

I Mina'trentai Ocho Na Liheslaturan Guåhan
BILL STATUS


BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	FISCAL NOTES	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	NOTES
302-38 (COR)	Sabrina Salas Matanane Christopher M. Dueñas Eulogio Shawn Gumataotao William A. Parkinson Jesse A. Lujan Joe S. San Agustin V. Anthony Ada Frank F. Blas, Jr. Vincent A.V. Borja	AN ACT TO <i>AMEND</i> §12206.2, §12206.3, §12206.4, §12206.5, §12206.6, §12206.7(c), AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.	4/7/26 4:35 p.m. 4/8/26 10:38 a.m.	4/8/26	Committee on Health and Veterans Affairs.	Request: 4/8/26 4/24/26	5/5/26 1:00 p.m.	5/8/26 As Amended.	



Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
 Chairperson, Committee on Health and Veterans Affairs

May 7, 2026

The Honorable Frank Blas Jr., Speaker
I Mina'trentai Ocho Na Liheslaturan Guåhan
 163 Hagåtña, Guåhan
 Chalan Santo Papa

VIA: **The Honorable V. Anthony Ada, Vice Speaker** 
 Chairperson, Committee on Rules

RE: **Committee Report on Public Hearing** [Bill No. 302-38 \(COR\)](#)- As amended - Sabrina Salas Matanane, Christopher M. Duenas, Shawn Gumataotao, William A. Parkinson, Jesse A. Lujan, Joe S. San Agustin, V. Anthony Ada, Frank F. Blas, Vincent A.V. Borja- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6, §12206.7(c), AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Håfa Adai Speaker Blas,

Transmitted herewith is the Committee Report on Public Hearing relative [Bill No. 302-38 \(COR\)](#)- As amended - Sabrina Salas Matanane, Christopher M. Duenas, Shawn Gumataotao, William A. Parkinson, Jesse A. Lujan, Joe S. San Agustin, V. Anthony Ada, Frank F. Blas, Vincent A.V. Borja- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6, §12206.7(c), AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Committee votes are as follows:

- 4 TO DO PASS
- TO NOT PASS
- 2 TO REPORT OUT ONLY
- TO ABSTAIN
- TO PLACE IN INACTIVE FILE



COMMITTEE ON RULES

RECEIVED:

May 7, 2026 3:23 p.m.

Marie Crisostomo

Senator Sabrina Salas Matanane 

Chairwoman, Committee on Health and Veterans Affairs



Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

COMMITTEE REPORT

Bill No. 302-38 (COR)- As amended - Sabrina Salas Matanane, Christopher M. Duenas, Shawn Gumataotao, William A. Parkinson, Jesse A. Lujan, Joe S. San Agustin, V. Anthony Ada, Frank F. Blas, Vincent A.V. Borja- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6, §12206.7(c), AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.



Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

May 6, 2026

To: **ALL MEMBERS**
Committee on Health and Veterans Affairs

From: **Senator Sabrina Salas Matanane**
Chairwoman, Committee on Health and Veterans Affairs

Subject: Committee Report on [Bill No. 302-38 \(COR\)](#)- As amended - Sabrina Salas Matanane, Christopher M. Duenas, Shawn Gumataotao, William A. Parkinson, Jesse A. Lujan, Joe S. San Agustin, V. Anthony Ada, Frank F. Blas, Vincent A.V. Borja- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6, §12206.7(c), AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Transmitted herewith for your consideration is the Committee Report on [Bill No. 302-38 \(COR\)](#)- As amended - Sabrina Salas Matanane, Christopher M. Duenas, Shawn Gumataotao, William A. Parkinson, Jesse A. Lujan, Joe S. San Agustin, V. Anthony Ada, Frank F. Blas, Vincent A.V. Borja- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6, §12206.7(c), AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

COR Referral Memorandum

- Notice of Hearing
- Hearing Agenda
- Hearing Sign-in Sheet
- Submitted Testimonies and Supporting Documents
- Committee Report Vote Sheet
- Committee Report Digest
- Copy of Bill No. 302-38 (COR)
- Copy of Bill No. 302-38 as amended
- Copy of Bill No. 302-38 Markup
- Fiscal Note

Please take appropriate action on the attached vote sheet. Your attention to this matter is greatly appreciated. Should you have any questions or concerns, please contact the Office of Senator Sabrina Salas Matanane.



Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

Sincerely,

Senator Sabrina Salas Matanane *Smat*
Chairwoman, Committee on Health and Veterans Affairs



COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson
I Mina'trentai Ocho Na Liheslaturan Guåhan
38th Guam Legislature

April 8, 2026

To: **Rennae V. C. Meno**
Clerk of the Legislature

Attorney Darleen E.H. Phillips
Legislative Legal Counsel

From: **Vice Speaker V. Anthony Ada** 
Chairperson, Committee on Rules

Subject: **Referral of Bill No. 302-38 (COR)**

Håfa Adai,

As per my authority as Chairperson of the Committee on Rules and subject to §6.01(d)(1), Rule VI of our Standing Rules, I am forwarding the referral of **Bill No. 302-38 (COR)** - Sabrina Salas Matanane, Christopher M. Dueñas, Eulogio Shawn Gumataotao, William A. Parkinson, Jesse A. Lujan, Joe S. San Agustin, V. Anthony Ada, Frank F. Blas, Jr, Vincent A.V. Borja. – “AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.”

Please ensure that the subject bill is referred to the Committee on Health and Veterans Affairs chaired by Senator Sabrina Salas Matanane. I also request that the same be copied to the Prime Sponsor of the subject bill and to Management Information Services (MIS) for posting on our website.

A copy of the bill is available on our legislative website.

Should you have any questions or concerns, please feel free to contact Kamarin Nelson, Committee on Rules Director at 671-472-2461.





Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

First Notice of Public Hearing: Tuesday May 5, 2026, 1:00 P.M.

2 messages

Office of Legislative Secretary Senator Sabrina Salas Matanane

Mon, Apr 27, 2026 at
8:00 AM

<office.senatorbri@guamlegislature.gov>

To: phnotice@guamlegislature.gov, Ed Pocaigue <sgtarms@guamlegislature.gov>, Giovanni Naz <mis@guamlegislature.gov>, Audio / Video <av@guamlegislature.gov>, 38th Committee On Rules <committeeonrules@guamlegislature.gov>

Bcc: Ann San Nicolas <ann.sn@guamlegislature.gov>, senator.sabrina@guamlegislature.gov, Sergio Salas <sergio.salas@guamlegislature.gov>, joesir@guamlegislature.gov, john.mafnas@guamlegislature.gov

MEMORANDUM

To: All Senators, Stakeholders, Media

From: Senator Sabrina Salas Matanane
Chairperson, Committee on Health and Veterans Affairs

Subject: First Notice of Public Hearing: Tuesday May 5, 2026, 1:00 P.M.

Håfa Adai!

The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday May 5, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

Bill No. 302-38 (COR)- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Bill No. 303-38 (COR)-AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW § 12206 (m), AND AMENDING §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).

How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov. The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing. Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at Office.SenatorBri@guamlegislature.gov or via voice call at (671) 989-2572.

Special Accommodations: In compliance with the Americans with Disabilities Act (ADA), individuals requiring assistance or accommodations should contact Annie San Nicolas, at the Office of Senator Sabrina Salas Matanane.

Watch Live/Record: The hearing will be broadcast on local television, GTA Channel 21, Docomo Channel 117, and streamed online via *Liheslaturan Guåhan's* live feed on YouTube. After the hearing, a hearing recording will also be available online via Guam Legislature Media on

YouTube.

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Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
 Chairperson, Committee on Health and Veterans Affairs
 163 W. Chalan Santo Papa, Hagåtña, Guam 96910
 office.senatorbri@guamlegislature.gov
 671-989-2572

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 **PH First Notice 2026.05.05.pdf**
358K

Ed Pocaigue <sgtarms@guamlegislature.gov> Mon, Apr 27, 2026 at 8:15 AM
 To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Hafa Adai,

Posted on calendar.

[Quoted text hidden]

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Edward S. Pocaigue, Jr.
 Sergeant-at-Arms
I Mina'trentai Ocho Na Liheslaturan Guåhan
 Guam Congress Building, 1st Floor
 163 Chalan Santo Papa
 Hagåtña, Guam 96910
 1-671-969-3514
 sgtarms@guamlegislature.gov

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Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na LiheSlaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

April 27, 2026

MEMORANDUM

To: All Senators, Stakeholders, Media

From: Senator Sabrina Salas Matanane
Chairperson, Committee on Health and Veterans Affairs

Subject: First Notice of Public Hearing: Tuesday May 5, 2026, 1:00 P.M.

Håfa Adai!

The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday May 5, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

Bill No. 302-38 (COR)- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Bill No. 303-38 (COR)-AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW § 12206 (m), AND AMENDING §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).

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First Notice of Public Hearing: Tuesday May 5, 2026, 1:00 P.M.

 PRINT

First Notice of Public Hearing: Tuesday May 5, 2026, 1:00 P.M.



PUBLIC HEARING

 **Posted on:** 04/27/2026 10:48 AM

 **Posted by:** Annie San Nicolas

 **Public Hearing Date:** 05/05/2026 01:00 PM

 **Department(s):**
GUAM LEGISLATURE (/notices?department_id=92)

 **Division(s):**
OFFICE OF SENATOR SABRINA SALAS MATANANE (/notices?division_id=295)

 **Notice Topic(s):** PUBLIC HEARING (/notices?topic_id=74)

 **Types of Notice:** PUBLIC HEARING (/notices?type_id=7)

 **For Audience(s):** PUBLIC (/notices?public=1)

 **Share this notice**

The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday May 5, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

Bill No. 302-38 (COR)-

([https://guamlegislature.gov/38th_Guam_Legislature/Bills_Introduced_38th/Bill%20No.%20302-](https://guamlegislature.gov/38th_Guam_Legislature/Bills_Introduced_38th/Bill%20No.%20302-38%20(COR)%20Referred%20Version.pdf)

38%20(COR)%20Referred%20Version.pdf) AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Bill No. 303-38 (COR)-

([https://guamlegislature.gov/38th_Guam_Legislature/Bills_Introduced_38th/Bill%20No.%20303-38%20\(COR\).pdf](https://guamlegislature.gov/38th_Guam_Legislature/Bills_Introduced_38th/Bill%20No.%20303-38%20(COR).pdf))

AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW § 12206 (m), AND AMENDING §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).

How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov (<mailto:Office.SenatorBri@guamlegislature.gov>). The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing. Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at Office.SenatorBri@guamlegislature.gov (<mailto:Office.SenatorBri@guamlegislature.gov>) or via voice call at (671) 989-2572.

Special Accommodations: In compliance with the Americans with

Special Accommodations. In compliance with the Americans with Disabilities Act (ADA), individuals requiring assistance or accommodations should contact Annie San Nicolas, at the Office of Senator Sabrina Salas Matanane.

Watch Live/Record: The hearing will be broadcast on local television, GTA Channel 21, Docomo Channel 117, and streamed online via *I Liheslaturan Guåhan's* live feed on YouTube. After the hearing, a hearing recording will also be available online via Guam Legislature Media on YouTube.



GUAM LEGISLATURE
AUDIO VISUAL DEPARTMENT
PUBLIC ANNOUNCEMENT REQUEST FORM

Office Submitting Request: Senator Sabrina Salas Matanane

Date of Request: April 28, 2026

POINT OF CONTACT

Name: Annie San Nicolas

Contact #:

Email: ann.sn@guamlegislature.gov

PUBLIC HEARING DETAILS

Notice Type: Public Hearing Informational Briefing Roundtable Discussion

Oversight Hearing Committee Meeting Other: _____

Notice Title / Bill(s) / Resolution(s) / Appointment:

Date of Event: Tuesday May 5, 2026 Start Time: 1:00 PM _____

Run Dates: April 28, 2026 - May 5, 2026

Location: Guam Congress Building, Public Hearing Room

MEDIA HANDLING

Recording Format: MP4 MP3 Other: _____

Delivery Method: Email USB Drive Cloud Link Other: _____

CERTIFIED BY AV:

Name: *Rusij Perera*
Posted on/Air Date: 4.29.26-5.5.26

Signature:



Notice of Public Hearing
Tuesday May 5, 2026, 1:00 P.M.

The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday May 5, 2026, beginning at 1:00 P.M., in the Public Hearing Room, Guam Congress Building.

The purpose of this Hearing  is to hear the following:

Bill No. 302-38 (COR)- Sabrina Salas Matanane-AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Bill No. 303-38 (COR)-Telo T Taitague-AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW § 12206 (m), AND AMENDING §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).

SENATOR SABRINA SALAS MATANANE

COMMITTEE ON HEALTH AND VETERANS AFFAIRS



How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov. The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing.

Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at Office.SenatorBri@guamlegislature.gov or via voice call at (671) 989-2572.

Special Accommodations: In compliance with the Americans with Disabilities Act (ADA), individuals requiring assistance or accommodations should contact Annie San Nicolas, at the Office of Senator Sabrina Salas Matanane.

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Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Second Notice of Public Hearing: Tuesday May 5, 2026, 1:00 P.M.

1 message

Office of Legislative Secretary Senator Sabrina Salas Matanane

Tue, Apr 28, 2026 at 1:20 PM

<office.senatorbri@guamlegislature.gov>

To: phnotice@guamlegislature.gov, Audio / Video <av@guamlegislature.gov>, Giovanni Naz <mis@guamlegislature.gov>, Ed Pocaigue <sgtarms@guamlegislature.gov>, 38th Committee On Rules <committeeonrules@guamlegislature.gov>

Bcc: Ann San Nicolas <ann.sn@guamlegislature.gov>, senator.sabrina@guamlegislature.gov, Sergio Salas <sergio.salas@guamlegislature.gov>, john.mafnas@guamlegislature.gov, joesir@guamlegislature.gov

MEMORANDUM

To: All Senators, Stakeholders, Media

From: Senator Sabrina Salas Matanane
Chairperson, Committee on Health and Veterans Affairs

Subject: Second Notice of Public Hearing: Tuesday May 5, 2026, 1:00 P.M.

