspected identification of an etiologic agent, antigen, antibody or any other substance or combination of substances generally accepted as being diagnostic of the presence of a communicable disease, shall report same to the Director in accordance with § 3302 of this article.

§ 3305. Same: Keeper of Boarding or Lodging Houses.

Any owner, keeper or other person in charge of the operation of a hotel, boarding house or dormitory shall immediately report to the Director the presence therein of any person he has reason to believe to be sick of, or to have died of any contagious, infectious, communicable or other disease dangerous to the public health.

§ 3306. Same: Master of Vessels; Captain of Aircraft.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

Any master of a vessel or captain of an aircraft shall immediately report to the Director or his representative the presence aboard such vessel or aircraft of any person such master or captain has reason to believe to be sick of or to have died of any communicable disease.

§ 3307. Investigation.

When a complaint is made or a reasonable belief exists that a communicable disease or other disease dangerous to the public health prevails in any house or elsewhere which has not been reported, the Director shall make an inspection for the purpose of discovering whether any such disease exists.

§ 3308. Same: Access to Records, Reports, etc.

When the Director has reason to believe that a communicable disease exists but that full and complete information as required by § 3302 of this article has not been provided, the Director or his representative may examine any and all records or reports deemed necessary to fully investigate the disease.

§ 3309. Isolation and Quarantine: Regulations.

(a) Isolation and quarantine shall be imposed in accordance with regulations. Such regulations shall designate the disease for which isolation or quarantine is necessary, and such other requirements concerning diagnosis, treatment, release and other pertinent matters as may be necessary.

(b) The regulations shall also provide for isolation and quarantine, voluntary and involuntary, for the known incubation period, as determined by the U.S. Center for Disease Control and Prevention (CDC), of any communicable disease which is identified and declared by the CDC to be critically dangerous to public health and safety; and CDC mandates, directives, instructions and protocol criteria are being declared and implemented in a national effort to combat the spread of the disease.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Subsection (b) added by P.L. 32-221:2 (Dec. 20, 2014).

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

2015 NOTE: Subsection (b) was added as subsection (a) by P.L. 32-221:2, but was redesignated by the Compiler pursuant to the authority of 1 GCA § 1606.

§ 3310. Same: Authority of Director.

(a) Notwithstanding § 3309 of this article, when a person has or is reasonably suspected of having or is reasonably suspected of being a carrier of any communicable disease or any other disease dangerous to the public health, the Director may impose isolation of such person and may impose quarantine on anyone who has had contact with such person. The extent and duration of isolation and quarantine imposed in a given case and release therefrom shall be within the discretion of the Director, depending upon the disease. The Director may, in his discretion, determine the persons subject to isolation and quarantine, specify the places or areas to which or in which they are restricted in their movements, prescribe other conditions and requirements to be observed, decide the duration of isolation and quarantine and release therefrom and issue other necessary instructions. He shall insure that provisions are made for medical observation of such persons as frequently as necessary during isolation and quarantine or amend the degree thereof and other restrictions imposed in connection therewith at any time.

(b) When a person has or is reasonably suspected of having or is reasonably suspected of being a carrier of any communicable disease or any other disease dangerous to the public health, the Director may, in his discretion and for the safety of the public, remove such person, with or without his consent, to a licensed hospital or other designated premises for the purpose of isolation and treatment until the disease is no longer communicable by such person. If the Director should determine that removal of such person is not practicable, such person may be allowed to remain where he is and the Director may take such measures as he may deem advisable to provide for his care for the public health by way of isolation and quarantine.

(c) Notwithstanding § 3309 of this Article, the Director may, in his discretion and for the health and safety of the public, remove such person, with or without his consent for isolation and quarantine, voluntary and involuntary, for the duration of the known incubation period, as determined by the U.S. Center for

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

Disease Control and Prevention (CDC), of any severe communicable disease which is identified and declared by the CDC to be critically dangerous to public health and safety, and for which CDC mandates, directives, instructions and protocol criteria are being declared and implemented in a national effort to combat the spread of the disease.

(1) The Director shall base the minimum duration of the incubation period upon the period of time determined to be appropriate and necessary by the U.S. Center for Disease Control and Prevention.

(2) The duration of isolation and quarantine for the incubation period shall be deemed to include an additional period of time as is necessary for testing and confirmation that the person does not have, or no longer is the carrier of a communicable disease.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Subsection (c) added by P.L. 32-221:4 (Dec. 20, 2014).

§ 3311. Placarding.

When a person has been isolated or quarantined and is restricted thereby to his residence or other building, the Director may place in a conspicuous position on the exterior of the premises where such person is isolated or quarantined a placard having printed on it in large letters the name of the disease and warning all unauthorized persons to remain off the premises. Such placard shall be in both English and Chamorro and in any other languages the Director deems appropriate. No person shall remove, deface or destroy such placard until authorized by the Director. Except as authorized by the Director or by regulation, no person shall enter or leave any premises which has been placarded.

§ 3312. Violation of Isolation or Quarantine.

No person who has been isolated or quarantined shall leave the premises or area to which he has been restricted without the written permission of the Director until he has been released from such isolation or quarantine.

§ 3313. Chief of Police.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

Upon the request of the Director, it shall be the duty of the Chief of Police to act and assist in the enforcement of isolation and quarantine, using such force as may be reasonably necessary.

§ 3314. Disinfection of Premises.

The Director may, if he deems it advisable, order the premises and contents thereof in which any person has been ill or has died of a communicable disease or any other room, building, premises or area, any contents thereof, which may be infective by contact with any communicable disease, to be disinfected and purified in such manner as he may direct. It shall be the duty of the owner or occupant of such premises to comply with any such order.

§ 3315. Destruction of Property.

The Director may destroy any infective clothing, bedding or other article which cannot be made safe by disinfection. He shall furnish to the owner thereof a receipt showing the number, character, condition and estimated value of the article so destroyed. A copy of such receipt shall be retained by the Director.

§ 3316. Compensation.

Upon the presentation of the original receipt for articles destroyed under § 3315 of this article and approval by the Attorney General, the Director shall pay to the owner of such property, out of such appropriations of the Department as may be available, the value of such destroyed articles.

§ 3317. Closing of School.

During an epidemic or threatening epidemic or when a dangerous communicable disease is unusually prevalent, the Director may close any public or private school and prohibit any public or private gathering for such time as may be necessary in the interest of the public health.

§ 3318. Disposal of Bodies.

The Director, in his discretion, may require that the body of a person, who has died of a communicable disease or any other disease dangerous to the public health, be buried or cremated immediately or within such period of time and in conformity with

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

such procedures for the protection of the public health, as he may designate.

§ 3319. Responsibility of Person in Charge of Minor.

Where any person suffering from a communicable disease is required to remain isolated or quarantined or to do or refrain from doing any act or thing whereby spread of the disease may be enhanced or such person because of his tender age or of physical or mental disability is unable to comprehend or comply with such requirements, it shall be the duty of the parent, guardian or other person, including any attendant having such patient under his care, custody or control to comply or cause compliance with the isolation or quarantine so imposed and pertinent provisions of this article.

§ 3320. Willful Exposure.

No person having a communicable disease or any other disease dangerous to the public health or being in charge of any other person afflicted with such a disease, shall willfully expose himself or such person in any public place, street or highway except as may be authorized by the Director.

§ 3321. Concealing Disease.

No person shall conceal any person having any communicable disease or any other disease dangerous to the public health, including any venereal disease. No parent, guardian or other person having custody or care of a minor child shall conceal the fact of a minor child having any such disease.

§ 3322. Vaccination and Immunization.

(a) No student shall be permitted to attend any public or private school, college or university within Guam unless evidence is presented to the enrolling officer of such school, college or university that the student child is free from any communicable diseases, and has had all the required vaccinations or immunizations as the Director shall in conformity with Advisory Committee on Immunization Practice ('ACIP') of the United States Department of Human Services and the American Academy of Pediatrics ('AAP'); provided, that in the event that the recommendations of the ACIP and the AAP differ, the

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

Department shall determine which recommendations shall apply, except that exemption may be granted to a student in a case:

(1) when the vaccination or immunization would be against his or her religious beliefs and would not constitute a contagious health risk for the public at large, as certified annually prior to commencement of the school year by the Director in consultation with a Guam Licensed physician or by a Guam licensed physician; or

(2) upon certification by a parent or guardian of a student who is a minor, that such vaccination or immunization would be against their religious belief and would not constitute a contagious health risk for the public at large, as certified annually prior to commencement of the school year by the Director in consultation with a Guam licensed physician or by a Guam Licensed physician; or

(3) when a student who has been certified by a Guam licensed medical doctor that said student should be exempt from this Section where medical contraindication to his or her receiving a specific vaccine exists.

