

**GUAM CANCER TRUST FUND COUNCIL MEETING
MINUTES OF March 11, 2021
Online Zoom Meeting at 4:00 PM**

ATTENDANCE:

Rachael T. Leon Guerrero, Chairperson, GCTF
Cathy Rivera Castro, Council Member
Ken Leon Guerrero, Council Member
Faraz Ouhadi, Council Member
Remylynn Yamanaka, GCTF Project Manager
Yvette C. Paulino, Council Member, School of Health
Peter Sgro, Council Member

Jim Espaldon, Guest
Carlos Taitaino, Guest
Renee Vexler, Guest
Debbie Alicko, GMHA Member
Tricia, GMHA Member
Ellie Ongprung, Guam Cancer Care
Natasha Charfauros, Office of Speaker Terlaje

I. CALL TO ORDER

- Dr. Rachael Leon Guerrero called the meeting to order at 4:00pm

II. New Business

- a. Review of GMHA New Application FY 2021
 - i. GMHA original request was for \$1 million which is divided for C-Arm Imaging Scanner Intensifier, Laboratory Information System, Medications for cancer control, Local Oncologist Partnership Services, Patient Education materials, and Inflationary costs. Dr. Leon Guerrero stated that when the council member had sent a letter to GMHA stating that the request for the C-Arm Imaging Scanner Intensifier and the Laboratory information System totaling at \$860,000 is not an allowable cost per GovGuam rules and regulations. As for the other items on the request, the council member had asked for more information and justification from GMHA. The council member is also asking more information about GMHA's plan on who to partner up with for their request of \$75,000 for a Local Oncologist Partnership Services. A thorough synopsis is also requested for the Patient Education Materials. The Inflationary costs also need clarification, and this can be added to the Admin Fees. On March 4, 2021, GMHA had submitted their revised request for \$140,000.
 - ii. Council Member Peter Sgro commented that he does not have any questions and is okay with approving GMHA's request for the \$140,000. Ken Leon Guerrero also stated that he approves funding GMHA. Cathy Castro asked the GMHA guests how will they justify that once the internet system is upgraded its only available to cancer patients and not for the whole hospital. GMHA responded to this and stated that it will be hard to ensure that only cancer patients will have access to this upgraded Wi-Fi connection. Cathy Castro stated that she just wants to make sure that GMHA understand about the law and that they are aware because she did not want the Office of Public Auditor to question the GCTF again like what had happened in the past. Dr. Rachel suggested that maybe GMHA can just put the wi-fi cost under the admin fees as there are no stipulations in that category.
 - iii. GMHA was asked to revise their request and to give more information on how GMHA will spend the \$20, 000 for the Patient Education Materials.

III. Report from the Chair

- a. Dr. Leon Guerrero reported that the Financial Report was out on February 28, 2021 and will be posted on the GCTF website soon. She reported that the cash in account is \$2,846,189.03 with allocated and encumbered funds at \$2,601,284.69 and unallocated at \$244,904.34. If the amount in the allocated funds

is not used by end of 2021, it will be rolled over to 2022.

- b. Applications that were awarded in FY2021 totaled to \$831,021. The organizations that were awarded were Catholic Social Services (\$313,409), American Cancer Society (\$127,890), EM Calvo(\$345,000), Santa Teresita Church(\$27,734), and UOG Global Learning & Engagement(\$132,089).

IV. Program Manager Report

- a. Program Manager Remylynn Yamanaka reported that as of March 10, 2021 there are remaining balances for the following contracts, and she is still processing FY 2020 invoices. The contracts that have ended for FY2020 was American Cancer Society and Edward M. Calvo. And Ayuda Foundation (December 31, 2021) and Guam Cancer Care (September 30, 2021) have been approved for a “no cost extension”.
- b. Cathy Castro had asked Jim Espaldon if they have given out airline tickets for cancer patients since COVID-19 started. Jim Espaldon reported that they have given out about 26-27 airline tickets for cancer patients and their escorts. He also stated that in FY 2020, there were a lot of inquiries about the program but were hesitant to travel during the pandemic. Council Member Yvette Paulino asked Jim Espaldon if he documents the patient’s experience when getting the treatment off island and about the facility they went to. Jim Espaldon stated that although he would conversation with the patient’s when they get back from their off-island treatment there is no documentation recorded on their experience. Council Member Cathy Castro stated that having this type of documentation recorded (customer satisfaction) will be good for the end report at the end of the year.