Håfa Adai!

The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday May 5, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

Bill No. 302-38 (COR)- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Bill No. 303-38 (COR)-AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW § 12206 (m), AND AMENDING §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).

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Guam Legislature Media on YouTube.

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Office of Legislative Secretary
SENATOR SABBINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs
163 W. Chalan Santo Papa, Hagåtña, Guam 96910
office.senatorbri@guamlegislature.gov
671-989-2572

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Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

May 1, 2026

MEMORANDUM

To: All Senators, Stakeholders, Media

From: Senator Sabrina Salas Matanane
Chairperson, Committee on Health and Veterans Affairs

Subject: Second Notice of Public Hearing: Tuesday May 5, 2026, 1:00 P.M.

Håfa Adai!

The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday May 5, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

Bill No. 302-38 (COR)- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Bill No. 303-38 (COR)-AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW § 12206 (m), AND AMENDING §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).

How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov. The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing. Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at Office.SenatorBri@guamlegislature.gov or via voice call at (671) 989-2572.

Special Accommodations: In compliance with the Americans with Disabilities Act (ADA), individuals requiring assistance or accommodations should contact Annie San Nicolas, at the Office of Senator Sabrina Salas Matanane.


Watch Live/Record: The hearing will be broadcast on local television, GTA Channel 21, Docomo Channel 117, and streamed online via *I Liheslaturan Guåhan's* live feed on YouTube. After the hearing, a hearing recording will also be available online via Guam Legislature Media on YouTube.

Second Notice of Public Hearing: Tuesday May 5, 2026, 1:00 P.M

 PRINT

Second Notice of Public Hearing: Tuesday May 5, 2026, 1:00 P.M

PUBLIC HEARING

 **Posted on:** 04/30/2026 01:23 PM

 **Posted by:** Annie San Nicolas

 **Public Hearing Date:** 05/05/2026 01:00 PM

 **Department(s):**
GUAM LEGISLATURE (/notices?department_id=92)

 **Division(s):**
OFFICE OF SENATOR SABRINA SALAS MATANANE (/notices?division_id=295)

 **Notice Topic(s):** PUBLIC HEARING (/notices?topic_id=74)

 **Types of Notice:** PUBLIC HEARING (/notices?type_id=7)

 **For Audience(s):** PUBLIC (/notices?public=1)

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The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday May 5, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building.

The Committee will hear and accept testimony on the following:

Bill No. 302-38 (COR)-

([https://guamlegislature.gov/38th_Guam_Legislature/Bills_Introduced_38th/Bill%20No.%20302-](https://guamlegislature.gov/38th_Guam_Legislature/Bills_Introduced_38th/Bill%20No.%20302-38%20(COR)%20Referred%20Version.pdf)

38%20(COR)%20Referred%20Version.pdf) AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Bill No. 303-38 (COR)-

([https://guamlegislature.gov/38th_Guam_Legislature/Bills_Introduced_38th/Bill%20No.%20303-38%20\(COR\).pdf](https://guamlegislature.gov/38th_Guam_Legislature/Bills_Introduced_38th/Bill%20No.%20303-38%20(COR).pdf))

AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW § 12206 (m), AND AMENDING §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).

How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov (<mailto:Office.SenatorBri@guamlegislature.gov>). The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing. Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at Office.SenatorBri@guamlegislature.gov (<mailto:Office.SenatorBri@guamlegislature.gov>) or via voice call at (671) 989-2572.

Special Accommodations: In compliance with the Americans with

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GUAM LEGISLATURE
AUDIO VISUAL DEPARTMENT
PUBLIC ANNOUNCEMENT REQUEST FORM

Office Submitting Request: Senator Sabrina Salas Matanane

Date of Request: April 28, 2026

POINT OF CONTACT

Name: Annie San Nicolas

Contact #:

Email: ann.sn@guamlegislature.gov

PUBLIC HEARING DETAILS

Notice Type: Public Hearing Informational Briefing Roundtable Discussion

Oversight Hearing Committee Meeting Other: _____

Notice Title / Bill(s) / Resolution(s) / Appointment:

Date of Event: Tuesday May 5, 2026 Start Time: 1:00 PM _____

Run Dates: April 28, 2026 - May 5, 2026

Location: Guam Congress Building, Public Hearing Room

MEDIA HANDLING

Recording Format: MP4 MP3 Other: _____

Delivery Method: Email USB Drive Cloud Link Other: _____

CERTIFIED BY AV:

Name: *Russ J. Perce*

Posted on/Air Date: 4.29.26-5.5.26

Signature:



Notice of Public Hearing
Tuesday May 5, 2026, 1:00 P.M.

The Committee on Health and Veterans Affairs will conduct a Public Hearing on Tuesday May 5, 2026, beginning at 1:00 P.M., in the Public Hearing Room, Guam Congress Building.

The purpose of this Hearing  is to hear the following:

Bill No. 302-38 (COR)- Sabrina Salas Matanane-AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Bill No. 303-38 (COR)-Telo T Taitague-AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW § 12206 (m), AND AMENDING §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).

SENATOR SABRINA SALAS MATANANE

COMMITTEE ON HEALTH AND VETERANS AFFAIRS



How to Participate: Written testimony may be delivered to the Office of Senator Sabrina Salas Matanane at the Guam Congress Building, 163 *Chalan Santo Papa Hagåtña*, Guam 96910 or via email to Office.SenatorBri@guamlegislature.gov. The Committee requests that testimonies be submitted at least forty-eight (48) hours prior to the scheduled hearing.

Please confirm your attendance by contacting the Office of Senator Sabrina Salas Matanane via email at Office.SenatorBri@guamlegislature.gov or via voice call at (671) 989-2572.

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Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

April 28, 2026,

TRANSMITTED VIA EMAIL:

Breanna Sablan

Acting HPLO Administrator, DPHSS
breanna.sablan@dphss.guam.gov

Theresa Arriola

Director, DPHSS
theresa.c.arriola@dphss.guam.gov

Dr. Ricardo Eusebio

Medical Director, GMHA
ricardo.eusebio@gmha.org

D. Joleen Aguon

Interim Administrator, GMHA
Joleen.aguon@gmha.org

Dr. Nathaniel Berg

Chairperson, Guam Board of Medical Examiners
[REDACTED]

Dr. Tom Shieh

[REDACTED]

Subject: Invitation to Public Hearing on Tuesday May 5, 2026, at 1:00 P.M.

Håfa Adai,

The Committee on Health and Veterans Affairs has scheduled an Public Hearing on Tuesday May 5, 2026, beginning at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building. Your attendance is requested to provide insights on the following agenda items:

Bill No. 302-38 (COR)- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

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The Committee requests that all written testimony and presentations be submitted forty-eight (48) hours prior to the hearing. Additionally, you are welcome to invite other officials who may be able to contribute to the discussion.



Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

If your office requires any assistance or accommodation that can be provided by my office or the 38th Guam Legislature, please contact my office via email or voice call.

Should you have any questions or concerns, you may contact my office at 671-989-2572 or email office.senatorbri@guamlegislature.gov.

Smat

Senator Sabrina Salas Matanane
38th Guam Legislature

Cc:

[Redacted list of names and email addresses]



Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Invitation to Public Hearing on Tuesday May 5, 2026, at 1:00 P.M.

2 messages

Office of Legislative Secretary Senator Sabrina Salas Matanane

Tue, Apr 28, 2026 at 8:31 AM

<office.senatorbri@guamlegislature.gov>

To: Breanna Sablan <breanna.sablan@dphss.guam.gov>, "Theresa C. Arriola" <theresa.c.arriola@dphss.guam.gov>, Ricardo Eusebio <ricardo.eusebio@gmha.org>, "Aguon, Joleen, MD" <joleen.aguon@gmha.org>



Håfa Adai,

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If your office requires any assistance or accommodation that can be provided by my office or the 38th Guam Legislature, please contact my office via email or voice call.

Should you have any questions or concerns, you may contact my office at 671-989-2572 or email office.senatorbri@guamlegislature.gov.

Smart

Senator Sabrina Salas Matanane
38th Guam Legislature

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Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guahan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs
163 W. Chalan Santo Papa, Hagåtña, Guam 96910
office.senatorbri@guamlegislature.gov
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Office of Legislative Secretary
SENATOR SARRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guahan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs

PUBLIC HEARING

Tuesday May 5, 2026, 1:00PM
Public Hearing Room, Guam Congress Building

Agenda

Bill No. 302-38 (COR)- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Bill No. 303-38 (COR)-AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW § 12206 (m), AND AMENDING §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).

This Public Hearing will broadcast on local television, GTA Channel 21, Docomo Channel 117 and stream online via I Liheslaturan Guahan's live feed.



The Office of the Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
 Chairwoman, Committee on Health and Veterans Affairs

PUBLIC HEARING

Tuesday May 5, 2026, 1:00 PM
 Public Hearing Room, Guam Congress Building

Bill No. 302-38 (COR)- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

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Check all that apply. Please provide staff with written testimony for photocopying.

Name (Please Print)	Agency /Organization	Contact Information	Bill No./Doc No. Appointment	Participation	Stance
Thomas Sheih	OBGYN		302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
Frances Nicdao	AMC		302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
Hoa Nguyen	AMC		302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
Edison Manaloto	GRMC		302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
Scott Dulebohn	GRMC		302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
Jonathon Thorp	SDA		302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
			302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
			302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
			302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support



The Office of the Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
 Chairwoman, Committee on Health and Veterans Affairs

OVERSIGHT/PUBLIC HEARING

Tuesday May 5, 2026, 1:00 PM
 Public Hearing Room, Guam Congress Building

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Check all that apply. Please provide staff with written testimony for photocopying.

Name (Please Print)	Agency /Organization	Contact Information	Bill No./Doc No. Appointment	Participation	Stance
Naihoa Calvo	CSLI	[REDACTED]	302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
			302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
			302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
			302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
			302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
			302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
			302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support
			302-38 (COR) 303-38(COR)	<input type="checkbox"/> Observing <input type="checkbox"/> Written <input type="checkbox"/> Verbal	<input type="checkbox"/> In Support <input type="checkbox"/> Not In Support



The Office of the Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
 Chairwoman, Committee on Health and Veterans Affairs

OVERSIGHT/PUBLIC HEARING

Tuesday May 5, 2026, 1:00 PM
 Public Hearing Room, Guam Congress Building

Bill No. 302-38 (COR)- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

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R. B. FUSEBIO	GAH/CBME	[REDACTED]	302-38 (COR) 303-38(COR)	<input type="radio"/> Observing <input type="radio"/> Written <input checked="" type="radio"/> Verbal	<input type="radio"/> In Support <input checked="" type="radio"/> Not In Support
BALTAZAR MATOS JR	DPHS/HMO	[REDACTED]	302-38 (COR) 303-38(COR)	<input checked="" type="radio"/> Observing <input type="radio"/> Written <input type="radio"/> Verbal	<input type="radio"/> In Support <input checked="" type="radio"/> Not In Support
JONATHAN THORP MD	SDVA	[REDACTED]	302-38 (COR) 303-38(COR)	<input type="radio"/> Observing <input checked="" type="radio"/> Written <input checked="" type="radio"/> Verbal	<input checked="" type="radio"/> In Support <input type="radio"/> Not In Support
			302-38 (COR) 303-38(COR)	<input type="radio"/> Observing <input type="radio"/> Written <input type="radio"/> Verbal	<input type="radio"/> In Support <input type="radio"/> Not In Support
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			302-38 (COR) 303-38(COR)	<input type="radio"/> Observing <input type="radio"/> Written <input type="radio"/> Verbal	<input type="radio"/> In Support <input type="radio"/> Not In Support

May 5, 2026

To:

The Honorable Sabrina Salas Matanane
Chairperson, Committee on Health
I Mina'trentai Ocho Na Liheslaturan Guåhan
The Thirty-Eighth Guam Legislature

Re: Bill No. 302-38 (COR) – Proposed Expansion of Practice Settings for Internationally Trained Physicians

Madam Chairperson,

This written testimony is submitted to complement my verbal participation in the public hearing on Bill No. 302-38 (COR), and is respectfully provided for inclusion in the official record.

I write in my capacity as Chairman of the Guam Board of Medical Examiners to provide testimony regarding Bill No. 302-38 (COR), which proposes to amend existing law governing the integration of internationally trained physicians by expanding permissible practice settings to include both public and private healthcare facilities.

By way of background, I am a board-certified radiologist who has served in multiple roles within Guam's healthcare system, including on the Medical Executive Committee of the Guam Memorial Hospital Authority, as Chair of the Radiology Department of Guam Memorial Hospital and Guam Regional Medical City, and on the Executive Committee of the United States Naval Hospital Guam. I have also served as President of the Guam Medical Society. It is with this collective experience that I became involved in the development of Guam's Internationally Trained Physician program and its underlying legislative framework.

I support both the intent and the structure of the original legislation. It reflects a deliberate effort to expand access to care while maintaining the safeguards necessary to protect patients and ensure appropriate physician supervision. The current framework limits initial participation to the Guam Memorial Hospital Authority and was designed to provide a controlled environment in which internationally trained physicians can be integrated safely and systematically into Guam's healthcare system.

Despite having served in multiple capacities within Guam's healthcare system, I did not believe that I—or any single local entity—possessed the specialized expertise required to independently design such a program. The integration of internationally trained physicians into a United States regulatory framework involves complex issues related to licensure, supervision, competency assessment, and public safety. For that reason, guidance was sought from the Federation of State Medical Boards, the national authority

on physician licensure and regulation. Their leadership, including senior regulatory and legal experts with extensive experience in legislative design, worked directly with Guam to help structure an approach tailored to our jurisdiction. Their recommendation was clear: implementation should proceed in a controlled manner within the public system, with expansion considered only after sufficient experience and data have been obtained. The current proposal departs from that guidance by accelerating the program into a more complex and less controlled environment.