(b) Certificates of medical and religious exemption shall be kept on file in Bureau of Communicable Diseases Control of the Department. A copy of the certificate for medical and religious exemption shall be included in the student's record at the school.

(c) The Director shall notify enrolling officers of all schools and shall notify all parents by public media of any changes to the existing immunization schedules no later than March 1 of each year to allow for the smooth opening of traditionally scheduled schools.

(d) The Director shall require vaccination and immunization of any person or persons suspected as carriers of a communicable disease upon entering or leaving Guam which the Director believes may present a risk to the public health of Guam. In case of an epidemic or to control a possible epidemic of a communicable disease, the Director may direct that the general population be vaccinated and immunized against said disease. Students who are not immunized for whatever reason may be

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

excluded from schools at the direction of the Director in case of an epidemic or to control a possible epidemic.

(e) (1) Nothing herein shall be construed or interpreted as to prevent the Guam Department of Education (GDOE) from implementing a School-Located Vaccination (SLV) program in any school or institution of higher learning on Guam for the purpose of administering vaccines required by Subsection (a). Such SLV program may additionally include, but not be limited to, the administering of human papillomavirus (HPV) vaccines, annual influenza (flu shot) vaccines, or any other vaccines not required by Subsection (a), but recommended by the United States Centers for Disease Control and Prevention (CDC). Such SLV programs may be implemented in public schools, individually or on a system-wide basis. GDOE may enroll in the federally-funded Vaccine for Children (VFC) program, overseen by the Department of Public Health and Social Services Immunization Program, as a provider. The Department of Public Health and Social Services Immunization Program may assist GDOE at the start of the SLV Program by providing medical and ancillary supplies (syringes, needles, gloves, biohazard bags, sharps container, band aids, and alcohol prep pads) and may assist in meeting compliance for storage and handling, provide required digital loggers, a proper transport cooler, and if funding is available, a medical/pharmaceutical grade refrigerator.

(2) To the extent allowable and practical, the Guam Department of Education may bill any health insurance/plan company, Medicaid, the Medically Indigent Program (MIP), the Child Health Insurance Program (CHIP), or any other party providing coverage for which the child is covered for the cost of the vaccines/immunizations, supplies to administer vaccines/immunizations, the administering of the vaccines/immunizations, and other permitted costs. The Guam Department of Education is not permitted to bill any party for any vaccines or supplies that were received through federal programs or donations where the acceptance of such vaccines and supplies prohibits such billing. Revenues realized from such billing activities shall be used to cover the

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

costs of the Guam Department of Education related to the SLV program, and maintained in a separate fund and bank account. Billing and accounting services may be administered by the Department of Administration or may be outsourced to a private accounting firm. All receipts, expenditures, and financial statements shall be subject to audit and review periodically as determined by the Guam Office of Public Accountability.

SOURCE: Added by P.L. 22-130:2 (May 31, 1994). Repealed and reenacted by P.L. 24-154:2 (Apr. 9, 1998). Subsection (a) amended by P.L. 24-335:2 (Dec. 30, 1998). Subsection (e) added by P.L. 35-102:1 (Oct. 29, 2020).

2021 NOTE: Subitem designations added pursuant to the authority of 1 GCA § 1606.

2013 NOTE: Numbers and/or letters were altered to adhere to the Compiler's alpha-numeric scheme in accordance to 1 GCA § 1606.

§ 3323. Prenatal Test.

Any licensed physician attending a pregnant woman for a condition relating to her pregnancy during the period of gestation or at delivery shall take or cause to be taken a sample of the blood of such woman and submit such sample to the Department's laboratory or other laboratory approved by the Director for a standard serologic test for syphilis. Any other person permitted by law to attend pregnant women, but not permitted by law to take blood samples, shall cause a sample of blood of every pregnant woman attended by him to be taken by a duly licensed physician or at a lab approved by the Director for a standard serologic test for syphilis. Such samples of blood shall be taken at the time of the first visit of the pregnant woman or within fourteen (14) days thereafter. Every pregnant woman shall permit such samples of her blood to be taken as in this section.

§ 3324. Report as to Prenatal Test.

In reporting any birth or stillbirth, any physician or other person required to make such reports shall state in a report accompanying the certificate whether, according to his knowledge or information, a blood test for syphilis has been made upon a specimen of blood taken from the woman who bore the child for which the birth or stillbirth certificate is filed and the approximate

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

date when the specimen was taken. The Director is authorized to investigate the circumstances surrounding the birth of any baby on whose mother no serologic test, as required by the provisions of this article, appears to have been taken.

§ 3325. Prevention of Blindness at Childbirth.

Any physician, midwife, or any other person in attendance at childbirth immediately after birth shall administer a one percent (1%) silver nitrate solution to both eyes of the newborn child. Preparations other than one percent (1%) silver nitrate may be used only on approval of the Director and subject to such conditions and restrictions as the Director may impose.

§ 3326. Immunization Audit.

Annually, the Director shall conduct an immunization audit. Sample audits shall be conducted on public health clinic records, private clinic records and private physicians' records to determine if:

- (a) One (1) consolidated immunization record is posted on the inside front cover of the patient's medical record if the patient is under the age of eighteen (18); and
- (b) If the record of any child found to be deficient in immunizations indicates:
 - (1) That progress towards immunization is being made;
 - (2) A record of scheduled return appointment for the child; or
 - (3) A reason for the lack of immunization.

§ 3326.1. Guam Immunization Registry.

(a) All health care providers performing immunizations to children and adults *shall* submit immunization reports to the Department of Public Health and Social Services (Department) in a manner compliant with the guidelines for submissions issued by the Department, which *shall*, at a minimum, indicate the name, date, age, and gender, and specific immunization received by the patient.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(1) All immunization records and reports made for the purposes of compliance with this Section that directly or indirectly identify a person *shall* be kept confidential and *shall not* be disclosed, *except* under the following conditions:

(A) the person identified, the person's legal guardian, or in the case of a minor, the minor's parent or legal guardian consents;

(B) disclosure is deemed necessary by the Director of the Department to carry out the purposes and intent of this Chapter;

(C) a court directs upon its determination that disclosure is necessary for the conduct of proceedings before it;

(D) the disclosure is made between the person's healthcare provider and payer to obtain reimbursement for services rendered to the person; provided, that disclosure *shall* be made only if the provider informs the person that a reimbursement claim will be made to the person's payer, the person is afforded an opportunity to pay the reimbursement directly, and the person *does not* pay; or

(E) the Department of Public Health and Social Services releases aggregate immunization information that *does not* disclose any identifying information of persons whose information is maintained in the registry.

(2) Registry information *shall* be limited to patient name, demographic information, and contact information; information specific to immunizations or medication received by the patient, including types, manufacturers, lots numbers, expiration dates, anatomical sites of administration, routes of administration, vaccine information statement publication dates, doses, dates administered, the patient's history of vaccine, preventable diseases, and contraindications, precautions, adverse reactions to, or comments regarding immunization or medications; and the name and contact information of the vaccination

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

administrator or medication provider and the patient's healthcare provider.

(3) The Department of Public Health and Social Services *shall* adopt administrative, physical, and technical measures to ensure the security of the registry; protect the confidentiality, integrity, and availability of registry data; and prevent unauthorized access to registry information.

(b) Purpose for Access to Registry Information; Access not Disclosure.

(1) Notwithstanding Subsection (a)(1), it *shall not* be a disclosure for the persons listed in Paragraphs (2), (3), (4) and (5) of this Subsection to have limited access to registry information for the purposes specified in each Subsection.

(2) Registry information regarding specific individuals in the registry may be accessed by authorized healthcare providers who are treating, have treated, or have been assigned to treat those individuals; by authorized employees of these healthcare providers; and, by authorized DPHSS health personnel assigned to monitor the immunization or health status of those individuals for the purposes of:

(A) recording the administration of any vaccination, including the pandemic influenza vaccine;

(B) determining the immunization history of a patient to deliver healthcare treatment accordingly;

(C) notifying individuals or parents or legal guardians of the need to schedule a visit for an immunization;

(D) generating official immunization records;

(E) ensuring compliance with mandatory immunization requirements;

(F) recording the distribution of the prophylactic and treatment medications administered or dispensed in preparation for, and in response to, a potentially catastrophic disease threat; or

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(G) complying with the Guam Immunization Program.