V. OLD Business

- a. Revised GCTF Rules & Regulations
 - i. Dr. Leon Guerrero stated that back in October 2020, there was a public hearing and there was a written testimony form Ellie Ongrung (Guam Cancer Care), Renata Bordallo (Guam Cancer Registry), and Senator Louise Muna. There were main concerns which the council member must addressed or justify regarding the GCTF Rules & regulations.
 - Item 7., Section B.4 – “an applicant or grant has used GCTF funds as its sole and only funding source or sixty percent (60%) or more of its annual funding sources.”
 - This provision penalizes organizations that have only GCTF as funding source.
 - Item 8, A.% under Authorized Use of Grant Funds, where it states that “... no more than 35% of the grant funds it receives in a fiscal year, to pay for salaries and fringe benefit of its employees that are providing direct services to cancer patients or persons being screened for cancer, such employees may be, but are not limited, to patient navigators, nurses, physicians, or clinicians.”
 - This provision impacts non-profits and “forces” them to shift funds to non-personnel related expenditures when the NEEDS of the patients may be more needed on services provided by people like patient navigators.
 - “The rules have a 15% limit on administrative expenses and a 35% limit on salaries. This is an impossible scenario in a health care organization model because based on the definitions of administrative expenses, the remaining 50% can only be spent on medicine and supplies. No viable healthcare organization works with those constraints.”
 - Item 8, B.2, where it states that “... No more than 65% of the grant funds in a fiscal year, to pay for salaries and fringe benefits of its employees or contractors that are providing cancer education or cancer outreach

services....”.

- Unfair difference in salary/fringe cap between “direct” services vs. “education/outreach”
 - The rules that place restrictions on the use of funds must not micromanage the operations of the grantee. The grantee is not an employee of the GCTF. All the rules need to bifurcate or between administrative and services expenses. The goal ultimate is to get 85% of the grant proceeds to the cancer patients or prevent cancer from occurring.
 - Page 16, the following provisions is illegal “(d) A current listing of the applicant’s board members, directors, officers, or employees that identifies any of them who are full or part-time employees of the Government of Guam or any Government of Guam public corporation, autonomous agency, or instrumentality:”
 - This rule is illegal for the following reasons: (1) The Government of Guam personnel rules and regulations allow government of Guam employees to hold-part-time employment; (2) nothing in the S26603(e) of 11GCA permits the GCTF to require grantees to discriminate against government of Guam employees; and (3) federal law generally prohibits state and local governments from enacting laws, rules and regulations that prohibit private employers from hiring whomever they want. The exceptions are aliens who are not allowed to work in the United States, jobs that require security clearances and jobs that require specialized training, education, or certifications. The EEO allows employers to prevent their employees from working part-time for other employers but state and local governments may not blanketly impose such restrictions on private employers.
 - Page 16, where it states “1. The GCT Council members shall separate projects for education and outreach services from projects for cancer prevention (includes screening), diagnosis, treatment, and support services that may be required to access treatment.”
 - The problem with this section is that it is leading to discrimination that is contrary to S26603(e) of 11 GCA. There is restriction on the GCTF from awarding more than 10% of the proceeds of the trust fund. There is no provision, however, that says a grantee cannot engage in both activities. As the total, for education and outreach, does not exceed 10 10%, the GCTF cannot prohibit a grantee from engaging in both “service” and “education and outreach”.
- ii. Council Member Yvette Paulino asked if the legal counsel for GCTF have already looked at the comments and confirm about the legalities that the comments have mention. Dr. Leon Guerrero stated that she will send the document and comments to the legal counsel to look at. She also mentioned to get in touch with Senator Terlaje.

VI. ADJOURNMENT

Meeting recessed at 4:58 PM and will continue once GMHA have submitted all documents for their application.