The structure established under the existing law provides a level of oversight that is both comprehensive and immediately actionable. Within the public hospital system, internationally trained physicians are supervised at multiple levels simultaneously, beginning with direct oversight by supervising physicians—often more than one—within their clinical environment. This is reinforced at the departmental level, for example through the Department of Internal Medicine, where peer review and clinical scrutiny occur in real time. Additional layers of oversight exist through the President of the Medical Staff, as well as on the executive side of the hospital, including the Medical Director and the Chief Executive Officer.

These internal mechanisms are complemented by close and continuous coordination with the Guam Board of Medical Examiners. The program is structured around stage-specific licensure, with the Board issuing distinct credentials tied to demonstrated competency at each phase of integration. Because this framework operates within a public system, the Legislature retains the ability to call oversight hearings rapidly when needed, and the program remains subject to executive review through the Governor's authority over public health under the Organic Act of Guam. These layers function together in a coordinated and highly visible manner, creating a level of supervision and accountability that is not only robust but also responsive.

That level of integrated, multi-layered oversight cannot be reproduced in private practice settings. Private facilities do not operate under legislative or executive branch supervision, and they do not provide the same centralized structure for continuous monitoring, peer review, and administrative accountability. Even with additional statutory requirements, oversight in a private setting would not be able to duplicate the existing standardized multilevel process at GMHA. The result would be less immediate, and more difficult to enforce consistently across multiple independent entities. The presence of multiple supervising physicians, layered departmental review, and executive-level oversight within a single system is a defining feature of the current model and is not realistically transferable to private practice.

It is also important to distinguish between the obligations of the public hospital system and those of private practice. The Guam Memorial Hospital Authority operates under a mandate to provide care to all patients, without the ability to selectively limit access. Private practices are not subject to that obligation. Because of this fundamental difference, expansion into private practice cannot be characterized as parity.

From a workforce perspective, this is not a matter of speculation but of standardized federal assessment. The United States Department of Health and Human Services no

longer characterizes Guam as a primary care physician shortage area. This designation does not mean that Guam has enough physicians—additional providers would clearly benefit the community. What it reflects is that the private sector has demonstrated the ability to recruit and retain primary care providers through ordinary means, whereas the Guam Memorial Hospital Authority has not. Determinations regarding staffing within the public system are made locally, and it is clear that GMHA continues to face significant challenges in maintaining adequate physician coverage. Policy efforts should therefore remain directed toward addressing that need within the public system, where the recruitment gap is most acute and where the program was designed to have its greatest impact.

Expansion into private practice would also have structural implications for the healthcare market. Larger organizations with greater resources would be positioned to participate, while smaller and solo practices would not. This creates an imbalance that does not advance the broader goal of equitable access to care.

A further and important consideration relates to the protection of the internationally trained physicians whom we are asking to come to Guam. It is incumbent upon the Legislature to ensure that these physicians are placed in an environment that is structurally protective. This is not a matter of suggesting that any individual or entity would act improperly. Rather, it is a recognition that environments in which financial gain may be realized by individuals can create inherent pressure, and these physicians should not be placed in a position where such dynamics could exist. In settings where oversight is diffuse, there is an increased likelihood of underreporting of concerns related to working conditions, scope of practice, or expectations. For example, if an individual were asked to work excessive hours or outside of appropriate boundaries, there may be reluctance to report such concerns due to personal risk, including the potential loss of employment, immigration consequences, or the inability to pursue similar opportunities elsewhere. The structured environment of the public hospital system mitigates this risk by providing multiple independent layers of observation, supervision, and reporting. Issues are more likely to be recognized not only by the individual physician but also by supervising physicians, departmental leadership, and hospital administration, creating a system of shared accountability that helps ensure appropriate treatment and adherence to expected standards.

I want to address directly a consideration that the Committee should weigh in evaluating this testimony. Expansion of the program into private practice could create financial advantages for organizations positioned to participate, including my own. I have considered that carefully. My position is that those considerations should not outweigh the importance of maintaining a system that prioritizes safety, proper supervision, and responsible implementation. For that reason, I cannot support the proposed expansion at this time.

This is not a question of whether the program should evolve, but how it should evolve. The current framework should be allowed to function as intended, with outcomes carefully evaluated before any expansion is considered. Moving beyond the controlled environment of the public system without that experience introduces unnecessary risk.

Thank you for your time and consideration.

Respectfully submitted,

Nathaniel Berg, M.D.

Nathaniel Berg, M.D.

Nathaniel Berg, M.D., DABR
Chair, Guam Board of Medical Examiners
Medical Director and CEO
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Fellow, Federation of State Medical Boards
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May 4, 2026

To: Honorable Members of I Mina'trentai Ocho Na Liheslaturan Guåhan

From: Edison P. Manaloto, MPA, MD, CPA, CGFM, CHFP, SHRM-SCP, SPHRi

Subject: Testimony in Support of Bill No. 302-38 (COR) as a Necessary Policy Refinement to Public Law 38-107

Håfa Adai Honorable Chair and Senators,

I respectfully submit testimony in strong support of Bill No. 302-38 (COR). As a physician executive with a background in healthcare finance, policy, and human resources, I focus on seeking system-level solutions to complex healthcare issues, including the critical shortages of physicians across the island. As such I view this legislation as a necessary and thoughtful policy refinement to the recently enacted Public Law 38-107.

Public Law 38-107 was a deliberate intervention designed to address a critical shortage of physicians within government of Guam-funded healthcare facilities—through a targeted, service-based licensure pathway. However, in doing so the enacted law creates unintended consequences particularly within three specific areas-warranting measured refinement.

We all agree with the spirit and intent of Public Law 38-107 and the changes proposed in Bill No. 302-38 (COR) will further strengthen the goal of balancing access with accountability.

1. System-Level Impact: Addressing Inter-Hospital Operational Imbalance

One of the unintended consequences of Public Law 38-107 is the asymmetric distribution of physician resources across the healthcare system. By design, the law constrained internationally trained physicians to government settings. While this protected public sector capacity, it will introduce operational inefficiencies across the broader healthcare ecosystem.

In an especially resource constrained practice environment, Guam's healthcare system can not operate in silos. Public and private institutions function as a single, interdependent delivery system, particularly in areas of disaster response and surge management. Therefore, the policy framework through our laws should foster seamless integration and coordination.

When workforce expansion is confined to one segment of the system, it creates



downstream constraints elsewhere—creating administrative and legal constraints in the delivery of care.

Bill 302-38 appropriately addresses this by allowing integration of internationally trained physicians across both public and private healthcare settings. This is not simply a workforce issue—it is a systems optimization strategy that improves overall capacity, efficiency, and patient flow across Guam.

2. Workforce Sustainability: Moving from a Restricted Pathway to a Continuum

Public Law 38-107 intentionally established a limited, service-bound licensure pathway, with no direct mechanism for full professional integration into the broader healthcare workforce. While this ensured alignment with public sector needs, it also introduced long-term sustainability concerns.

From a workforce planning standpoint, recruitment without a clear, attainable pathway to full licensure creates reduced competitiveness in attracting high-caliber physicians, retention challenges due to professional ceiling effects and administrative inefficiencies in credentialing and workforce planning.

Bill 302-38 strengthens this framework by introducing a structured progression model—from provisional licensure to competency-based advancement. This aligns Guam with emerging national approaches and ensures that internationally trained physicians are not merely temporary solutions, but integrated contributors to the healthcare system over time.

Importantly, the bill maintains rigor through requirements such as ECFMG certification, standardized examinations, and supervised clinical evaluation aligned with ACGME principles. This ensures that workforce expansion does not compromise clinical standards.

3. Policy Balance: Expanding Access While Preserving Standards

Both Public Law 38-107 and Bill 302-38 share a common policy objective: expand access to medical care.

Bill 302-38 builds on this by maintaining these safeguards while introducing greater flexibility and scalability through continued reliance on standardized credentialing and examination, specialty-specific scope of practice, and ongoing evaluation and disciplinary oversight.

From a governance perspective, this reflects a balanced regulatory approach—one that recognizes the realities of workforce shortages while preserving the integrity of medical practice consistent with U.S. standards.



Finally, I want to emphasize the importance of ensuring an **appropriate funding mechanism** to support this policy. Workforce expansion must be matched with sustainable financing through dedicated funding mechanisms to assist an already constrained system. Policy without funding alignment risks underperformance in implementation.

On behalf of Guam Regional Medical City, I respectfully express my strong support for this measure and urge its favorable consideration.

Si Yu'os Ma'åse' for your leadership and continued commitment to advancing healthcare policy in Guam.

Respectfully submitted,

Edison Manaloto, MPA, M.D.
Certified Public Accountant
Certified Government Financial Manager
Certified Healthcare Financial Professional
SHRM-Senior Certified Professional
Senior Professional in Human Resources-International
Chief Medical Officer, Guam Regional Medical City



GOVERNMENT OF GUAM

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



LOURDES A. LEON GUERRERO
MAGA'HĀGAN GUĀHAN
GOVERNOR OF GUAM

JOSHUA F. TENORIO
SEGUNDO MAGA'LĀHEN GUĀHAN
LT. GOVERNOR OF GUAM

THERESA C. ARRIOLA, MBA
DIRECTOR

PETERJOHN D. CAMACHO, MPH
DEPUTY DIRECTOR

AMANDA LEE SHELTON, MPA
DEPUTY DIRECTOR

April 29, 2026

Senator Sabrina Salas Matanane
Chairwoman on Health and Veterans Affairs
Guam Congress Building
163 Chalan Santo Papa
Hagatna, Guam 96910

RE: Legislative Testimony on Bill No. 302-38 (COR): An Act to Amend Licensure Requirements for Internationally Trained Physicians

Hâfa Adai, Senator Matanane and Members of the Committee

Thank you for the opportunity to provide feedback on Bill 302-38. I am the Director of the Department of Public Health and Social Services (DPHSS), and I am here today to provide testimony. We appreciate your unwavering commitment to addressing Guam's physician shortage—a goal DPHSS and the Health Professional Licensing Office (HPLO) share deeply.

While we support the intent to recruit more physicians to our island, DPHSS and HPLO must express significant reservations regarding the proposed amendments to the recently enacted Public Law 38-107. We believe it is vital to allow the current law to function as a pilot program before introducing the substantial structural changes proposed in Bill 302-38.

Our concerns focus on three critical areas:

1. Preserving the "Pilot" Integrity and Patient Safety
Public Law 38-107 was meticulously designed as a controlled, service-based pathway. Its current structure limits practice to government-funded facilities, ensuring a high level of institutional oversight and standardized supervision.

- Guam does not yet have a time-tested assessment framework for this new pathway. By maintaining the current government-based restriction, the Board can iterate and refine competency standards in a controlled environment.
 - The current law requires physicians to pass Step 3 as an objective measure of clinical readiness. Transitioning to private practice after only two years without meeting this benchmark, as suggested in the new proposal, would bypass a critical, nationally recognized safeguard for patient safety.
2. Administrative Capacity and Tracking Mandates
- From a functional standpoint, the HPLO currently manages a vast array of licensing boards with limited personnel. Bill 302-38 would significantly increase the complexity of our tracking requirements.
- Moving physicians into private practice early creates a "decentralized" oversight model. Tracking supervision compliance, scope of practice, and competency milestones across various private clinics requires a level of administrative manpower that HPLO does not currently possess.
 - We must ensure HPLO has the necessary staff and digital infrastructure to handle the magnitude of tracking and licensure verification required by this law. Without a successful pilot phase in government facilities, we risk an administrative failure that could jeopardize the entire program.
3. Protecting Public Investment
- The current framework ensures that the Government of Guam receives a "return on investment" for the administrative and clinical burden of onboarding and supervising these physicians. Allowing an early transition to private practice risks a "revolving door" effect, where the government bears the cost of development only to lose the provider precisely when they become most clinically effective.

We strongly advocate for maintaining the original framework of Public Law 38-107. Adhering to the current law ensures we can establish a proven track record of success and fortify our administrative infrastructure before considering further expansion.