(3) Registry information regarding specific individuals in the registry may be accessed by school and post-secondary school personnel authorized by the Director of Public Health and Social Services, the Superintendent of the Guam Department of Education, or the administrator of a private or post-secondary school for the purpose of ensuring compliance with mandatory student immunization requirements.

(4) Registry information regarding specific individuals in the registry may be accessed by authorized health organizations that have been contracted to provide health insurance or health plan coverage for those individuals; provided, that access is limited to *only* the enrollees, members, subscribers, and insured of the authorized health organization, and for the purpose of producing an immunization assessment report by the authorized health organization.

(5) Registry information regarding specific individuals in the registry may be accessed by the Department, or agents of the Department, for the purposes of:

(A) ensuring compliance with mandatory immunization requirements;

(B) performing immunization related quality improvement or quality assessment activities;

(C) complying with Guam Vaccines for Children and/or other provided vaccine programs, vaccine ordering and accountability policies and procedures;

(D) producing aggregate immunization assessment reports to monitor and improve public health;

(E) supporting efforts to prevent and manage outbreaks of vaccine-preventable diseases, including pandemic influenza;

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(F) assisting the Department in the event of a public health emergency; or

(G) managing and maintaining the Guam Immunization Registry system.

(6) The use of the registry information accessed pursuant to this Section *shall* be limited to an authorized vendor for registry development, maintenance and support.

(c) Registry Record Requirements. The establishment of an individual's record in the registry *shall not* require the prior consent of a patient, the consent of the legal guardian of a patient, or the consent of a patient's parent or legal guardian in the case of a minor or dependent. The Department *shall* make available to the patient or patient's parent or legal guardian in the case of a minor or dependent, via the patient's health care provider or birthing hospital, a written description of the purpose and benefits of the Guam Immunization Registry, as well as the procedure for refusing inclusion in the registry.

SOURCE: Added by P.L. 32-073:2 (Nov. 27, 2013) as 10 GCA 3210.1. Codified to this section by the Compiler pursuant to 1 GCA § 1606.

2015 NOTE: Subsection designation (c)(1) was altered to subsection (c) to adhere to the Compiler's general codification scheme pursuant to the authority granted by 1 GCA § 1606.

§ 3327. Same: Confidentiality.

The immunization audit shall be done by the Director who may delegate his duty. The Director shall be responsible for assuring that the confidentiality of individual patient records is preserved. The Department shall be responsible for compiling a statistical report of the audit.

§ 3328. Autopsy.

The Director may order an autopsy to determine if the deceased died of a communicable disease or whenever, in his direction, the public interest justifies it.

§ 3329. Testing for Tuberculosis.

(a) No student shall be permitted to attend any public or private school, college, or university within Guam unless they

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

have on file with the enrolling officer of such school, college or university a report of a Tuberculosis (“TB”) skin test result.

(b) If the student is entering from the United States or states or its territories, such test must have been conducted within one year prior to enrollment. If the student is entering from an area other than the United States or its states or territories, such test must have been conducted within six (6) months prior to enrollment.

(c) If a student has had a positive TB skin test, a Certificate of Tuberculosis Evaluation must be obtained from the Department. If this certificate indicates that the student is TB contagious the student shall be permitted entrance to school only after he or she is certified as noncontagious by the Department.

2014 NOTE: Subsection designations were added by the Compiler in accordance with the authority granted by 1 GCA § 1606.

§ 3330. Testing of Juveniles for Human Immunodeficiency Virus, and Any Other Sexually Transmitted Diseases upon Conviction or Adjudication of Having Committed Act or Acts of Criminal Sexual Assault.

The court shall issue an order requiring a juvenile, who has been certified to the criminal court for prosecution as an adult and convicted of criminal sexual conduct, as defined in §§ 25.15, 25.20, 25.25, and 25.30 of Title 9, Guam Code Annotated, or a juvenile adjudicated to have committed an act or acts of criminal sexual conduct or placed in a deferred admission status for criminal sexual conduct, to submit to testing to determine the presence of human immunodeficiency virus (HIV), or any other sexually transmitted disease, if the victim requests the test.

SOURCE: Added by P.L. 23-071:2 (Feb. 27, 1996).

2013 NOTE: Subsection designation deleted to adhere to the Compiler’s general codification scheme in accordance to the authority granted by 1 GCA § 1606.

§ 3331. Disclosure of Test Results.

The date and results of a test performed under Section 3330 of this Chapter must be made available, on request, to the victim or, if the victim is a minor, to the victim's parent or guardian and

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

positive test results shall be reported to the Director of Public Health, as required under §§ 3302, 3303, and 3304 of this Chapter. Data regarding administration and results of the test shall not be accessible to any other person for any purpose and shall not be maintained in any record of the court or court services or any other record

SOURCE: Added by P.L. 23-071:3 (Feb. 27, 1996).

§ 3332. Notice of Risk of Sexually Transmitted Disease.

(a) Notice required. A hospital shall give a written notice about sexually transmitted diseases to a person receiving medical services in the hospital who reports or evidences a sexual assault or other unwanted sexual contact or sexual penetration. When appropriate, the notice must be given to the parent or guardian of the victim.

(b) Contents of notice. The Chief of Police, or his designee, in consultation with sexual assault victim advocates and health care professionals, shall develop the notice required by subsection (a). The notice must inform the victim of:

- (1) the risk of contracting sexually transmitted diseases as a result of a sexual assault;
- (2) the symptoms of sexually transmitted diseases;
- (3) recommendations for periodic testing for the diseases, where appropriate;
- (4) locations where confidential testing is done and the extent of the confidentiality provided;
- (5) information necessary to make an informed decision whether to request a test of the offender under 10 GCA § 3330; and
- (6) other medically relevant information.

SOURCE: Added by P.L. 23-071:4 (Feb. 27, 1996).

§ 3333. Restricting Entry into Guam.

(a) Upon declaration by the United States Centers for Disease Control and/or the World Health Organization that a health-related epidemic or outbreak has taken place in a

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

jurisdiction, or issues a health advisory on a jurisdiction, *I Maga'lahren Guåhan*, with the advice from the Director of Public Health and Social Services, may, through Executive Order, declare a public health emergency and restrict entry into Guam those individuals who have been in the affected jurisdiction for more than one (1) week and do not possess a recognized and certified document that attests that they have been tested for the specific disease and determined not to be infected. The date of the test must not be more than one (1) week from the date of their entry into Guam.

(b) Any individual who enters into Guam without the proper documentation, shall be quarantined pursuant to this Section and §§19604 and 19605 of Article 6, Chapter 19 of Title 10, Guam Code Annotated.

(c) Any and all costs associated with the quarantine and/or treatment of individuals who unlawfully enter Guam pursuant to this Act will be the responsibility of the individual and the carrier that the individual contracted to travel to Guam with.

(d) Once the entry restriction is imposed, it will remain in effect until *I Maga'lahren Guåhan*, with the advice from the Director of Public Health and Social Services, issues a written order rescinding the Executive Order.

SOURCE: Added by P.L. 29-107:1 (Aug. 22, 2008).

ARTICLE 4
MATERNAL AND CHILD HEALTH AND
CHILDREN WITH SPECIAL NEEDS

§ 3401. Designation of Department of Public Health and Social Services as Cooperative Agency.

§ 3401. Designation of Department of Public Health and Social Services as Cooperative Agency.

The Department of Public Health and Social Services is hereby designated as the agency to cooperate with the duly constituted Federal authorities in the administration of these parts

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

of the Social Security Act which relate to maternal and child health services and the care and treatment of children with special health needs and is authorized to receive and expend all funds made available by the Federal government or from any other source for the purpose provided in this article; provided, that all plans, rules and regulations, or agreements adopted in connection therewith shall be subject to the approval of the Governor.

ARTICLE 5
MATERNAL AND CHILD HEALTH SERVICES

- § 3501. Maternal and Child Health Programs: Administration and Purposes.
- § 3502. Guam Plan for Maternal and Child Health Services: Formulation, Adoption and Approval.
- § 3503. Provisions to Be Included in Guam Plan.
- § 3504. Duties of Director.
- § 3505. Maternal and Child Health Service Funds: Custody and Expenditures.

§ 3501. Maternal and Child Health Programs: Administration and Purposes.

(a) The Department of Public Health and Social Services (the Department) is hereby designated as the agency to administer a maternal and child health program in Guam.

(b) The purposes of such program shall be to develop, extend and improve health services, and to provide for development of demonstration services.

