# *I MINA'TRENTAI SINGKO NA LIHESLATURAN GUÅHAN*

## 2020 (SECOND) Regular Session

# LEGISLATIVE SESSION VOTING RECORD

| **Bill No. 165-35 (COR)**<br>As amended on the Floor. | **Speaker Antonio R. Unpingco Legislative Session Hall<br>Guam Congress Building<br>October 19, 2020** | | | | | |
|---|---|---|---|---|---|---|
| **NAME** | **Aye** | **Nay** | **Not Voting/ Abstained** | **Out During Roll Call** | **Absent** | **Excused** |
| **Senator William M. CASTRO** | ✓ | | | | | |
| **Senator Régine Biscoe LEE** | ✓ | | | | | |
| **Senator Kelly G. MARSH (TAITANO), PhD** | ✓ | | | | | |
| **Senator James C. MOYLAN** | | | | | | ✓ |
| **Senator Louise B. MUÑA** | ✓ | | | | | |
| **Speaker Tina Rose MUÑA BARNES** | ✓ | | | | | |
| **Vice Speaker Telena Cruz NELSON** | | | | | | ✓ |
| **Senator Sabina Flores PEREZ** | ✓ | | | | | |
| **Senator Clynton E. RIDGELL** | ✓ | | | | | |
| **Senator Joe S. SAN AGUSTIN** | ✓ | | | | | |
| **Senator Amanda L. SHELTON** | ✓ | | | | | |
| **Senator Telo T. TAITAGUE** | ✓ | | | | | |
| **Senator Jose "Pedo" TERLAJE** | ✓ | | | | | |
| **Senator Therese M. TERLAJE** | ✓ | | | | | |
| **Senator Mary Camacho TORRES** | ✓ | | | | | |

| **TOTAL:** | **13** | | | | | **2** |
|---|---|---|---|---|---|---|
| | **Aye** | **Nay** | **Not Voting/ Abstained** | **Out During Roll Call** | **Absent** | **Excused** |

CERTIFIED TRUE AND CORRECT:

RENNAE V. C. MENO
Clerk of the Legislature

I = Pass

*I MINA'TRENTAI SINGKO NA LIHESLATURAN GUÅHAN*
**2019 (FIRST) Regular Session**

**Bill No. 165-35 (COR)**
As amended on the Floor.

*

Introduced by: Louise B. Muña
Jose "Pedo" Terlaje
William M. Castro
Telo T. Taitague
Joe S. San Agustin

**AN ACT TO *ADD* A NEW § 181004 TO ARTICLE 10 OF CHAPTER 18, TITLE 22, GUAM CODE ANNOTATED, RELATIVE TO RETAINING THE *U.S. PREVENTIVE SERVICES TASK FORCE* SCREENING RECOMMENDATIONS FOR DIABETES OF THE *AFFORDABLE CARE ACT* IN GUAM'S HEALTH INSURANCE LAW.**

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

**Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds that diabetes is a condition that affects most families on Guam. The *U.S. Preventive Services Task Force* (USPSTF) recognizes that diabetes is a major risk factor for heart disease, certain cancers, chronic kidney/end stage renal disease, high blood pressure, blindness, and uncontrollable infections. The *American Cancer Society* (ACS) found that diabetes doubles the risk of liver, pancreas, and endometrial cancer. It increases the risk of colorectal, breast, and bladder cancer by twenty percent (20%) to fifty percent (50%), but it cuts men's risk of prostate cancer. An ACS panel on diabetes is divided on the effectiveness of any diabetes treatment to

lower these cancer risk factors once a person has acquired the disease. Therefore, the best means to lower the risk of these cancers is to prevent diabetes altogether.

*I Liheslaturan Guåhan* further finds that advanced screening, counseling on diet and exercise, and relatively affordable medications can prevent individuals at risk for diabetes from contracting the disease and reverse diabetes in those in the early stages of the disease.

*I Liheslaturan Guåhan* further finds that the *USPSTF* guidelines for diabetes screening that are part of the *Preventive Services and Essential Benefits* guidelines for the Patient Protection and Affordable Care Act are adequate to ensure that patients are able to prevent diabetes. The *USPSTF* recommendations are as follows:

> "This recommendation applies to adults aged 40 to 70 years who are seen in primary care settings and do not have obvious symptoms of diabetes. Persons who have a family history of diabetes, have a history of gestational diabetes or polycystic ovarian syndrome, or are members of certain racial/ethnic groups (that is, African Americans, American Indians or Alaskan Natives, Asian Americans, Hispanics or Latinos, or Native Hawaiians or Pacific Islanders) may be at increased risk for diabetes at a younger age or at a lower body mass index. Clinicians should consider screening earlier in persons with one (1) or more of these characteristics."

Therefore, it is the intent of *I Liheslaturan Guåhan* to retain the *USPSTF's* diabetes screening recommendations and keep this screening free from co-payments and deductibles.

**Section 2**. A new § 181004 is *added* to Article 10 of Chapter 18, Title 22 Guam Code Annotated, to read as follows:

"**§ 181004. Diabetes Screening Coverage in Health Insurance Policies.**

(a) This screening recommendation applies to adults aged forty (40) to seventy (70) years who are obese or overweight. Persons who have a family

history of diabetes, have a history of gestational diabetes or polycystic ovarian syndrome, or are members of certain racial/ethnic groups (that is, African Americans, American Indians or Alaskan Natives, Asian Americans, Hispanics or Latinos, or Native Hawaiians or Pacific Islanders) may be at an increased risk for diabetes at a younger age or at a lower body mass index, and clinicians should consider screening earlier in persons with one (1) or more of these characteristics.

(b) The Director of the Department of Public Health and Social Services may adjust the screening recommendations in Subsection (a) of this Section in the event that the *U.S. Preventive Services Task Force* adopts new recommendations.

(c) Every policy of health insurance issued or renewed to a resident of Guam on or after January 1, 2021 and the Medically Indigent Program shall cover diabetes screening as defined in Subsection (a) of this Section. Coverage under this Section shall not be subject to a deductible or coinsurance for services."