Un Dangkulu na si Yu'us ma'åse'


THERESA C. ARRIOLA, MBA
Director



BILL 302-38
AS AMENDED PL 38-107

Hoa Van Nguyen, M.D.
American Medical Center, LLC

BILL 302-38

Physician Education / Training:

US Medical School

Foreign Medical School*

USMLE Steps 1, 2, 3
United States Medical Licensing Exam

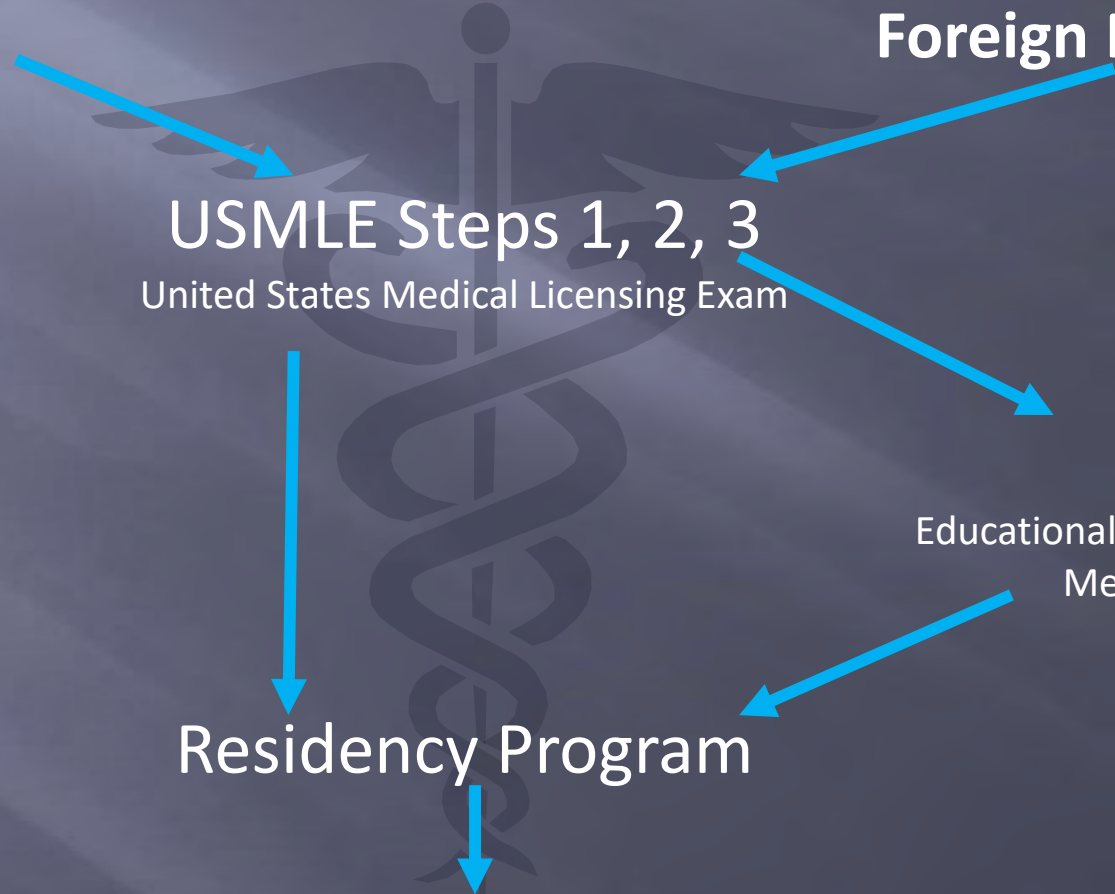
ECFMG

Educational Commission for Foreign
Medical Graduates

Residency Program

Board Exams

*US citizens also attend
foreign medical schools



BILL 302-38

Visa (for non-US citizens/permanent residents)

- DURING residency/fellowship, most on J1 (educational) visa.
 - Accepted into a US residency/fellowship program in any specialty
 - Requirement to leave the US upon completion of their residency / fellowship programs
- AFTER completion of residency/fellowship, 2 visa pathways for foreign physicians to practice the US:
 - H1B
 - Complete residency/fellowship and return for 2 years to their home country
 - Physicians apply for H1B work visa through their perspective employer
 - Conrad 30 (commonly known as J1 waiver)
 - Federal program — allows foreign medical graduates who trained in the US under a J1 visa to waive the 2 year foreign residency requirement and stay in the US under an H1B visa.

Bill 302-38

Foreign Medical Graduates in Guam:

- Many clinics and hospitals in Guam have physicians using H1B visa (either after finishing their 2 years outside the US or through the Conrad 30 (J1 Waiver)
- Conrad 30 — needs to be implemented by DPHSS
 - Highly competitive with US entities

ALL physicians in Guam, regardless of visa status (citizen/resident/traditional H1B/H1B using Conrad 30 waiver) have passed their US Medical Licensing Exam and completed a full residency in the United States.

- **Foreign medical graduates are also required to pass ECFMG after passing all USMLEs**

Bill 302-38

- ▣ Summary of PL 38-107
 - 2 pathways for foreign physicians to practice in Guam
 - ▣ Pathway 1: Traditional pathway (as above)
 - ▣ Pathway 2:
 - International Trained Physician — ITP (**NO completion of any US residency program**)
 - Pass an equivalent test to the USMLE part 1, 2 and 3 (US standard) of their country
 - Certified by the specialty board of their country
 - No clear guidelines for supervision by same specialty, frequency and duration of supervision — supervision can be waived by GBME on a case by case
 - Practice strictly limited to Government of Guam entities (Guam Memorial Hospital, DPHSS healthcare facilities and Guam Behavioral Health) — both provisional and limited permanent licenses

Bill 302-38

- ▣ Amendment of PL 38-107
 - 2 pathways for foreign physicians to practice in Guam
 - ▣ Pathway 1: No amendment needed
 - ▣ Pathway 2 (ITP)
 - “Equivalent test” — open to interpretation by GBME
 - Concerns of misinterpretation by GBME (how to know it is equivalent?)
 - All US trained physicians are required to pass USMLE part 1, 2 and 3 in order to practice
 - Test the core knowledge of medicine
 - There is no exception to this requirement for all US trained physicians, both US Medical Schools and Foreign Medical schools, regardless of visa status
 - Direct supervision by same specialty
 - Clearly define the supervisor and his/her role prior to employment
 - Frequency and duration of report requirement by entities throughout the provisional period

Bill 302-38

- ▣ Amendment of PL 38-107
 - 2 pathways for foreign physicians to practice in Guam
 - ▣ Pathway 1: No amendment needed
 - ▣ Pathway 2 (ITP)
 - Provisional license of 3 years open to both public and private entities
 - Guam is overall an underserved area
 - Private entities have no problems with recruitment of physicians — MYTH
 - Private entities pay higher — MYTH
 - Private entities DO NOT see Medicaid and uninsured patients — MYTH
 - Private entities will abuse ITP with work load and pay — MYTH

Bill 302-38

- ▣ Amendment of PL 38-107
 - 2 pathways for foreign physicians to practice in Guam
 - ▣ Pathway 1: No amendment needed
 - ▣ Pathway 2 (ITP)
 - Provisional License to Permanent License (NOT Limited)
 - After satisfying all requirements met during the provisional license, ITP should be qualified for full permanent license to practice independently in Guam
 - Institutional Medicine (restricted to only public entities) is BAD medicine — will not attract good physicians to Guam

Challenges for ITP and J1 waiver

AI Q is international trained physician exempt from

AI Overview

As of March 2026, internationally trained physicians are not currently exempt from the \$100,000 H-1B visa application fee introduced by executive order in September 2025, but bipartisan legislation is moving through Congress to waive it. [MedPage Today +2](#)

Key Takeaways on the \$100K Fee & Physicians:

- **The Fee:** The \$100,000 fee applies to employers filing new H-1B visas for foreign workers, including doctors and medical residents, as of September 21, 2025.
- **Proposed Relief:** The "H-1Bs for Physicians and the Healthcare Workforce Act" was introduced in March 2026 to specifically exempt foreign-trained healthcare professionals from this fee to prevent shortages in underserved areas.
- **Current Status:** While medical groups like the American Medical Association (AMA) have strongly petitioned for a categorical exemption and the White House indicated "case-by-case" exemptions might be possible (under national interest), the fee remains in place until the bill is passed. [KFF Health News +6](#)

Who Pays the Fee?

The \$100,000 fee is generally applied to employers hiring new H-1B workers from outside the U.S. or those changing employers. The proclamation specifically aimed to target foreign-trained doctors and nursing professionals, many of whom serve in rural areas. [AAMC +2](#)

Exemptions Currently Available:

- Individuals already in the U.S. seeking an extension of their H-1B status.
- Those amending an existing H-1B petition. [BakerHostetler +3](#)

Note: This information is based on legislative developments as of early April 2026 and is subject to change.

Dive deeper in AI Mode

AI Q is conrad 30 exempt from \$100,00p visa fee

AI Mode All News Forums Images Short videos Videos More

AI Overview

Based on USCIS guidance regarding the \$100,000 H-1B fee announced in September 2025, Conrad 30 waiver recipients are generally exempt if they are already inside the U.S. and filing a change of status to H-1B. [Mondaq +1](#)

- **In-Country Change of Status (Exempt):** If a J-1 physician is inside the U.S. and files for a change of status to H-1B through the Conrad 30 program, the \$100,000 fee does **not** apply.
- **Consular Processing (Not Exempt):** If the physician must travel outside the U.S. and use consular processing for their H-1B visa (meaning they do not have a valid, in-country change of status to H-1B), the \$100,000 fee is likely applicable.
- **Existing H-1B Holders (Exempt):** Conrad 30 doctors already on H-1B status who are extending or transferring to another employer within the U.S. are also exempt from this fee. [Employment Law Worldview +5](#)

Essentially, the fee targets new H-1B beneficiaries coming from outside the United States, not foreign nationals already inside the country shifting to H-1B status. [Kolko & Casey, P.C. +1](#)

Note: As of March 2026, the American Medical Association (AMA) and other groups are still lobbying to ensure all Conrad 30 physicians are completely exempt, particularly if they are caught in consular processing, as this fee threatens physician-led care in rural areas. [American Medical Association +1](#)

Recruiting Conrad30/J1 Waiver Physicians

- ▣ Waives the \$100,000 application fee for H1B visa
- ▣ Long process: typically recruitment starts 2 years prior to start of employment:
 - In a 3 year program, physicians typically secure jobs by September or October of their second year
 - For example, a resident who starts July 2026 will need to secure employment by September 2027 for expected Graduation in June 2029
- ▣ Physician shortages throughout the country (other than some big “desirable cities”), so we are competing with almost the entire United States

Bill 302-38

- ▣ Summary of Bill 302-38 to amend PL 38-107:
 - The Medical Community supports the amendments
 - ▣ Important and necessary guidelines to ensure quality of care and safety for the people of Guam with International Trained Physicians (ITP)
 - ▣ Provide incentive for good ITP to be able to practice in Guam and provide the solution for lack of access to care in underserved locations like Guam

 - ▣ Independent healthcare is quality of care that we need rather than Institutional healthcare.

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

Thomas Shieh, MD, FACOG

Board Certified Fellow, American Board of OBGYN

Fellow, American College of OBGYN

Associate Clinical Professor, Univ of Hawaii

JABSOM School of Medicine

Adjunct Professor, NYIT, and Shenandoah Univ. Virginia










United States Navy, Veteran, Guam Resident 30 YEARS

NOT on Gov Guam Payroll at GMH or Public Health

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

I MINA'TRENTAI OCHO NA LIHESLATURAN GUAHAN
2026 (SECOND) Regular Session

Bill No. 302-38 (COR)

Introduced By: Sabrina Salas Matanane 
Christopher M. Duenas 
Shawn Gumataotao 
William A. Parkinson 
Jesse A. Lujan 
Joe S. San Agustin 
V. Anthony Ada 
Frank F. Blas 
Vincent A.V. Borja 

FULL SUPPORT



AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

I MINA'TRENTAI OCHO NA LIHESLATURAN GUĀHAN
2026 (SECOND) Regular Session

Bill No. 303-38 (COR)

????

Introduced by:

Telo T. Taitague 
Shelly V. Calvo 

Can't support without inclusion of the private sector.

AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW § 12206 (m), AND AMENDING §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).

1 BE IT ENACTED BY THE PEOPLE OF GUAM:

2 Section 1. Legislative Findings and Intent. *I Liheslaturan Guåhan* finds
3 that Guam continues to face a critical shortage of physicians and medical
4 specialists, resulting in limited access to care, increased wait times, and strain on
5 the island's healthcare system. In response, *I Liheslaturan Guåhan* enacted Public
6 Law 38-107, which established licensure pathways for Foreign Medical Graduates
7 (FMGs) and Internationally Trained Physicians (ITPs) to expand the pool of
8 qualified healthcare professionals available to serve the community. ?

9 *I Liheslaturan Guåhan* further finds that the timely implementation of the

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

1 Section 2. § 12206.2 of Article 2, Chapter 12, Title 10, Guam Code

2 **Annotated, is hereby amended to read:**

3 "§12206.2. Internationally-Trained Physicians (ITPs) Interim Provisional
4 License.

5 (a) The Guam Board of Medical Examiners (GBME) may issue an Interim
6 Provisional License, ~~a limited licensed,~~ to an Internationally-Trained
7 Physician (ITP~~s~~) to practice medicine ~~to a physician~~ when the Board has
8 received satisfactory verification of all of the following requirements:

9 (1) The applicant has been offered employment as a physician at a
10 government of Guam-funded healthcare facility, such as but not limited
11 to Guam Memorial Hospital Authority (GMHA), Department of Public

12 Health Social Services (DPHSS), Federally Qualified Health Centers
13 (FQHCs), or the Guam Behavioral Health and Wellness Center
14 (GBHWC); as well as any licensed healthcare facility in Guam



15 including private hospitals, private clinics, and private healthcare
16 facilities.

17 (2) The applicant ~~has~~ holds a current and active license in good standing
18 to practice medicine in a foreign country.

19 (3) ~~The applicant previously completed at least one hundred thirty (130)~~
20 ~~weeks of medical education at a medical school listed in the World~~

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

1 (C) The applicant has completed at least three (3) years of
2 progressive postgraduate training in a graduate medical
3 education program approved by the applicant's country of
4 licensure.

5 (4) The applicant has demonstrated competency to practice medicine in
6 one of the following ways:

7 (A) Successfully passed each part of the United States Medical
8 Licensing Examination (USMLE); and ~~or an equivalent~~
9 ~~examination recognized by the Board; or~~

10 ~~(B) Successfully passed each part of a nationally recognized~~
11 ~~standard medical licensing examination from a country that is~~
12 ~~Board approved and that meets all of the following~~
13 ~~requirements:~~

14 ~~(i) Tests for the ability to practice medicine;~~

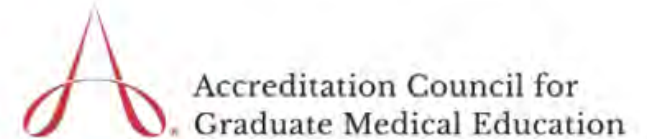
15 ~~(ii) Tests for medical knowledge, skills, and understanding of~~
16 ~~clinical science essential for providing patient care;~~

17 ~~(iii) Tests for communication and interpersonal skills; and~~

18 ~~(iv) Includes an interactive testing component; or~~

19 ~~(C) Received specialty board certification as approved by any of~~
20 ~~the following:~~

Testimony on Bill No. 302 – 38: Thomas Shieh, MD



Advisory Commission on Additional Licensing Models GUIDANCE DOCUMENT

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

ADVISORY COMMISSION RELEASES RECOMMENDATIONS AND TOOLKIT TO INFORM ASSESSMENT AND SUPERVISION OF INTERNATIONALLY TRAINED PHYSICIANS

Guidance for state medical boards and potential employers on assessment and supervision requirements for internationally trained physicians during periods of provisional licensure

ACALM's newest guidance and recommendations, which are not intended as an endorsement of pathways legislation, focus on assessment and supervision requirements for ITPs during provisional licensure—prior to eligibility for a full, unrestricted license. The recommendations were developed through a rigorous, multi-step process that combined expert consensus with a careful review of medical education literature and relevant legislation. In addition, they reflect feedback gathered during a months-long public comment period, which engaged nearly 100 individuals and organizations from across the healthcare community.