§ 3502. Guam Plan for Maternal and Child Health Services: Formulation, Adoption and Approval.

(a) The Department hereby empowered and authorized:

(1) To formulate, adopt and administer a detailed plan or plans for the purposes specified in § 3501 of this article.

(2) To make and adopt all such rules and regulations not inconsistent with the provisions of §§ 3501 through 3505 of

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

this article, inclusive, or of the Social Security Act, as are or may be necessary for the administration of such plan or plans and the administration of this article.

(b) Such plan or plans and the rules and regulations when formulated shall be submitted to the Secretary of Health and Human Services for approval, and when approved by the Secretary shall thereupon be made effective by the Department in accordance with the Administration Adjudication Law.

§ 3503. Provisions to Be Included in Guam Plan.

Such plan or plans shall include therein provisions for:

- (a) Financial participation by Guam.
- (b) Administration of such plans or plans by the Department.
- (c) Such methods of administration as are necessary for efficient operation of such plan or plans.
- (d) Maintenance of records and preparation as are necessary for efficient operation of such plan or plans.
- (e) Cooperation with medical, health, nursing and welfare groups and organizations for the purpose of extending and improving maternal and child health.
- (f) Receiving and expending in the manner provided herein in accordance with such plan or plans, all funds made available by the Federal government or from any other source for such purposes.
- (g) Cooperating with the Federal government, through its appropriate agency or instrumentality, in developing, extending and improving such services, and in the administration of such plan or plans and development of demonstration services among groups in special need.
- (h) Carrying out the purposes specified in § 3501 of this article.

§ 3504. Duties of Director.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(a) The Director of Public Health and Social Services (the Director) shall be the administrative officer of the agency with respect to the administration and enforcement of the provisions of this article, and of the plan or plans formulated and adopted in accordance therewith and all such rules and regulations necessary thereto.

(b) The Director is hereby empowered and directed to administer and enforce all rules and regulations adopted for the efficient operations of the plan or plans formulated for the purposes of this article.

(c) The Director shall, from time to time as directed by the Secretary of Health and Human Services make such reports in such form and containing such information as the Secretary of Health and Human Services shall require.

(d) The Director shall from time to time, pursuant to the rules and regulations of the Secretary of Health and Human Services and of the Secretary of the Treasury, requisition and cause to be deposited with the Treasurer of Guam all moneys allotted to Guam by the Federal government for the purposes of this article, and shall cause to be paid out of the treasury the moneys therein deposited for such purposes.

§ 3505. Maternal and Child Health Service Funds: Custody and Expenditures.

(a) The Treasurer of Guam is hereby made custodian of all moneys allotted to Guam by the Federal government, or received from other sources, for the purposes of maternal and child health services.

(b) The Treasurer shall receive and provide for the proper custody of such moneys and is authorized to deposit such moneys in the same manner as other public moneys are deposited.

(c) Such moneys shall be disbursed only upon certification by the Director.

ARTICLE 6

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

SERVICES FOR CHILDREN WITH SPECIAL HEALTH NEEDS

- § 3601. Program for Services for Children with Special Health Needs: Administration and Purposes.
- § 3602. Guam Plan for Services for Children with Special Health Needs: Formulation, Adoption and Approval.
- § 3603. Provisions to be Included in Plan.
- § 3604. Duties of Director.
- § 3605. Services for Children with Special Health Needs: Custody and Expenditure.
- § 3606. Department Authorized to Enter into Cooperative Agreements with Federal Government.

§ 3601. Program for Services for Children with Special Health Needs: Administration and Purposes.

(a) The Department of Public Health and Social Services (the Department) is hereby designated as the agency to administer a program of service for children with a disability(ies) or special health need(s).

(b) The purpose of such program shall be to develop, extend, and improve services for locating such children, to provide medical, surgical, corrective and other services and care, to provide facilities for diagnosis, hospitalization and aftercare.

§ 3602. Guam Plan for Services for Children with Special Health Needs: Formulation, Adoption and Approval.

(a) The Department is hereby empowered and authorized:

(1) To formulate, adopt and administer a detailed plan or plans for the purposes specified in § 3601 of this article.

(2) To make and adopt all such rules and regulations, not inconsistent with the provisions of §§ 3601 through 3605 of this article, inclusive, or of the Social Security Act, as are or may be necessary for the administration of such plan or plans and the administration of this Article.

(b) Such plan or plans and the rules and regulations, when formulated, shall be submitted to the Secretary of Health and Human Services for approval, and when approved by the

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

Secretary shall thereupon be made effective in accordance with the Administration Adjudication Law.

§ 3603. Provisions to Be Included in Plan.

Such plan or plans shall include therein provisions for:

- (a) Financial participation by Guam.
- (b) Administration of such plan or plans by the Department.
- (c) Such methods of administration as are necessary for efficient operation of such plan or plans.
- (d) Maintenance of records and preparation, submission and filing of reports of services rendered.
- (e) Cooperation with medical, health, nursing and welfare groups and organizations, and with any agency charged with administration of laws providing for vocational rehabilitation of physically handicapped children.
- (f) Receiving and expending in the manner provided herein in accordance with such plan or plans, all funds made available by the Federal government, or from any other source for such purposes.
- (g) Cooperating with the Federal government, through its appropriate agency or instrumentality, in developing, extending and improving such services and in the administration of such plan or plans.
- (h) Carrying out the purposes specified in § 3601 of this article.

§ 3604. Duties of Director.

(a) The Director of Public Health and Social Services (the Director) shall be the administrative officer of the agency with respect to the administration and enforcement of the provisions of this article, and of the plan or plans formulated and adopted in accordance therewith, and all such rules and regulations necessary thereto.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(b) The Director is hereby empowered and directed to administer and enforce all rules and regulations adopted for the efficient operations of the plan or plans formulated for the purposes of this article.

(c) The Director shall, from time to time as directed by the Secretary of Health and Human Services make such reports, in such form and containing such information as the Secretary of Health and Human Services shall require.

(d) The Director of Public Health and Social Services shall from time to time, pursuant to the rules and regulations of the Secretary of Health and Human Services and of the Secretary of the Treasury, requisition and cause to be deposited with the Treasurer of Guam all moneys allotted to Guam by the Federal government for the purposes of this article, and shall cause to be paid out of the treasury the moneys therein deposited for such purposes.

§ 3605. Services for Children with Special Health Needs: Custody and Expenditure.

(a) The Treasurer of Guam is hereby made custodian of all moneys allotted to Guam by the Federal government, or received from other sources, for the purposes of services for children with special health needs.

(b) The Treasurer of Guam shall receive and provide for the proper custody of such moneys and is authorized to deposit such moneys in the same manner as other public moneys are deposited.

(c) Such moneys shall be disbursed only upon certification by the Director.

§ 3606. Department Authorized to Enter into Agreements with Federal Government.

The Department is hereby authorized to enter into a cooperative agreement or agreements with the United States Department of Health and Human Services prescribing the manner, terms and conditions of cooperation with such Department of Health and Human Services in providing for the identification, diagnosis and treatment of children with special health needs. Such agreements may define the amounts which

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

Guam and the Federal government will contribute under the agreement and the Department shall be bound and governed by such agreement or agreements.

ARTICLE 7
U.S. PUBLIC HEALTH SERVICES

- § 3701. Designation of the Department as Cooperative Agency.
- § 3702. Public Health and Social Services Programs: Administration and Purposes.
- § 3703. Guam Plan for Public Health Services.
- § 3704. Provisions to be included in Guam Plan.
- § 3705. Duties of Director.
- § 3706. Public Health Service Funds: Custody and Expenditures.

§ 3701. Designation of Department as Cooperative Agency.

The Department of Public Health and Social Services (the Department) is hereby designated as the agency to cooperate with the United States Public Health Service in the administration of those parts of the Public Health Service Act, as amended, which relate to grants and services for public health purposes, and is authorized to apply for, receive and expend all funds made available by the Federal government, or from any other source for the purposes provided in this article.

§ 3702. Public Health Services Programs: Administration and Purposes.

(a) The Department is hereby designated as the agency to administer U.S. Public Health Services programs in Guam.

(b) The purpose of such programs shall be to develop, extend and improve public health services.

§ 3703. Guam Plan for Public Health Services.

(a) The Department is hereby empowered and authorized:

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(1) To formulate, adopt, subject to the approval of the Governor, and administer a detailed plan or plans for the purpose specified in § 3702 of this article.

(2) To make and adopt such rules and regulations, subject to the approval of the Governor, not inconsistent with the provisions of §§ 3702 through 3706, inclusive, or of the Public Health Service Act, as are or may be necessary for the administration of this article.

(b) Such plan or plans and the rules and regulations when formulated shall be submitted to the Secretary of Health and Human Services, and when approved by the Secretary shall thereupon be made effective by the Department, pursuant to the Administrative Adjudication Law.

§ 3704. Provisions to be Included in Guam Plan.

Such plan or plans shall include therein provisions for:

(a) Financial participation by Guam.

(b) Administration of such plan or plans by the Department.

(c) Such methods of administration as are necessary for efficient operation of such plan or plans.

(d) Maintenance of records and preparation, submission and filing of reports of services rendered.

(e) Cooperation with medical, health, nursing and welfare groups and organizations for the purpose of extending and improving public health.

(f) Receiving and expending in the manner provided herein in accordance with such plan or plans, all funds made available by the Federal government or from any other source for such purposes.

(g) Cooperating with the Federal government, through its appropriate agency or instrumentality, in developing, extending and improving such services and in the administration of such plan or plans, and development of demonstration services.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(h) Carrying out the purposes specified in § 3702 of this article.

§ 3705. Duties of Director.

(a) The Director of Public Health and Social Services (the Director) shall be the administrative officer of the agency with respect to the administration and enforcement of the provisions of this article, and of the plan or plans formulated and adopted in accordance therewith and all such rules and regulations necessary thereto.

(b) The Director is hereby empowered and directed to administer and enforce all rules and regulations adopted for the efficient operations of the plan or plans formulated for the purposes of this article.

(c) The Director shall from time to time, as directed by the Secretary of Health and Human Services, make such reports, in such form and containing such information as the Secretary shall require.

(d) The Director shall from time to time, pursuant to the rules and regulations of the Secretary of Health and Human Services, requisition and cause to be deposited with the Treasurer of Guam all moneys allotted to Guam by the Federal government for the purposes of this article, and shall cause to be paid out of the treasury the moneys therein deposited for such purposes.

§ 3706. Public Health Service Funds: Custody and Expenditures.

(a) The Treasurer of Guam is hereby made custodian of all moneys allotted to Guam by the Federal Government, or received from other sources, for the purposes of public health services.

(b) The Treasurer of Guam shall receive and provide for the proper custody of such moneys and is authorized to deposit such moneys in the same manner as other public moneys are deposited.

(c) Such moneys shall be disbursed only upon certification by the Director.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

ARTICLE 8
GUAM COMMUNITY HEALTH CENTERS

SOURCE: This Article added by P.L. 24-248:2 (Aug. 14, 1998). Amended by P.L. 38-097:2 (Feb. 11, 2026).

- § 3801. Legislative Intent and Purpose.
- § 3802. Title.
- § 3803. Program.
- § 3804. Personnel.
- § 3805. General Duties.
- § 3806. Federal Grants.
- § 3807. Authority to Set Fees.
- § 3808. Establishment of Regional Community Health Centers.
- § 3809. Contractual Service.
- § 3810. Primary and Urgent Care Service.
- § 3811. Revolving Fund.
- § 3812. Fee Schedule.
- § 3813. Guam Community Health Centers Board of Directors (GCHCBD).
- § 3814. Duties of Guam Community Health Centers Board of Directors.
- § 3815. Transition to Full Autonomy.
- § 3816. Repeal.
- § 3817. Effective Date.
- § 3818. Severability.

§ 3801. Legislative Intent and Purpose.

It is the intent of *I Liheslaturan Guahan* to provide permanent guidelines to govern the creation, operation and maintenance of Guam’s community health centers for the purpose of providing basic quality health care to the people of Guam as a government agency.

SOURCE: Added by P.L. 24-248:2 (Aug. 14, 1998). Amended by P.L. 38-097:2 (Feb. 11, 2026).

§ 3802. Title.

This Act shall be known as, “The Community Health Centers Act of 2025.”

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

SOURCE: Added by P.L. 24-248:2 (Aug. 14, 1998). Amended by P.L. 38-097:2 (Feb. 11, 2026).

§ 3803. Program.

There is hereby established within the Government of Guam, a public corporation and autonomous instrumentality called the Guam Community Health Centers (GCHC) to be administered by the Guam Community Health Centers Board of Directors (GCHCBD) and a Community Health Center Chief Executive Officer. The GCHC shall cover regions of Guam as the GCHCBD determines. The Guam Community Health Center Board and Chief Executive Officer shall adhere to the federal program requirements as stipulated by the Health Resources & Services Administration (HRSA) rules and regulations.

SOURCE: Added by P.L. 24-248:2 (Aug. 14, 1998), amended by P.L. 32-231:2 (Dec. 30, 2014). Amended by P.L. 38-097:2 (Feb. 11, 2026).

2015 NOTE: Pursuant to P.L. 32-231:4 (Dec. 29, 2014), Exhibit A referenced in this section is codified as Article 4 of Chapter 6, of Title 26, Guam Administrative Rules and Regulations.

Subsection designations were altered to adhere to the Compiler's alphanumeric scheme pursuant to the authority granted by 1 GCA § 1606.

§ 3804. Personnel.

There *shall* be assigned sufficient number of administrative personnel, as may be determined by the Community Health Center Chief Executive Officer, to provide staff assistance on a full-time basis to Guam Community Health Centers, and ensure that the general duties assigned to the Guam Community Health Centers are adequately administered. It is further provided:

(a) There is hereby established within the GCHC, the administrative position of Community Health Center Chief Executive Officer, who *shall* be responsible for managing the overall operations, finances, personnel, and facilities of the community health centers in accordance with the mission, vision, values, GCHCBD approved policies, Strategic Plan, and other operational policies.

(1) Salary. The salary of the Community Health Center Chief Executive Officer *shall* be based upon the national standard of Community Health Center Chief

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

Executive Officers of Federally Qualified Health Centers in the U.S., subject to availability of funds for FY 2025, and included in all subsequent budgets.

(b) There is hereby established within the GCHC, the senior administrative financial position of Chief Financial Officer. The responsibility of the position *shall* include, but is *not* limited to, assisting the Chief Executive Officer and the GCHCBD in the development, implementation and coordination of the GCHC's financial policy, fund management, internal audits, billings and collection, and, the performance of all other associated administrative functions and tasks as are necessary in directly providing and ensuring sound fiscal stability and support for the GCHC.

(1) Salary. The salary of the Chief Financial Officer *shall* be based upon the national standard for the position, as found within the Community Health Center instrumentality of a U.S., subject to availability of funds for FY 2025, and included in all subsequent budgets.

(c) There is hereby established within the GCHC, the administrative and clinical position of Medical Director. The responsibility of the position *shall* include, but is *not* limited to, assisting the Community Health Center Chief Executive Officer and GCHCBD in the development, implementation and coordination of the Program's medical services policy and the performance of associated administrative tasks, and directly providing clinical medical support for all medical services provided by the GCHC.

The Medical Director *shall* preferably be a board certified or board eligible physician specialist in a medical field deemed to be an appropriate, requisite field of practice, or multiple field specialties, as is necessary to best meet the mandates and needs of the GCHC.

Preferable consideration for selection as the Medical Director *shall* be given to a board certified or board eligible physician specialist with experience as a primary care family practice physician.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(1) Salary. The salary of the Medical Director *shall* be based upon the national standard for Community Health Center Medical Directors in the U.S., subject to availability of funds for FY2025, and included in all subsequent budgets.

(d) Amendment of Position Description. The GCHCBD *shall*, in keeping with the provisions of Article 3-Rule Making Procedures, of Chapter 9, Title 5, Guam Code Annotated, review and amend, as may be necessary, the position descriptions adopted pursuant to Subsections (a), (b), and (c) of this Section.

SOURCE: Added by P.L. 24-248:3 (Aug. 14, 1998), amended by P.L. 32-231:3 (Dec. 30, 2014). Amended by P.L. 38-097:2 (Feb. 11, 2026).

2015 NOTE: The exhibits referred to in subsections (a), (b), and (c) are attachments to Public Law 32-231.

§ 3805. General Duties.