Key Recommendations

Comprehensive Assessment: ITPs should be evaluated during the supervisory period on six core competencies: patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice.

Initial Assessment to Understand Current Strengths and Areas for Development: Individualized assessment at the start of supervision should be conducted to identify strengths and address areas needing support.

Specialty-Specific Examinations: Use of specialty exams should be used to inform learning plans that are developed with the ITP's scope of practice in mind.

Regular, Multi-Modal Evaluation: Standardized knowledge assessments, direct observation, multi-source feedback, and medical record audits should occur periodically throughout supervision.

Supervisor Qualifications: Supervisors must be board-certified, fully licensed physicians in the same specialty, with state medical boards establishing criteria for supervisors and supervisory sites.

Protection of ITP Employee Rights: Institutions must ensure fair treatment, access to resources, and employee rights of ITPs during supervision.

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

Recommendations

ASSESSMENT

Assessment Framework

1. Recommendation: Internationally-trained physicians (ITPs) should be assessed during the supervisory period on all six general competencies endorsed by the Coalition for Physician Accountability: Patient Care and Procedural Skills, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice.

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

Assessment at Start of Supervisory Period

2. Recommendation: ITPs should undergo a formative needs assessment at the beginning of the supervisory period in order to identify areas of strength, and areas where additional support may be needed. Ideally, the needs assessment should include a review of the participant's previous post graduate medical education (PGME) program (aka recognition of prior learning) to the extent possible.

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Use of Specialty-specific Exam for Assessment of Medical Knowledge

3. Recommendation: A specialty-specific exam, such as an in-training exam, should be used to inform an ITP's learning plan during the supervisory period

Assessment Strategies During the Supervisory Period

4. Recommendation: At a minimum, a standardized knowledge assessment, direct observation of the ITP's clinical skills, multi-source feedback, and medical record audits should be employed in assessing the ITP. Assessment of, and feedback with, the ITP should occur periodically at regular intervals throughout the supervisory period to support the ITP's professional development and provide robust data to help the responsible institution make determinations of the ITP's progress. Additionally, during the supervisory period each ITP should demonstrate engagement in a sufficient volume and breadth of cases.

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Competence Demonstrated By the End of the Supervisory Period

5. Recommendation: By the end of the supervisory period, an ITP should demonstrate the ability to engage in independent and unsupervised practice in all six of the general competency domains for the intended scope of clinical practice.

SUPERVISION

Initial Level of ITP Supervision

6. Recommendation: The level of supervision for an ITP during the supervisory period should be tailored to the competence of the individual ITP. At the beginning of the supervisory period this level should be informed by the results of an initial needs assessment and close supervision of all ITPs. Thereafter, the level of supervision should be adjusted based on demonstrated competence. The state medical board may choose to identify/approve the institution or individual supervisor that will be responsible for administering the initial assessment and for making recommendations about the initial level of assessment for the ITP.

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Qualifications of ITP Supervisors and Sites

7. Recommendation: Supervisors of ITPs during the supervisory period of the additional pathways to licensure should be physicians (MD, DO or equivalent). The supervising physician should have a full and unrestricted license to practice medicine in good standing with specialty board certification in the same specialty as the ITP's specialty. Additionally, state medical boards should establish criteria for qualifications of supervisors and supervisory sites.

ITP Employment Considerations:

8. Recommendation: The rights of ITPs as employees should be taken into consideration to ensure fair and equitable treatment during their supervision period. Institutions should provide ITPs information about their rights as an employee and offer resources to support their wellbeing.

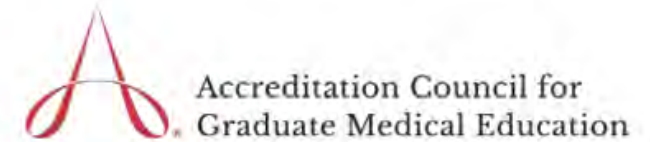
Testimony on Bill No. 302 – 38: Thomas Shieh, MD

Conclusion: Questions remain about the feasibility of these pathways for addressing workforce shortages, especially where resources for their implementation and evaluation are not readily available. In the absence of a centralized system of assessment and supervision for ITPs, state medical boards, employers, and other parties must rely on existing resources which offer potential opportunities for ensuring that ITPs licensed through these pathways have the requisite competency to deliver care safely. They also help ensure ITPs are supported as they are oriented to practice in the US.

EXISTING RESOURCES ?

Are in the **PRIVATE SECTOR**, not really in the
"Gov Guam System." Should be **BOTH**.

Testimony on Bill No. 302 – 38: Thomas Shieh, MD



Advisory Commission on Additional Licensing Models GUIDANCE DOCUMENT

There are **NO** recommendations to **LIMIT** or **RESTRICT** ITP to **GOVERNMENT FUNDED FACILITIES**.

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According to an AMA issue brief (PDF), while the specifics of each state law vary, in general they require the foreign-trained physician to have:

- Graduated from an international medical school and postgraduate training program that is substantially similar to a U.S. program, or have experience practicing as a physician for a certain number of years.
- Passed Steps 1, 2, and 3 of the United States Medical Licensing Examination.
- Individual certification by the World Health Organization or the Educational Commission on Foreign Medical Graduates (ECFMG)—a division of Intelehealth.
- An offer of employment.
- Federal immigration status to practice as a physician in the U.S.

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

International Medical Graduates

Abolish Discrimination in Licensure of IMGs H-255.966



Our AMA will continue to work with the FSMB to encourage parity in licensure requirements for all physicians, whether U.S. medical school graduates or international medical graduates.

Our AMA will work with state medical societies in states with discriminatory licensure requirements between IMGs and graduates of U.S. and Canadian medical schools to advocate for parity in licensure requirements, using the AMA International Medical Graduate Section licensure parity model resolution as a resource.

State medical boards should ensure uniformity of licensure requirements for IMGs and graduates of U.S. and Canadian medical schools, including eliminating any disparity in the years of graduate medical education (GME) required for licensure and a uniform standard for the allowed number of administrations of licensure examinations.

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Comprehensive assessment. Internationally trained physicians should be evaluated during the supervisory period on six core competencies: patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice.

Initial assessment to understand current strengths and areas for development. Individualized assessment at the start of supervision should be conducted to identify strengths and address areas needing support.

Specialty-specific examinations. Use of specialty exams should be used to inform learning plans that are developed with the internationally trained physician's scope of practice in mind.

Regular, multimodal evaluation. Standardized knowledge assessments, direct observation, multisource feedback, and medical record audits should happen periodically throughout supervision.

Supervisor qualifications. Supervisors must be board-certified, fully licensed physicians in the same specialty, with state medical boards establishing criteria for supervisors and supervisory sites.

Protection of internationally trained physicians' employee rights. Institutions must ensure fair treatment, access to resources, and employee rights of ITPs during supervision.

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

THIS IS PARITY - Without Discrimination

1 ~~(6)(5)~~ Has submitted a complete application and paid the
2 applicable fee.

3 (b) A Permanent ~~Limited~~ License issued pursuant to this Section shall
4 authorize the holder to practice medicine with full clinical autonomy,
5 without direct supervision, ~~but only at government of Guam funded~~
6 ~~healthcare facilities approved by the Board at any licensed healthcare~~
7 ~~facility in Guam, including both public and private healthcare settings,~~
8 ~~within the specialty or subspecialty in which the physician is licensed~~
9 ~~and certified.~~

10 (e) A Permanent Limited License holder shall not be eligible for:

11 ~~(1) Conversion to a full and unrestricted license to practice~~
12 ~~medicine;~~

13 ~~(2) Practice at private hospitals, private clinics, or private~~
14 ~~healthcare facilities;~~

15 ~~(3) Participation in the Interstate Medical Licensure Compact;~~
16 ~~or~~

17 ~~(4) Any other license category that would permit practice outside~~
18 ~~of government of Guam funded healthcare facilities.~~

19 ~~(d)(c)~~ The Board may, in its discretion, require additional supervised
20 practice or remediation if the Board determines that the applicant has

12

1 not demonstrated competence in one or more of the current general
2 competency domains.

3 ~~(e)(d)~~ A Permanent ~~Limited~~ License shall be subject to renewal in
4 accordance with the same schedule and requirements applicable to full
5 and unrestricted licenses, provided that the restriction to ~~government of~~
6 ~~Guam funded healthcare facilities shall remain in effect permanently~~
7 ~~and shall not be removed or modified. the specialty or subspecialty in~~
8 ~~which the physician is licensed and certified shall remain in effect and~~
9 ~~shall not be removed or modified except upon application to and~~
10 ~~approval by the Board.~~

11 ~~(f)(e)~~ During the first two ~~(2)~~ years of the Interim Provisional License
12 ~~period, and before any issuance of a Permanent Limited License~~
13 ~~pursuant to this Section, an ITP shall practice under the direct~~
14 ~~supervision of a Guam-licensed, board-certified physician in the same~~
15 ~~or similar specialty. Supervision shall include ongoing evaluation and~~
16 ~~progressive responsibility, consistent with the standards established by~~
17 ~~the Accreditation Council for Graduate Medical Education (ACGME).~~
18 ~~The supervising physician shall submit written evaluations to the Board~~
19 ~~at six (6)-month intervals during the supervised period.~~

13

1 authority of the Board as holders of full and unrestricted licenses,
2 including but not limited to suspension, revocation, and imposition of
3 conditions.

4 ~~(b) An Interim Provisional or Permanent Limited License shall be~~
5 ~~automatically suspended if the licensee ceases to be employed by a~~
6 ~~government of Guam funded healthcare facility approved by the Board.~~

7 ~~(e)(b)~~ The Board may immediately suspend an Interim Provisional
8 License or Permanent ~~Limited~~ License if the Board determines that
9 continued practice poses an imminent risk to patient safety.

10 ~~(d) The holder of the Interim Provisional License or Permanent Limited~~
11 ~~License shall not practice medicine outside the confines of government~~
12 ~~of Guam funded healthcare facilities. A violation of this provision is~~
13 ~~subject to penalties under Guam law, including fines not to exceed Five~~
14 ~~Hundred Dollars (\$500.00) per offense, and may result in revocation of~~
15 ~~the License by the Board. The Board may, at its discretion, revoke the~~
16 ~~License at any time.~~

17 ~~(c) The holder of an Interim Provisional License or Permanent Limited~~
18 ~~License shall not practice medicine outside the specialty or subspecialty~~
19 ~~in which the physician is licensed and certified under this Article. A~~
20 ~~violation of this provision is subject to penalties under Guam law,~~

15

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- (5) The number of Interim Provisional and Permanent ~~Limited~~ Licenses granted following completion of each pathway;
- (6) The number of complaints or disciplinary actions involving ITP License holders;
- (7) The specialties and practice settings of applicants; and
- (8) The geographic distribution of licensees practicing in Guam.

~~(h)(g)~~ On or before December 1 of each year, the Board shall report the information collected pursuant to ~~(g)(f)~~ to *I Maga'håga /-Maga'lahi Maga'låhen Guåhan* and the Speaker of *I Liheslaturan Guåhan*."

Section 5. § 12206.5 of Article 2, Chapter 12, Title 10, Guam Code

Annotated, is hereby amended to read:

"§ 12206.5. Determination of Need Requirement.

~~As part of offering employment to an ITP, the hiring authority of the government of Guam-funded healthcare facility such as the CEO/Administrator of GMH, the Director of the DPHSS, the Chief Executive Officer of the FQHCs as applicable, or the Director of GBHWC upon receiving approval, as applicable, from their respective board or council, shall demonstrate the need to hire an ITP to provide adequate coverage in the provision of medical care at their healthcare agency. Any healthcare facility, whether public or private, including but not limited to the CEO/Administrator of GMH, the Director of the DPHSS, the Chief Executive~~

~~Officer of the FQHCs as applicable, the Director of GBHWC, or the chief executive officer, administrator, or equivalent officer of any private hospital, private clinic, or private healthcare facility, upon receiving approval, as applicable, from their respective board or council, shall demonstrate the need to hire an ITP to provide adequate coverage in the provision of medical care at their healthcare facility to the Board by filing a Determination of Need statement that includes the following attestations:~~

~~(a) There are not sufficient individuals able, willing, qualified, and available at the location of employment with the government of Guam-funded healthcare agency facility at the time of the offer; and~~

~~(b) The employment of the ITP will not adversely affect the wages and working conditions of individuals similarly employed at the qualifying location. A copy of the job offer for employment with the government of Guam-funded healthcare agency must be submitted to the Board, along with the filing of the Determination of Need statement.~~

Section 6. § 12206.6 of Article 2, Chapter 12, Title 10, Guam Code

Annotated, is hereby amended to read:

"§ 12206.6. Rulemaking.

(a) The Board shall, within ninety (90) days upon enactment of this Section, adopt rules necessary to issue an ITP License. The Board is

authorized to develop the Internationally-Trained Physicians Interim Provisional License and Permanent ~~Limited~~ License pathway, to include, but not limited to, the rules and regulations governing the application, supervision, management, and execution of the Internationally-Trained Physicians program. The Board shall be guided, at a minimum, by the latest Federation of State Medical Boards general competencies endorsed by the Coalition of Physician Accountability.