The general duties of the CEO are:

(a) to oversee the maintenance and operation of all existing community health centers and implement measures approved and promulgated by the Guam Community Health Centers Board of Directors or GCHCBD;

(b) to maintain and initiate the updating of Fees Schedule in effect;

(c) to initiate the budgetary requirements, for both Federal and local funding, of the GCHC;

(d) to account for all generated revenues and prepare periodic reports required;

(e) to administer the Community Health Center Revolving Fund for the Guam Community Health Centers and initiate the required periodic Statement of Condition of such Fund;

(f) to provide administrative support and refer matters needing advice or approval to the GCHCBD;

(g) With the approval of the GCHCBD, to establish additional community health centers and services required by

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

the community for basic medical care that private clinics are either saturated or not meeting the demand of the community or unavailable in the area of primary care, pediatric care, prenatal care, infectious disease care, urgent care and to other areas that the GCHCBD designates as a community requirement, but are inadequately being provided to the community;

(h) to perform other duties as may be assigned by the GCHCBD.

SOURCE: Added by P.L. 24-248:3 (Aug. 14, 1998). Amended by P.L. 38-097:2 (Feb. 11, 2026).

§ 3806. Federal Grants.

The Guam Community Health Center shall comply with all Federal requirements and procedures necessary for the administration of grant programs. The CEO, Program Manager, or designee shall have the authority to apply for Federal Grants.

SOURCE: Added by P.L. 24-248:3 (Aug. 14, 1998). Amended by P.L. 38-097:2 (Feb. 11, 2026).

§ 3807. Authority to Set Fees.

The CEO in consultation with and upon approval of the GCHCBD is authorized to establish fees for health care services in accordance with the Administrative Adjudication Law and as may be required to qualify for grant programs. The fees shall not be deterrent to receiving health care.

SOURCE: Added by P.L. 24-248:3 (Aug. 14, 1998). Amended by P.L. 38-097:2 (Feb. 11, 2026).

§ 3808. Establishment of Regional Community Health Centers.

The following Regional Community Health Centers established in the past by virtue of Executive Orders and laws specifically issued for the purpose may hereafter be governed by the GHCHCBD and provisions of this Act:

(a) the Southern Regional Community Health Center ('SRCHC'), located in the village of Inaláhan, which is

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

tasked to provide quality comprehensive primary health care services to all the residents of Guam;

(b) the Northern Regional Community Health Center ('NRCHC'), located in the Village of Dededo, which is tasked to provide quality comprehensive primary health care services to all the residents of Guam; and

(c) such other regional community health centers that may later be established by the GHCHCBD for similar purpose.

SOURCE: Added by P.L. 24-248:3 (Aug. 14, 1998). Amended by P.L. 38-097:2 (Feb. 11, 2026).

§ 3809. Contractual Service.

The CEO in consultation with and upon approval of the GCHCBD may enter into a contractual agreement with other government agencies or health care provider(s) to provide either, totally or partially, Community Health Center services. The GCHCBD or CEO shall also negotiate contractual agreement for reimbursement of services by the beneficiaries of Health Insurance Providers or Health Maintenance Organization or other entities providing health benefits, or shall allow those government agencies or health care providers to seek reimbursement for their services rendered in the Community Health Centers.

SOURCE: Added by P.L. 24-248:3 (Aug. 14, 1998). Amended by P.L. 38-097:2 (Feb. 11, 2026).

§ 3810. Primary and Urgent Care Service.

The Community Health Center may provide primary and urgent care services based on the unavailability of such service in the community and may enter into a contractual agreement with the Guam Memorial Hospital Authority or other health care providers to provide such service.

SOURCE: Added by P.L. 24-248:3 (Aug. 14, 1998). Amended and renamed by P.L. 38-097:2 (Feb. 11, 2026).

§ 3811. Revolving Fund.

(a) Community Health Center Revolving Fund. There is hereby established a Community Health Center Revolving Fund

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(Fund) to be maintained by the CEO of the Community Health Centers. The Fund shall be established and maintained in a bank account apart and separate from the General Fund or any other bank account(s) of the government of Guam, and shall not be commingled with, or a part of, the General Fund. All funds due or accruing to the account from whatever source(s), as provided or authorized pursuant to applicable law, inclusive of any interest, shall be deposited in the Fund in its entirety immediately upon receipt by the government of Guam.

(1) The CEO of Community Health Centers shall report monthly and maintain full compliance with all financial reporting requirements of the government of Guam pursuant to applicable law.

(2) Any and all collections deposited into and/or expenditures from the Fund shall be reported to the members of the GCHCBD.

(b) Independent Records and Accounts. The Fund shall be maintained separate and apart from all other government funds; have an independent records and accounts concerning the Fund; and audited as directed by the GCHCBD or the Office of Public Accountability and shall provide I Maga'hågan/Maga'låhen Guåhan and I Liheslaturan Guåhan a copy of the audited report.

(c) Deposits. All monies collected for products and services rendered at the community health centers shall be accounted for and deposited into the Fund and available to pay for the expenses of the community centers.

(d) Application. All monies deposited in the Fund shall be available to be used to pay for the expenses of the community center allowable by Federal regulations and guidelines as the non-Federal share of project costs in accordance with the Department's grant from the U.S. Department of Health and Human Services. The Fund may also be used for the following expenses:

- (1) payment(s) for contractual services;
- (2) payment(s) for supplies;

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(3) payment(s) for any other expenses, which if remains unpaid may result in an emergency situation as approved by the Board in a resolution;

(4) the Fund shall be reimbursed from other appropriated fund sources for any expenditure made as a result of circumstances outlined in Subsection (3) if the expenditure was budgeted from said appropriated source; and

(5) board stipends, as provided by applicable law.

(6) Program income shall not be redirected, reprogrammed, or used for any purpose other than the Guam Community Health Centers operations.

(e) Accounts Receivables. The Community Health Centers CEO, in consultation with and upon approval of the GCHCBD, is hereby authorized to pursue accounts receivables payment in whatever manner allowable by law, including contractual services for collection and tax refund garnishments. The Community Health Centers CEO shall promulgate rules and regulations through the Administrative Adjudication Law governing collection and reduction of uncollectible accounts receivables.

(f) The Community Health Centers CEO in consultation with and upon approval of the GCHCBD shall submit an annual spending plan for the Fund in accordance with and at the same time as the Bureau of Budget and Management Research budget call.

(g) The Community Health Center CEO shall, by no later than the 20th day of each quarter, submit a financial report relative to the status and activities of the Community Health Center Revolving Fund. The quarterly report shall be submitted, via the Office of I Maga'hågan/Maga'låhen Guåhan, to the Speaker of I Liheslaturan Guåhan, and the Chairpersons of the Committee on Finance, and the Committee on Health of I Liheslaturan Guåhan. The report shall, at a minimum, contain:

(1) all expenditures and encumbrances (monthly and year-to-date);

(2) funds received and source(s);

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(3) status of accounts receivable for outstanding debts and/or delinquent payment obligations owed to the Community Health Center(s); and

(4) any and all other pertinent information relative to the Fund.

(h) The Community Health Center Revolving Fund shall be included in the government of Guam annual audit review and report.

(i) The funds shall be exempt from all transfer authority granted to the Director of the Department of Administration, the Director of Department of Public Health and Social Services and I Maga'hågan/Maga'låhen Guåhan.

SOURCE: Added by P.L. 24-248:2 (Aug. 14, 1998). Subsection (a) amended by P.L. 30-106:2 (Mar. 12, 2010). Subsections (c), (d) and (e) amended by P.L. 30-108:2 (Mar. 12, 2010). Subsections (f) and (g) added by P.L. 30-108:3 (Mar. 12, 2010). Subsection (g) repealed and reenacted by P.L. 30-194:2 (Aug. 28, 2010). Subsection (h) added by P.L. 30-194:3 (Aug. 28, 2010). Amended by P.L. 38-097:2 (Feb. 11, 2026).

§ 3812. Fee Schedule.

(a) The GCHCBD is hereby authorized to implement a fee schedule. The provision of this Act shall be repealed upon subsequent submission and approval of the fee schedule through the Administrative Adjudication Law. The fee schedule must give discounts accordingly to the Federal Income Poverty Guideline. The health centers must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.

(b) Individuals or families whose income falls below the federal poverty guidelines shall apply for subsidized medical services through the Medically Indigent Program or other medically subsidized program.

(1) The Program shall submit a billing claim to the Guam Medically Indigent Program Administrator for the necessary amount to recover the cost of services rendered to the Medically Indigent Program patients at the fee schedule rates established for reimbursement pursuant to applicable law, rules and regulations.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(A) Notwithstanding any other provision of law, rule or regulation, for the purposes of billing and collections, the Community Regional Health Centers Program shall be deemed apart and separate from the Department, and the Guam Medically Indigent Program shall promptly remit payment to the Program as reimbursement for services rendered to MIP patients, for deposit into the Community Health Center Revolving Fund.

SOURCE: Added by P.L. 24-248:2 (Aug. 14, 1998). Amended by P.L. 31-176:2 (Feb. 3, 2012). Subsection (a) amended by P.L. 38-097:2 (Feb. 11, 2026).

§ 3813. Guam Community Health Centers Board of Directors (GCHCBD).

GCHCBD Established. There shall be established a Guam Community Health Centers Board of Directors (“GCHCBD”) to serve in a governing capacity and maintains oversight of the Community Health Centers.

(a) The composition of the board shall be defined by the GCHCBD bylaws and shall at a minimum adhere to the following Health Resources and Services Administration (HRSA) requirements, subject to updates in HRSA rules:

(1) The health center’s governing board must consist of at least nine (9) and no more than twenty-five (25) members.

(2) The majority [at least fifty-one percent (51%)] of the health center board members must be patients served by the health center. Patient board members are also often referred to as “user” or “consumer” board members. However, for the purposes of this Chapter, only the term “patient” or “non-patient” board member will be used for ease of reference. These health center patient board members must, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(3) Non-patient health center board members must be representative of the community served by the health center and must be selected for their expertise in relevant subject areas, such as community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.

(4) Of the non-patient health center board members, no more than one-half may derive more than ten percent (10%) of their annual income from the health care industry.

(5) A health center board member may not be an employee of the center, or spouse or child, parent, brother or sister by blood or marriage of such an employee. The CEO may be a non-voting, ex-officio member of the board.

(6) The health center bylaws or other internal governing rules must prescribe the process for selection and removal of all governing board members. This selection process must ensure that the governing board is representative of the health center patient population. The selection process in the bylaws or other rules is subject to approval by HRSA.

(b) The GCHCBD may amend their by-laws as may be necessary for the conduct and administration of its activities and the exercise of the powers and performance of the duties conferred or imposed upon the CHC or the Board by this Chapter.

(c) The GCHCBD may adopt such rules and regulations pursuant to the Administrative Adjudication Act as may be necessary for the exercise of the powers and performance of the duties conferred or imposed upon the CHC or the Board by this Chapter.

(d) Compensation. The compensation that members of the GCHCBD may receive shall be the compensation provided by Guam law.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(e) The GCHCBD may enter into a co-applicant agreement with another government of Guam agency for purposes of meeting Health Center Program requirements.

SOURCE: Added by P.L. 24-248:3 (Aug. 14, 1998). Amended and renamed by P.L. 38-097:2 (Feb. 11, 2026).

§ 3814. Duties of Guam Community Health Centers Board of Directors.

The GCHCBD shall develop bylaws which specify the responsibilities of the board, review and approve the plans and programs of the Community Health Center and for that purpose shall perform the following duties:

(a) review and approve the annual budget for the Community Health Centers;

(b) review and approve the three (3) - year Plan and its annual update for the Community Health Centers;

(c) periodically review available and needed services provided by the Centers;

(d) promote the utilization and assistance of interested persons, including recovered clients, volunteering their service to the patients of the Center in whatever qualified service they can provide; and

(e) review and comment on all new and renewed Federal grants application.

(f) Shall approve by resolution all expenditures allowed in § 3811 of this Chapter greater than Five Thousand Dollars (\$5,000);

(g) may approve by resolution a Memorandum of Understanding between the Community Health Centers and the Department of Revenue and Taxation to garnish income tax refunds of recipients of products and services rendered by the Community Health Centers who have not fulfilled their payment obligation for said products and services. The Board shall adopt a policy to govern the referral of such tax refund garnishment requests to the Department of Revenue and Taxation.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

SOURCE: Added by P.L. 24-248:2 (Aug. 14, 1998). Subsections (f) and (g) added by P.L. 30-108:4 (Mar. 12, 2010). Amended and renamed by P.L. 38-097:2 (Feb. 11, 2026).

2012 NOTE: In maintaining the general codification scheme of the GCA the Compiler changed the hierarchy of subsections beginning with “Numbers” to “Lowercase Letters” in this chapter.

§ 3815. Transition to Full Autonomy.

A three (3) year transition period shall commence upon enactment of this Act, during which the GCHC shall work toward full administrative and operational independence. Upon completion of the transition period, all duties, authorities, and resources currently administered by the Department of Public Health and Social Services (DPHSS) under the Guam Community Health Centers Program, pursuant to Article 8, Chapter 3 of Title 10, Guam Code Annotated, shall be fully transferred to the GCHC as established under this Chapter.

(a) The GCHC shall directly apply for federal grants and assume responsibility for all federal compliance, program administration, and service delivery functions for the program.

(b) All real and personal property, facilities, equipment, supplies, and financial assets allocated to the Guam Community Health Centers Program under DPHSS shall be transferred to the CHC.

(c) All employees assigned to the Guam Community Health Centers Program under DPHSS shall be transferred to the GCHC. Transferred personnel shall retain their current employment status, salaries, accrued benefits, and rights under applicable government employment laws.

(d) The current bylaws shall remain in effect for twelve (12) months or until new bylaws can be adopted, whichever comes first.

(e) Notwithstanding any other provision of this Article, the Department of Administration (DOA), shall provide interim technical assistance to the GCHC, in the following areas:

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(1) Developing and implementing its own financial management system, including accounting, payroll, and other internal fiscal controls.

(2) Establishing a human resource management system for hiring.

(3) Assist the GCHC in developing and adopting procurement rules and procedures consistent with applicable government and federal guidelines.

(f) All contracts' agreements, and memoranda of understanding or agreement related to the Guam Community Health Centers Program shall remain in effect unless terminated by the GCHC.

(g) Upon request by the GCHC and with notification submitted to I Maga'hågan/Maga'låhen Guåhan and I Liheslaturan Guåhan, the transition period may be extended for one (1) year at a time, not to exceed a total of three (3) additional years. Any request for extension shall include a status report on transition progress and a revised timeline for completion.

SOURCE: Added by P.L. 24-248:3 (Aug. 14, 1998), entitled "Repeal." Amended and renamed by P.L. 38-097:2 (Feb. 11, 2026).

§ 3816. Repeal .

Executive Order Nos. 70-25 and 86-05 pertaining to the Southern Regional Community Health Center are hereby repealed.

SOURCE: Added by P.L. 24-248:3 (Aug. 14, 1998) entitled "Effective Date." Amended and renamed by P.L. 38-097:2 (Feb. 11, 2026).

§ 3817. Effective Date.

The provisions contained in this Act shall take effect upon enactment.

SOURCE: Added by P.L. 24-248:3 (Aug. 14, 1998) entitled "Severability." Amended and renamed by P.L. 38-097:2 (Feb. 11, 2026).

§ 3818. Severability.

If any of the provisions of this Act or the application thereof to any person or circumstance are held invalid, such invalidity

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

shall not affect any other provision or application of this Act, which can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

SOURCE: Added by P.L. 38-097:2 (Feb. 11, 2026).

ARTICLE 9
GUAM EARLY LEARNING COUNCIL

SOURCE: Entire Article added by P.L. 31-062:2 (May 24, 2011).

- § 3901. Composition of Early Learning Council Membership.
- § 3902. Goals and Objectives of the Early Learning Council.
- § 3903. Roles and Responsibilities.

§ 3901. Composition of Early Learning Council Membership.

(a) Members of the Early Learning Council shall be comprised of representatives from the following key child serving agencies, including government agencies and private organizations, directly and indirectly involved in supporting the quality health care and education of children birth to eight (8) and their families, to develop a coordinated, efficient, and cost-effective Early Childhood Comprehensive System:

- (1) the Parent Information Resource Center (PIRC);
- (2) non-profit organizations providing services and supports to children, birth to eight (8), and their families;
- (3) private child care providers;
- (4) the Guam Medical Society;
- (5) the Department of Public Health and Social Services;
- (6) the Guam Department of Education- Head Start, Early Intervention: Part C, Preschool Special Education: Part B, Section 619;
- (7) the Guam Behavioral Health and Wellness Center;

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

- (8) the Guam Department of Labor;
- (9) the University of Guam;
- (10) the Guam Community College;
- (11) the Guam Memorial Hospital;
- (12) Guam Legislative Committee Chairpersons, including, but not limited to, the Committees on Education, Health and Human Services;
- (13) the Catholic Social Service;
- (14) at a minimum, three (3) parent representatives, of which at least one (1) is a parent/guardian or family member of a person with developmental disabilities;
- (15) the Mayors Council of Guam;
- (16) Sanctuary, Inc.; and
- (17) the Superior Court of Guam.