(b) The Board shall provide for the issuance of an ITP Interim Provisional License for a term not to exceed four (4) years from the date of issuance. An ITP may apply for a Permanent ~~Limited~~ License during the third year of the ITP's service. If granted, the Permanent ~~Limited~~ License shall be valid for the remainder of the initial four (4)-year term. It may be extended for one (1) additional term not to exceed two (2) years, for a total period not to exceed six (6) years.

~~(c) The Board shall work with government of Guam-funded healthcare facilities, starting with GMH and the HPLO of DPHSS, for the first eighteen (18) months following the enactment of this provision, to offer employment to an ITP at GMH. After the eighteen (18)-month period has elapsed, the Board shall accept applications from other government~~

Removal Discrimination

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~~of Guam-funded healthcare facilities. The Board shall accept applications from all licensed healthcare facilities in Guam, including both government of Guam-funded healthcare facilities and private healthcare facilities, upon the effective date of this Act.~~

(d) The Board shall issue an Interim Provisional License or Permanent ~~Limited~~ License to ITPs who meet the requirements. The Board shall approve and grant exceptions to countries on a case-by-case basis, provided all other requirements are met, and it is evident that the employment of the ITP is to the benefit of the public.

(e) The Board shall, within ninety (90) days upon enactment of this Section, adopt rules establishing standards for supervision and progressive assessment of ITPs during the provisional licensure period. ~~Such rules shall, at a minimum, incorporate assessment tools developed by or consistent with the standards of Accreditation Council for Graduate Medical Education (ACGME)-accredited training programs, and shall specify the qualifications required of supervising physicians, the frequency and format of evaluations, and the criteria for advancing an ITP to greater levels of clinical responsibility."~~

Section 7. § 12207 of Chapter 12, Title 10, Guam Code Annotated, is hereby *amended*, to read:

international medical licensing exam, a Board-approved medical certifying agency or a Board-approved medical specialty board within a specific period of time before application (e.g. eight (8) or ten (10) years to pass a written and/or oral medical examination approved by the Board for that purpose.)

~~(d) Provisional License – Foreign Medical Graduates. Notwithstanding subsections (a) and (b), the Board may require an applicant who completed postgraduate training outside an Accreditation Council for Graduate Medical Education (ACGME)-accredited program, to complete a period of supervised provisional licensure prior to issuance of unrestricted licensure.~~

Removal of Discrimination

(1) A provisional license issued pursuant to this subsection shall be limited to practice under supervision in an approved facility;

(2) During the provisional licensure period, the applicant shall not engage in independent practice and shall practice only within the scope approved by the Board and supervising physician. The Board may impose reasonable limitations on clinical privileges, procedural authority, prescribing authority, on-call responsibilities, and other practice activities as necessary to ensure patient safety;

(3) The applicant shall submit a Board-approved supervision plan identifying the supervising physician(s), scope of practice, and

~~evaluation schedule, a method of oversight, including frequency of review and documentation requirements;~~

~~(4) The provisional period shall not exceed twelve (12) months, renewable once for good cause; and~~

~~(5) Conversion to unrestricted licensure shall require documented competency-based evaluations.~~

~~(6) The applicant shall demonstrate not less than three (3) years of independent clinical practice experience in the applicant's area of specialty, completed after the completion of postgraduate medical training. Such experience shall be verified in a manner prescribed by the Board. Experience obtained solely as a medical officer, intern, or~~

Removal of Discrimination

~~house officer shall not satisfy this requirement unless the Board determines that such experience involved independent clinical responsibility consistent with specialty practice standards. This subsection shall not apply to applicants for, or licenses issued under, §§ 12206.2 through 12206.7.~~

~~(7) The applicant shall demonstrate active clinical practice within the five (5) years immediately preceding the date of application. The Board may, for good cause shown, waive or modify this requirement if the applicant demonstrates continued clinical competency through~~

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James L. Madara, MD
CEO, EXECUTIVE VICE PRESIDENT

June 18, 2025

The Honorable Marco Rubio
Secretary of State
U.S. Department of State
2201 C Street, NW
Washington, DC 20520

Dear Secretary Rubio:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to urge you to immediately resume the scheduling of new visa appointments, especially J-1 appointments, for foreign national physicians which were paused by the U.S. Department of State (DoS) in May 2025.

In March 2025, 6,653 medical residents from outside the United States (U.S.) matched to first-year U.S. residency programs. However, due to the pause in all new visa appointments, a significant number of these physicians are currently unable to schedule their visa interviews and are in danger of missing their July 1, 2025, residency start date. If these individuals are unable to enter the country on time, they risk losing their competitively secured residency training slots, and the hospitals that have agreed to train these residents risk being short staffed. **Physicians, especially those seeking a J-1 visa, should be exempt from this current pause and should be allowed to obtain emergency visa appointments.**

The AMA recognizes the importance of a secure, efficient, and well-vetted immigration system, and the existing visa process for physicians exemplifies this standard, particularly for those seeking J-1 visas, the primary visa classification used by international medical graduates (IMGs) entering U.S. residency programs. J-1 physicians are sponsored by InTealth, parent organization of the Educational Commission for Foreign Medical Graduates (ECFMG).² InTealth coordinates closely with U.S. teaching hospitals and with the DoS throughout each academic year to ensure that J-1 physicians comply with all federal requirements. J-1 physicians are also required to apply to ECFMG to extend their visa sponsorship on an annual basis, making IMGs one of the most closely monitored groups entering the U.S. workforce.

While the majority of IMG trainees hold J-1 status, the current visa appointment freeze affects all foreign national physicians, regardless of the visa classification under which they are applying. These physicians serve as vital members of health care teams at the institutions where they train and play a vital role in the health of our nation. If U.S. health systems cannot count on J-1 physicians, as well as those entering in other visa classifications, for uninterrupted training and patient care, existing health care shortages will be exacerbated. As such, it is important to create and preserve reliable pathways for physicians to enter and remain in the U.S. and begin training without delay.

With a projected shortfall of nearly 86,000 physicians by 2036, there is a growing need for a larger physician workforce that the U.S. cannot fill on its own, in part because the U.S. physically does not have

¹ <https://www.nmp.org/about/news/2025/06/nmp-statement-regarding-recent-trump-administration-orders-related-to-international-citizens#:~:text=On%20May%2027%2C%20the%20U.S.,%2D1%20visas%2C%20including%20physicians.>
² <https://www.ecfm.org/evsp/about.html>

The Honorable Marco Rubio
June 18, 2025
Page 2

enough people in the younger generation to care for our aging country.³ IMGs play a critical role in filling this void, especially in areas of the U.S. with higher rates of poverty and chronic disease. In 2024 alone, nearly 16,000 physicians from 155 countries were engaged in residency or fellowship training in J-1 status at approximately 770 teaching hospitals nationwide⁴ and in 2025, over 36 percent of residents that matched were IMGs.⁵ In 2021, 25 percent of all licensed U.S. physicians were IMGs.⁶ Furthermore, between 2001 and 2024 almost 23,000 IMGs worked in underserved communities⁷ and nearly 21 million Americans live in areas of the U.S. where foreign-trained physicians account for at least half of all physicians.⁸ This workforce cannot be quickly or easily replaced. Access to quality health care for Americans will suffer if this policy is not reversed expeditiously with the July 1, 2025, residency start date just weeks away.

If visa appointments for physicians remain unavailable in a timely and reliable manner, the AMA is worried that there will be significant and long-term negative impacts on U.S. health care, particularly in rural and urban medically underserved areas of the country where J-1 physicians represent a much higher percentage of the trainee and practicing physician workforce. This pause is currently undercutting the Administration's commitment to improving the health and well-being of Americans, including those in rural areas. We believe that the existing immigration framework for foreign national physicians, especially J-1 visa holders, already meets the highest standards of security and oversight. **Therefore, the AMA urges the Administration to exempt physicians, especially those seeking a J-1 visa, from the current visa appointment pause and to consider a permanent exemption for IMGs from future disruptions that would compromise access to care in the United States.**

We welcome the opportunity to work with you to advance policy solutions that both increase patient access to care and remove avoidable immigration barriers contributing to our nation's physician workforce shortage.

Sincerely,

James L. Madara, MD

To Secretary of State Marco Rubio

³ <https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage>
⁴ https://www.intealth.org/pdfs/J-1_US_Infographic.pdf
⁵ <https://www.intealth.org/pdfs/Match2025Infographic.pdf>
⁶ <https://www.ama-assn.org/education/international-medical-education/how-IMGs-have-changed-face-american>

Testimony on Bill No. **303** – 38: Thomas Shieh, MD

I MINA'TRENTAI OCHO NA LIHESLATURAN GUÅHAN
2026 (SECOND) Regular Session

Bill No. 303-38 (COR)

**Can't Pass without Private
Sector Amendment in Bill**

Introduced by:

302-38

Telo T. Taitague
Shelly V. Calvo



AN ACT TO *AMEND* PUBLIC LAW 38-107 BY *ADDING* A NEW § 12206 (m), AND *AMENDING* §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).


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

2 **Section 1. Legislative Findings and Intent.** *I Liheslaturan Guåhan* finds

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The AMA's position

Led by the policy work of the AMA International Medical Graduates Section (AMA-IMGS), the AMA strongly advocates on vital issues such as:

- Expansion of the Conrad State 30 and Physician Access Reauthorization Act waiver program to more than 30 slots per state.
- Immigration and green-card delays.
- Duration of status.
- Wage protections.
- Recapturing unused employment-based physician immigrant visas.
- Streamlining administrative visa requirements.
- Discrimination in state licensure and practice. 
- Racial and ethnic disparities.
- Graduate medical education (GME) funding for more residency positions.

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1 It is therefore the intent of *I Liheslaturan Guåhan*, through this Act
2 amending Public Law 38-107, to require the Guam Board of Medical Examiners to
3 promulgate rules and regulations within a defined timeframe to ensure the prompt
4 and effective implementation of the FMG and ITP licensure pathways, and to
5 address the urgent healthcare workforce needs of the people of Guam.

6 **Section 4.** A new § 12206 (m) is hereby added to Chapter 12, Title 10,
7 Guam Code Annotated, is *amended*, to read:

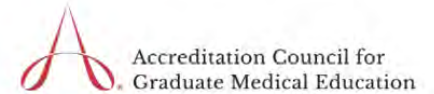
8 “(m) Rulemaking. The Board shall promulgate rules and regulations
9 necessary to implement and administer the issuance of Foreign Medical Graduates
10 (FMG) licenses pursuant to this Chapter. Such rules and regulations shall be
11 adopted no later than sixty (60) days following the enactment of this Act.”

12 **Section 10.** § 12206.6 of Chapter 12, Title 10, Guam Code Annotated, is
13 hereby *amended*, to read:

14 **“ § 12206.6. Rulemaking.**

15 (a) The Board shall ~~adopt~~ promulgate rules and regulations necessary to
16 implement and administer the issuance of an Internationally Trained Physician
17 (ITP) license pursuant to this Chapter sixty (60) days following the enactment of
18 this Act. The Board is authorized to develop the Internationally-Trained Physicians
19 Interim Provisional License and Permanent Limited License pathway, to include,
20 but not limited to, the rules and regulations governing the application, supervision,
21 management, and execution of the Internationally-Trained Physicians program. The
22 Board shall be guided, at a minimum, by the latest Federation of State Medical
23 Boards general competencies endorsed by the Coalition of Physician Accountability.

24 **Section 13. Severability.** If any provision of this Act or its application to
25 any person or circumstance is found to be invalid or contrary to law, such
26 invalidity shall not affect other provisions or applications of this Act which can be





Advisory Commission on Additional Licensing Models GUIDANCE DOCUMENT

There are **NO** recommendations to **LIMIT** or **RESTRICT** ITP to **GOVERNMENT FUNDED FACILITIES.**

In the absence of a centralized system of assessment and supervision for ITPs, state medical boards, employers, and other **parties must rely on existing resources which offer potential opportunities for ensuring that ITPs licensed through these pathways have the requisite competency to deliver care safely.** They also help ensure ITPs are supported as they are oriented to practice in the US.

The **existing resources** are out in the **PRIVATE SECTOR.**

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4 specialists, resulting in limited access to care, increased wait times, and strain on
5 the island's healthcare system. In response, *I Liheslaturan Guåhan* enacted Public
6  Law 38-107, which established licensure pathways for Foreign Medical Graduates
7 (FMGs) and Internationally Trained Physicians (ITPs) to expand the pool of
8 qualified healthcare professionals available to serve the community. 

Bill 303 – 38 **CANNOT** be passed / supported without the passage of Bill 302-38. The reason is obvious. **“To Serve the COMMUNITY.”**
Community in Guam does not mean, the community of Gov. Guam only.
Community means the entire island, both public and the private sector.

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FEDERATION OF
STATE MEDICAL BOARDS

States with Enacted and Proposed Licensure Pathways for Internationally Trained Physicians State-by-State Overview

State	Status	Detail	Citation
AR	Enacted	<p>Revises foreign medical graduate (FMG) laws in the state, requiring the FMG's medical school be approved by ECFMG instead of the Board (ASMB) and creates a pathway to licensure for FMGs without foreign or domestic (ACGME-accredited) PGT (as prescribed by Ark. Code § 17-95-403(b)(3)(iii)(b)) for applicants that have: been offered full-time employment as a physician from an Arkansas healthcare provider, defined as an entity "licensed or certified to provide healthcare services... by the ASMB" in an underserved or health professional shortage area; an active, unencumbered license to practice medicine in a foreign country; actively practiced medicine during the four year period preceding their application; credentials evaluated by the ECFMG; ECFMG certification; and "pass the exam used by the ECFMG" (USMLE Steps 1 & 2 and the Occupational English Test (OET) Medicine).</p> <p>Applicants must appear personally in front of the ASMB with their licensed, sponsoring physician, provide "information as to what area or department in which [they] will be practicing medicine." The provisional license is valid for one year, and licensees that wish to continue must complete renewal forms and pay a fee, and may be requested to appear in person before the ASMB again.</p> <p>Licensees must maintain remain employed by a qualified employer for at least three consecutive years, and notify the Board within five business days after any change of employer. After two years of practice under the provisional license, the licensee is eligible for a full, unrestricted license (but must continue to practice at the qualified employer for at least one more year).</p> <p>Notably, Board rulemaking authority is not mentioned in the legislation.</p>	<p>SB 601 (2025)</p>

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

AZ	Pending	<p>Expands existing statute to authorize the Board to issue a full medical license to internationally trained physicians who qualify under ECFMG Pathway 1 (including holding an unsupervised license on or after January 1, 2021, <u>no disciplinary history, and no failure of USMLE Step 2</u>), have federal immigration status, and hold a job offer with a rural health care provider (county population under one million). Applicants must otherwise meet state licensure requirements except for completion of a 12-month internship, residency, or fellowship, including completing a training unit on state law and rules and having no disqualifying conduct or investigations. Unlike other ITP pathways, the bill does not require an active foreign license and does not create a provisional licensure period, instead granting immediate full licensure limited to rural practice. The legislation does not specify how long the physician must remain at the rural site and grants no new rulemaking authority to the Board beyond its existing powers to verify credentials, assess equivalency, conduct background checks, and enforce professional standards.</p>	<p>HB 2435 (2026)</p>
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Last Updated: April 2026

	<u>Failed</u>	<p>Would have created the Arizona Licensure Program for Foreign Medical Graduates and Nurses, allowing medical and nursing boards to issue provisional licenses to eligible international applicants. Candidates must have a qualifying medical or nursing degree, legal U.S. status, English proficiency, and pass a background check. Credentials must be verified through ECFMG or a similar body.</p> <p>Provisional licensees would work under supervision in designated health care shortage areas, with licenses valid for one year and renewable for up to two years. Supervisors must be fully licensed and provide regular evaluations. The Boards must tailor supervision to each specialty, offer assessments, mentorship, and help with training and exam preparation.</p> <p>To qualify for full licensure, applicants must complete supervised practice, pass licensure exams, and work two to four years in underserved areas, depending on specialty and community need. The Boards must also create orientation programs, language support, and placement partnerships, and submit annual progress reports and a comprehensive review every five years.</p>	<p>HB 2148 (2025)</p>
		<p>Very similar to SB 1108 (2025); for more information, reference the summary or the bill linked in the citation column.</p>	<p>SB 1406 (2024)</p>

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

CA	Enacted (limited licensure)	<p>The <u>Physicians from Mexico Pilot Program</u> (MPP) grants a <i>time-limited IMG license</i> to Mexican doctors Licensed, certified (by entities <u>listed</u>), and in good standing in their specialty in Mexico that have a passing score on a specialty board review course (equivalent to that needed by U.S. applicants), have specialty specific requirements, completed a six month orientation distance learning program, completed ESL classes, and have a U.S. Social Security card (valid to work only) or Individual Taxpayer Identification Number (ITIN).</p> <p>Physicians enroll in a six-month externship program with a nonprofit community health center approved by the Board. MPP licenses are valid for three years and nonrenewable. The program is capped at 30 Mexican physicians that must complete 25 CE credits per year and 75 total.</p>	AB 1045 (2002)
	Proposed	<p>Requires the Board to grant a full, unrestricted license to physicians who complete the existing Physicians from Mexico Pilot Program (MPP) in good standing after at least three years of practice (within the program's six-year limit), <u>hold ECFMG certification, have passed all USMLE Steps, receive positive annual peer-review evaluations from their FQHC CMO, complete CME requirements, and secure continued employment at a California FQHC, hospital, or clinic.</u></p> <p>The bill also creates a separate provisional license for qualifying ITPs who hold a full, unrestricted int'l physician's license in good standing for at least three years, have completed Board-determined substantially equivalent residency or international PGT, possess ECFMG certification, have passed USMLE Steps 1 and 2, demonstrate English proficiency and U.S. work authorization, and have a job offer from a California health care facility or practice; MPP graduates are ineligible for this route. The provisional license is valid for five years and renewable once, during which time the physician must practice under supervision, and after five years of discipline-free supervised practice, may seek full licensure upon <u>passing USMLE Step 3 and obtaining a positive recommendation from their supervisor or medical director, with the Board empowered to set associated fees.</u></p>	AB 2386 (2026)

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

CT	<u>Failed</u>	<p>“Shell bill” would have mandated that statutes be amended “to facilitate qualified and experienced foreign medical doctors who lawfully migrated to the U.S. in becoming licensed to practice medicine in the state” by providing provisional licenses to IMGs who: Completed a residency <i>and</i> received education and training outside of the U.S. that is “substantially similar” to the education and training that physicians obtain in the U.S.</p> <p>Provisional licensees must have practiced under supervision of a Connecticut-licensed physician, and after two years, licensees would have been eligible for an unrestricted license.</p>	SB 1054 (2025)
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Last Updated: April 2026

State	Status	Detail	Citation
FL	Enacted	<p>Qualifying IMGs must have an active, unencumbered license to practice medicine in a foreign country, have actively practiced medicine the entire four-year period preceding their application, completed a “residency or substantially similar postgraduate medical training” that is “substantially similar to a residency program accredited by the ACGME,” had their credentials evaluated by the ECFMG, have an ECFMG certification, and passed <u>ECFMG examinations</u> (USMLE Steps 1 & 2 and Occupational English Test, Medicine (OET)).</p> <p>IMGs must have an offer for full-time employment as a physician from a health care provider in the state, must maintain their employment for at least two consecutive years in accordance with rules adopted by the Board, and must notify the Board within five business days of any change of employer. The Board may, at its discretion, “exclude foreign medical school[s] from consideration as an institution[s] that provide medical education that is reasonably comparable” to that of U.S. institutions.</p> <p>Legislation implies that after the two-year probationary period at a designated health care provider, the license converts to full.</p>	SB 7016 (2024)

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

GA	Carried over to '26	<p>Bill would authorize the Board to issue a provisional license a qualified IMG that has Federal immigration status; received a degree from an “accredited medical school” outside of the U.S.; been licensed and practiced medicine for at least three of the last 10 years; received an ECFMG certificate or “other credential evaluation service approved by the Board” (which can be waived if from a noncooperative country); passed USMLE Steps 1 and 2, entered into an agreement for a full-time employment relationship with an institution, defined as a hospital licensed by the Dept. of Community Health, a Board approved medical school, a teaching hospital, a FQHC, or a clinic that services Medicaid or underserved populations; and satisfied any other criteria required by the Board.</p> <p>The provisional license is valid for two years and is nonrenewable, but licensees may convert it to a restricted license, which allows licensees to practice in health professional shortage and underserved areas, so long as they have maintained their provisional license in good standing; passed USMLE Step 3; entered into another agreement for full-time employment similar to that of provisional licensees.</p> <p>The restricted license is valid for a period of two and is renewable, but after two years (a minimum of four years total), licensees may apply for full licensure. The Board is empowered to “establish standards and criteria, evaluate applications, and issue licenses... promulgate rules and regulations necessary to implement” the statute.</p>	<p>SB 142 (2025)</p>
	Pending	<p>Authorizes the Board to issue provisional licenses to qualified internationally trained physicians (ITPs) who are legally authorized to work in the U.S.; <u>are ECFMG-certified or eligible</u>; graduated from a foreign medical school listed in the World Directory of Medical Schools; completed specified medical education, training, and practice experience; hold or recently held a foreign medical license in good standing; have no prior license discipline or disqualifying criminal history; and demonstrate clinical competence through approved examinations, certification, or assessment.</p> <p>Provisional licensees must practice under physician supervision at a rural medical practice or a licensed Georgia hospital and may obtain a full license after four years of compliant practice, followed by an additional two-year service obligation in an underserved area.</p> <p>The Board must appoint medical directors to oversee and evaluate the licensure pathway, implementing regulations, and submit annual reports on program participation, outcomes, and complaints. The pathway is contingent on state funding and would be repealed if funding lapses.</p>	<p>SB 427 (2026)</p>
	Failed	<p>SB 529, which failed, was quite similar to SB 142, however, it did not have a limitation on time out of practice, like the new bill has.</p>	<p>SB 529 (2024)</p>

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

GU	Enacted	<p>Effective April 7, 2026, amends existing code to authorize the Board, with DPHSS, to grant full licenses to foreign medical graduates (FMGs) that hold a medical degree, are eligible for unrestricted licensure in the country where they trained, completed 36 months of Board-approved postgraduate training, <u>passed a Board-acceptable exam that assesses basic medical knowledge</u>, obtained ECFMG certification, and demonstrated English or Chamorro language competency. Preference is given to applicants who commit to serving at least three years in Guam public health facilities, and the Board is empowered to define acceptable postgraduate training, designate credentialing bodies such as WDOMS and ECFMG, and adopt additional rules <u>to recruit FMGs—particularly in specialties where Guam lacks adequate provider coverage.</u></p>	206-38 (2025)
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Testimony on Bill No. 302 – 38: Thomas Shieh, MD

State	Status	Detail	Citation
ID	Enacted	<p>Effective January 1, 2025, allows international physicians that have matriculated through an international medical program, defined as any "medical education or training outside of the U.S. or Canada that is substantially similar" to the training required for physicians in Idaho and has been certified by ECFMG" to apply for the licensure pathway, so long as they are not a legal resident of the U.S. or Canada, completed a residency or PGT, practiced medicine for at least three years post PGT or completed at least 500 hours of clinical experience, are in good standing, and practiced within the last five years prior to application, possess basic fluency in English (passed OET), and have an offer of employment from a sponsoring entity, defined as health systems, hospitals, freestanding emergency departments, independent physician practices, primary care clinics, and urgent care clinics.</p> <p>Qualifying international physicians are granted three-year, provisional licenses so long as they obtain federal immigration status and <u>pass USMLE Steps 1 and 2</u>. An applicant that fails to pass either step on two separate occasions "may be required to be interviewed, evaluated, or examined by the Board." The applicant must submit to a background test and notify the Board of any changes in employment, and must work with a sponsoring entity for the duration of the provisional license.</p> <p>Provisional licenses convert to full licenses after three years of practice, so long as they are not under investigation, are given a letter of recommendation from their supervising physician, and passed <u>USMLE Step 3</u>.</p>	<p>H 542 (2024)</p>

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

IN

Enacted

Authorizes the Board to issue a limited license to an ITP that pays a \$100 application fee; has a medical doctorate or substantially similar degree from an international medical program in good standing as determined by the Board; has ECFMG certification; is in good standing with the medical licensing or regulatory institution in their country of practice *and* has no pending discipline; completed a residency, clinical training, or PGT “substantially similar, as determined by the Board” to those ACGME-accredited; has practiced medicine or osteopathic medicine for at least *five years of the last six years* preceding application; passed all Steps of the USMLE; has Federal immigration status; is proficient in English; and has a written offer of employment at a health care facility, defined as a hospital, birthing center, or “other medical facility,” in an underserved area, which are designated by the Dept. of Health; and that facility both agrees to sponsor and supervise the provisional licensee.

Limited licensees must practice at qualifying health care facilities defined above, may not practice “outside the scope of specialty of the onsite board-certified supervising physician,” patients must be informed that they are being seen by a limited licensee, and the licensee’s prescriptive abilities are limited, must be supervised, delineated in a written practice agreement, and a statement from the facility’s governing body granting the licensee practicing privileges.

The limited license must be renewed biennially and is valid for six years. After a minimum of five years, the limited license may be converted to full at the discretion of the Board. The Board is empowered to require a comprehensive evaluation to assess the licensee’s competency prior to issuing a full license, and also may revoke the limited license if the licensee ceases practicing at a qualifying facility, or there is another “compelling reason” to do so.

The bill is effective July 1, 2025, and sunsets December 31, 2040.

Unrelated to additional pathways, the bill also requires applicants for osteopathic licensure to complete COMLEX within 10 years of passing COMLEX Level 1.

[HB 1555](#)
(2025)

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

IL	Enacted	<p>Effective January 1, 2025, “shell bill” authorizes the Dept. of Financial and Professional Regulation (IDFPR) to issue limited licenses to qualified IMGs, pursuant to rules the IDFPR must adopt regarding qualifications and fees. According to the Illinois State Medical Society, IMGs “would work for two years with limited practice under supervision... in an area with medical need or with a health professional who treats underserved populations.” Relatedly, HB 2948 (2023) creates a new ombudsman position within IDFPR to help eligible IMGs navigate the relicensing process.</p>	<p>SB 1298 (2023)</p>
		<p>On January 14, 2025, the IDFPR promulgated rules to implement SB 1298. The rules define IMGs as: Medical graduates trained outside the U.S. whose education has “been certified by the ECFMG;” <u>having passed all steps of the USMLE; having an unencumbered license from another country; and not licensed to practice medicine in the U.S.</u></p> <p>IMGs are eligible to apply for a limited license to practice medicine in the state, and the IDFPR, upon its determination of fitness, may issue the license, which is valid for two years. Applicants must: Submit an application, plus \$100 fee; provide an official transcript and diploma; provide their ECFMG</p>	<p>IDFPR Rules (see § 1285.345)</p>

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Last Updated: April 2026

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

KY	<p><u>Failed</u></p>	<p>Bill would have required the Board to create regulations by January 1, 2026, establishing a provisional licensure pathway for international medical graduates (IMGs) to gain full medical licensure. IMGs must have had a valid, unencumbered foreign license for the past five years, no disciplinary history, five years of medical practice, ECFMG certification and credentialing, a residency comparable to ACGME standards, and a full-time physician job offer.</p> <p>To obtain full licensure, provisional licensees must have passed a Board assessment, maintained good standing, met employment terms, and avoided professional misconduct. The bill also mandated Board reporting on the pathway's effectiveness, including applicant numbers, licensure outcomes, and complaint data.</p>	<p>HB 786 (2025)</p>
	<p>Failed</p>	<p>Bill would have authorized the Board to grant provisional licenses to IMGs, so long as the applicant had met the requirements of other IMGs to practice in the state, which included English language fluency, graduation from a medical school outside of the U.S. or Canada "approved by the Board," <u>ECFMG certification, passed "an examination prescribed by the Board", had an offer of employment as a physician "with a sponsor that is a professional practice, healthcare entity, or corporation" within the state, had practiced for at least five years, was in good standing within their country of practice, and completed "substantially similar" postgraduate training.</u></p> <p>Provisional licenses would have been converted to full licenses after three years of practice with the employing sponsor, after which, the licensee need not continue practice with the original sponsor. The Board was authorized to revoke the provisional license if the licensee ceased working with their sponsor before the conclusion of the two year provisional period, or engaged in unacceptable (Ky. Rev. Stat. § 311.595) or unprofessional (Ky. Rev. Stat. § 311.597) conduct.</p>	<p>HB 574 (2024)</p>