(b) Co-chairmanship of the Council will be shared between the Governor's designee and the Project Director of Project *Tinituhon*, Guam's Early Childhood Comprehensive System. In the event, however, of the completion of Project *Tinituhon*, the second co-chairperson shall be selected by duly appointed Council members.

2013 NOTE: P.L. 32-024:2 (May 6, 2013) renamed the Department of Mental Health & Substance Abuse to the Guam Behavioral Health and Wellness Center. Reference to the Department of Mental Health & Substance Abuse was changed to Guam Behavioral Health and Wellness Center pursuant to P.L. 32-024:4.

§ 3902. Goals and Objectives of the Early Learning Council.

- (a) The Council has the following as its goals:
 - (1) to increase supports and services for young children and their families by strengthening cross-agency coordination, involving public and private entities, to ensure delivery of comprehensive services for young children and their families; and
 - (2) to expand and refine Guam's Policy Agenda for

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

Early Learning- Birth to Eight (8).

(b) The Council has the following objectives to support these goals:

- (1) to strengthen collaboration among governance entities that oversee and coordinate subsystems;
- (2) to leverage funding streams to maximize resources;
- (3) to develop and implement a mechanism for cross-agency data collection for monitoring and reporting;
- (4) to create cross-agency standards for child and family outcomes;
- (5) to define professional development structures to ensure an appropriately skilled systems workforce; and
- (6) to expand awareness of and access to parent education and family supports.

§ 3903. Roles and Responsibilities.

The Council will oversee and ensure the effective and efficient collaboration within Guam's Early Childhood Comprehensive System and is empowered to:

- (a) make recommendations on the most effective policy direction and methods to improve the coordination, quality, and delivery of quality health care and education services for young children on Guam;
- (b) critically examine and prioritize funding in support of child and family outcomes;
- (c) promote and support the acquisition of funding opportunities, through government and private organizations, in support of the overall vision and mission of the Early Childhood Comprehensive System;
- (d) provide input to the Strategic Management Team of Guam's Early Childhood Comprehensive System to ensure the collaboration and integration of data collection and evaluation, leveraging of resources and funding, and public awareness and education on the importance of early

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

childhood;

(e) provide the Governor and Legislature with an annual “State of Early Childhood Health and Education on Guam” Brief;

(f) establish policies and procedures for the efficient and effective decision-making processes in support of their responsibilities;

(g) regularly review goals and objectives to ensure they are responsive and relevant to the evolving needs of Guam’s youngest children and their families; and

(h) carry out the responsibilities mandated and outlined in the national legislation, “Improving Head Start for School, Readiness Act of 2007” (P.L. 110-134), Section 642B(b) and others assigned by the Governor of Guam.

2015 NOTE: Subsection designations were altered to adhere to the Compiler’s general codification scheme in accordance to the authority granted by 1 GCA § 1606.

ARTICLE 10
GUAM COUNCIL ON CHILD DEATH REVIEW
AND PREVENTION (CCDRP)

SOURCE: Article 10 added by P.L. 32-030:2 (May 10, 2013).

- § 31001. Short Title.
- § 31002. Definistions.
- § 31003. Access to Information.
- § 31004. Exception.
- § 31005. Use of Child Death Review Information and Records.
- § 31006. Immunity from Liability.
- § 31007. Funding Authorization.

§ 31001. Short Title.

This Act may be cited as the “Child Death Review and Prevention Act of 2013.”

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

§ 31002. Definitions.

- (a) As used in this Article:
- (1) Child means a person less than eighteen years of age.
 - (2) Family means:
 - (A) each legal parent;
 - (B) the natural/biological mother;
 - (C) the natural/biological father;
 - (D) each parent's spouse or former spouses;
 - (E) each sibling or person related by consanguinity or marriage;
 - (F) each person residing in the same dwelling unit; and
 - (G) any other person who, or legal entity that, is a child's legal or physical custodian or guardian, or who is otherwise responsible for the child's care, other than the authorized agency that assumes such a legal status or relationship with the child, as defined under § 4202, Article 2, Chapter 4, Title 19, Guam Code Annotated.
 - (3) Council on Child Death Review and Prevention (CCDRP) means the Council members who are multidisciplinary and multiagency representatives appointed by *I Maga'lahaen Guåhan* [Governor of Guam] and any other entity/representative invited by the Director or the Director's designated representatives as appropriate for each child death review, to include, at a minimum:
 - (A) Department of Public Health and Social Services:
 - (i) Director, or the Director's designated representatives;
 - (ii) Bureau of Family Health and Nursing Services – Maternal and Child Health;

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

- (iii) Bureau of Social Services Administration – Child Protective Services;
- (iv) Emergency Medical Services; and
- (v) Office of Vital Statistics;
- (B) Medical Examiner, or designee;
- (C) Department of Mental Health and Substance Abuse;
- (D) Guam Police Department;
- (E) Guam Early Learning Council;
- (F) Attorney General of Guam, or designee;
- (G) Guam Memorial Hospital Authority;
- (H) Local Pediatrician;
- (I) Military Representative;
- (J) Parent/Community Stakeholder; and
- (K) *I Liheslaturan Guåhan* (the Guam Legislature) Chairperson of the Committee on Health and Human Services, or designee.

(4) Child death review information means information regarding the child and child’s family, including, but not limited to:

- (A) social, medical, and legal histories;
- (B) death and birth certificates;
- (C) law enforcement investigative data;
- (D) medical examiner or coroner investigative data;
- (E) parole and probation information and records;
- (F) information and records of social service agencies;
- (G) educational records; and
- (H) health/mental health care institution

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

information.

(5) Department means the Department of Public Health and Social Services.

(6) Director means the Director of the Department of Public Health and Social Services, or the Director's designated representatives.

(7) Provider of medical care means any health/mental health practitioner who provide, or a facility through which is provided, any medical evaluation or treatment, including dental and mental health evaluation or treatment.

(8) Service provider(s) means any practitioner/provider who provides, or a facility through which it is provided, any social and legal services.

§ 31003. Access to Information.

(a) Upon written request of the Director, all providers of social, medical, and legal services, and local agencies, shall disclose to the Department, and those individuals appointed by the Director to participate in the review of child death, child death review information regarding the circumstances of a child's death so that the Department may conduct a multidisciplinary and multiagency review of child deaths.

(b) To the extent that this Section conflicts with other state confidentiality laws, this Section shall prevail.

§ 31004. Exception.

Information regarding an ongoing civil or criminal investigation shall be disclosed at the discretion of the applicable local or federal law enforcement agency.

§ 31005. Use of Child Death Review Information and Records.

(a) Except as otherwise provided in this Article, all child death review information acquired by the Department during its review of child deaths pursuant to this Article, is confidential and may only be disclosed as necessary to carry out the purposes of this Article.

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

(b) Child death review information and statistical compilations of data that do not contain any information that would permit the identification of any person shall be public records.

(c) The CCDRP shall submit a report of child death review information and statistical compilations of data that do not contain any information that would permit the identification of any person to *I Liheslaturan Guåhan* (the Guam Legislature) on an annual basis.

(d) No individual participating in the Department's multidisciplinary and multiagency review of a child's death may be questioned in any civil or criminal proceeding regarding information presented in or opinions formed as a result of a child death review meeting. Nothing in this Subsection shall be construed to prevent a person from testifying to information obtained independently of the Department's multidisciplinary and multiagency review of a child's death, or which is public information, or where disclosure is required by law or court order.

(e) Child death review information held by the Department as a result of child death reviews conducted under this Article are not subject to subpoena, discovery, or introduction into evidence in any civil or criminal proceeding, except that child death review information otherwise available from other sources is not immune from subpoena, discovery, or introduction into evidence through those sources solely because they were provided as required by this Article.

§ 31006. Immunity from Liability.

All agencies and individuals participating in the review of child deaths pursuant to this Article shall not be held civilly or criminally liable for providing the information required under this Article.

§ 31007. Funding Authorization.

Funding to implement and conduct the provisions and activities authorized pursuant to this Article shall be expended from the annual fiscal year appropriation to the Office of Vital

10 GCA HEALTH AND SAFETY
CH. 3. PUBLIC HEALTH AND SOCIAL SERVICES

Statistics, and/or from the Office of Vital Statistics Revolving Fund (Title 10 GCA, Chapter 3, Article 2, § 3227.1).