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

TX	Enacted	<p>Enacted June 20 and effective September 1, 2025, requires the Board to issue a provisional license to qualified "foreign license holding" applicants that have: been granted a degree of doctor of medicine or substantially similar from a program that meets ECFMG requirements; been licensed and in good standing in another country, without any pending investigations; completed a residency program or a substantially similar postgraduate medical training in their country of licensure; passed the Texas medical jurisprudence examination; English language proficiency; has Federal work authorization; passed USMLE Steps 1 & 2 or an equivalent exam (LMCC, NBOME, NMBE, FLEX (TX Occ Code § 155.0511), and has an offer of employment by a health system, hospital, hospital-based facility, freestanding emergency facility, or urgent care clinic that has an ACGME or AOA residency program, or is ACGME or AOA-affiliated. The Board is empowered to promulgate additional requirements by rule.</p> <p>Provisional licenses cannot be issued to applicants <i>without visas</i> from countries deemed by the U.S. Director of Intelligence as a "threat to national security" in their annual threat assessment, or be subject to prohibitions in the International Traffic in Arms Regulations, which is promulgated by the U.S. Dept. of State. This list includes China, Russia, Belarus, Cuba, Iran, North Korea, and Syria.</p> <p>The provisional license is valid for two years, but may be renewed if the licensee has passed USMLE Steps 1 and 2 and is ECFMG certified. Licensees with renewed provisional licenses must practice in a rural community, medically underserved area, or HPSA (which need not be affiliated with ACGME or AOA).</p> <p>The Board shall issue a full license to an applicant that has passed all parts of one the LMCC, NBOME, NMBE, FLEX, or USMLE (TX Occ Code § 155.0511), is not subject to pending discipline, Board investigation, or been convicted of a felony or a misdemeanor involving moral turpitude.</p> <p>The Board is empowered to adopt rules pertaining to the issuing of the provisional license, its renewal, full licensure, and the reporting of board specialty certification requirement information. Regarding physician graduates (PGs – analogous to assistant/associate physicians), requires the Board to create a licensure class for PGs, individuals that: are Texas residents; U.S. citizens or legal permanent residents; have English proficiency; have graduated from a U.S. or Canadian medical or osteopathic school or an international medical school that the Board deems acceptable <i>within the last two years</i>; or if the applicant is licensed and in good standing in another country and: passed USMLE Steps 1 & 2 or an equivalent exam (LMCC, NBOME, NMBE, FLEX (TX Occ Code § 155.0511)); is not enrolled in a Board-approved residency; has not been subject of disciplinary action from a licensing board; and meets any other requirements prescribed by the Board.</p> <p>Physician graduates must practice under an agreement with a specialty board certified supervising physician who has no past or current disciplinary actions. The Board will determine the number of PGs a physician can oversee. PGs may only work in rural counties (population < 100,000), within</p>	HB 2038 (2025)
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Last Updated: April 2026

Failed	<p>The bill would have required the Texas Medical Board to license international medical graduates (IMGs) who are residents and licensed in good standing in select countries or who graduated from an approved foreign medical program (FMP), passed a qualifying exam (e.g., USMLE), held a recognized medical degree, completed residency or have had at least two years of practice, are proficient in English, and had federal work authorization.</p> <p>For IMGs outside the listed countries, the Board would have been required to adopt rules for approving FMPs that offer substantially similar training to U.S. schools. FMPs could have appealed denials, and must have been approved if five graduates had been licensed. A public list of approved FMPs was required.</p> <p>The bill also mandated provisional licenses for IMGs meeting similar criteria and with a job offer from a qualifying health care provider. These licenses would have been valid for up to three years and converted to full licenses if requirements are met.</p> <p>The Board would have been required to implement rules by December 1, 2025. The bill would have taken effect September 1, 2025.</p>	HB 994 & HB 296 (2024)
Failed	<p>The bill would have required the Board to issue provisional licenses to qualified applicants who were state residents, held a foreign medical degree, had been licensed and practicing abroad for three years, completed three years of residency or similar training, had ECFMG certification, passed a qualifying exam within seven years, passed a background check, had federal work authorization, and a job offer from a qualifying health facility with an ACGME-accredited training program.</p> <p>Provisional licensees would have been required to practice under supervision for up to two years, after which a full license would have been issued if no discipline or investigations are pending.</p> <p>The Board must have adopted implementing rules by December 1, 2025. The bill would have taken effect September 1, 2025.</p>	HB 2852 (2025)

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

VA	Enacted	<p>Effective July 1, 2024, allows the Board to grant a provisional license to a qualified IMG for up to two years, that have received a degree from a medical school recognized by the WHO, are licensed in another country and practiced medicine for at least five years, have a valid ECFMG certificate (waivable upon the Board's discretion), <u>passed USMLE Steps 1 and 2, has entered into an employment agreement with a medical care facility "that provides an assessment and evaluation program designed to develop, assess, and evaluate the physician's nonclinical skills and familiarity with [state] standards... "according to criteria developed or approved by the Board" and has "satisfied any other criteria that the Board may require for issuance of a provisional license."</u></p> <p>Licensees may apply for a renewable two-year extension if they practice in a medically underserved area, <u>achieve a passing score on USMLE Step 3, enter another full-time employment relationship with a medical facility.</u></p> <p>After at least two years of practice under the renewable license (at least four years overall), the physician may apply for a full, unrestricted license.</p>	HB 995 (2024)
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Testimony on Bill No. 302 – 38: Thomas Shieh, MD

WI	Enacted	<p>Effective July 1, 2024, allows the Board to grant provisional licenses for qualifying IMGs that have an offer for employment as a physician from a FQHC, CHC, hospital, ASC, or any other health care facility approved by the Board, a medical degree from an international medical program approved by the ECFMG or a program that is "substantially similar" to those required to qualify for a medical license in the state, completed a residency program or PGT "substantially similar" to a residency, practiced for at least five years in their home country post-PGT, and for at least one year continuously out of the previous five prior to application; are ECFMG certified, have Federal immigration status and basic English fluency, and passed all Steps of the USMLE.</p> <p>Provisional license holders must submit a statement to the Board every six months certifying that they are still practicing and whether they have faced any license discipline, with the condition that the license may be revoked if the licensee is no longer working for a qualifying employer. Provisional licensees must practice under supervision, but the provisional license can convert to full licensure after three consecutive years of practice in good standing. The Board is authorized to promulgate</p>	<p>AB 954 (2024)</p>
19		Last Updated: April 2026	
WV	Enacted	<p>Enacted April 1, 2026 and effective June 7, 2026, authorizes the Board to grant a full medical license to qualifying ITPs that hold an MD or equivalent from an approved medical school outside the U.S., Puerto Rico, and Canada and meet all general licensure requirements except completion of two years of an accredited U.S. residency, including passing all steps of the USMLE (or an equivalent exam) within ten years, having either ECFMG certification or at least five years of prior practice, having no reportable past or pending discipline, and demonstrating English proficiency. The applicant must also have completed an international GME program plus at least two years of non-accredited but related U.S. fellowship training at an institution that sponsors an ACGME-accredited residency. In addition, they must have an offer of employment and a sponsorship letter from the prospective employer endorsing the applicant for licensure and outlining the proposed practice plan.</p>	<p>HB 5458 (2026)</p>

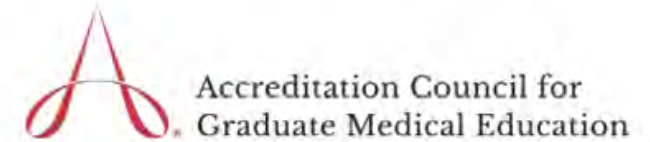
Testimony on Bill No. 302 – 38: Thomas Shieh, MD

WY	Pending	<p>Would authorize the Board to grant a provisional license to qualifying international physicians who hold a Board-approved medical degree, have been in good standing with a foreign regulator for the past five years, completed a residency or equivalent postgraduate training plus at least five years' practice (or 12 years' practice without such training), <u>passed USMLE Steps 1 and 2 within three attempts each, hold ECFMG certification, are eligible for federal immigration status, complete all application, fee, background check requirements, and have an employment offer from an in-state health care provider.</u> The provisional licensee must practice under a Board-approved supervising physician with at least three years of unrestricted in-state licensure, no discipline or pending investigation, and national board certification, with the supervisor and employer submitting monthly performance reports and the licensee maintaining liability insurance. During the first year, supervision must occur in the same facility, then may shift to availability within 15 minutes (including by phone); prescribing of controlled substances is limited to supervised practice in year one and thereafter remains subject to ongoing review, and provisional licensees may not supervise PAs. The provisional license is valid for three years, after which it may convert to full, unrestricted licensure if the physician has no discipline under the cited statutes, complies with Board rules (including CME), and passes USMLE Step 3 within three attempts.</p>	<p>HB 129 (2026)</p>
	Failed	<p>Bill would have required the Board to grant provisional licenses to international physicians who met specific qualifications, including a recognized medical degree, at least five years of recent practice experience, USMLE passage, English proficiency, eligibility for immigration status, and a job offer from a health care provider in the state. Applicants must have also completed an application, paid fees, and passed a background check. Licensees must have annually verified employment and continuing education. The Board would have been authorized to revoke or discipline the license for noncompliance. After three years of good-standing practice, the provisional license automatically would have become a full license.</p>	<p>SF 155 (2025)</p>

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

FACT: Still a minority of states who have passed ITP legislation, but a MAJORITY still requires the passaged of the USMLE exam and ECFMG Certification.

Testimony on Bill No. 302 – 38: Thomas Shieh, MD



Advisory Commission on Additional Licensing Models GUIDANCE DOCUMENT

There are **NO** recommendations to **LIMIT** or **RESTRICT** ITP to **GOVERNMENT FUNDED FACILITIES**.

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

Licensure Pathways for Internationally Trained Physicians Legislation and Regulation

From the current legislative session

JURISDICTION: **GU**

BILL NUMBER: **206 38** **BILL 206-38 Had Public Hearing**

TITLE: AN ACT TO ADD A NEW § 12202 (c), AMEND § 12205 (c), § 12206 AND ADD A NEW 12206.1 AND § 12207 (a) (5) TO ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO BUILDING A MORE DIVERSE AND SUSTAINABLE HEALTHCARE WORKFORCE ON GUAM BY EXPANDING LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES AND ESTABLISHING A LOCAL CONRAD 30 J-1 PHYSICIAN WAIVER PROGRAM.

STATUS:

LAST ACTION: Bill Created - (2026-02-12)

LAST ACTION DATE: 2026-02-12

AI SUMMARY: The legislation aims to diversify and sustain Guam's healthcare workforce by expanding licensing pathways for foreign medical graduates. It introduces a local Conrad 30 J-1 Physician Waiver Program to help retain foreign-trained doctors. Amendments focus on enhancing the regulatory framework to support these objectives. This initiative is expected to address healthcare provider shortages in the territory.

JURISDICTION: **GU**

BILL NUMBER: **294 38** **BILL 206-38 NEVER HAD Public Hearing**

TITLE: AN ACT TO ADD A NEW § 12206.1, § 12206.2, § 12206.3, AND § 12206.4 TO ARTICLE 2 OF CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING AN INTERIM PROVISIONAL LICENSE AND PERMANENT LIMITED LICENSE FOR INTERNATIONALLY TRAINED PHYSICIANS (ITPs) TO PRACTICE AT GOVERNMENT OF GUAM FUNDED HEALTHCARE FACILITIES SUCH AS THE GUAM MEMORIAL HOSPITAL (GMH), THE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES (DPHSS), FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER (GBHWC).

STATUS:

LAST ACTION: Bill Created - (2026-03-23)

LAST ACTION DATE: 2026-03-23

AI SUMMARY: The proposed legislation aims to create interim provisional and permanent limited licenses for internationally trained physicians, allowing them to practice at government-funded healthcare facilities in Guam. This includes institutions such as Guam Memorial Hospital, the Department of Public Health & Social Services, Federally Qualified Health Centers, and the Guam Behavioral Health and Wellness Center. These measures are designed to address healthcare staffing needs by utilizing qualified international professionals in local healthcare settings.

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

Licensure Pathways for Internationally Trained Physicians Legislation and Regulation

From the current legislative session

JURISDICTION: **GU** **BILL 302 – 38 (Need to Pass with Parity without discrimination to private sector and to the ITP/IMG as advocated by AMA, Fed Of Med Boards & Members of the Coalition.**
BILL NUMBER: **302 38**

TITLE: AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

STATUS:

LAST ACTION: Bill Created - (2026-04-07)

LAST ACTION DATE: 2026-04-07

AI SUMMARY: The proposed changes enhance licensure requirements and broaden practice settings for physicians to include both public and private healthcare facilities. It mandates supervision and progressive assessment for internationally trained physicians. Additionally, the bill updates enforcement provisions to support these changes effectively.

JURISDICTION: **GU** **BILL 303 – 38 (Cannot pass without passage of Bill 302-38. You may combined.**
BILL NUMBER: **303 38**

TITLE: AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW § 12206 (m), AND AMENDING §§ 12206.6, ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES (FMG) AND INTERNATIONALLY TRAINED PHYSICIANS (ITP).

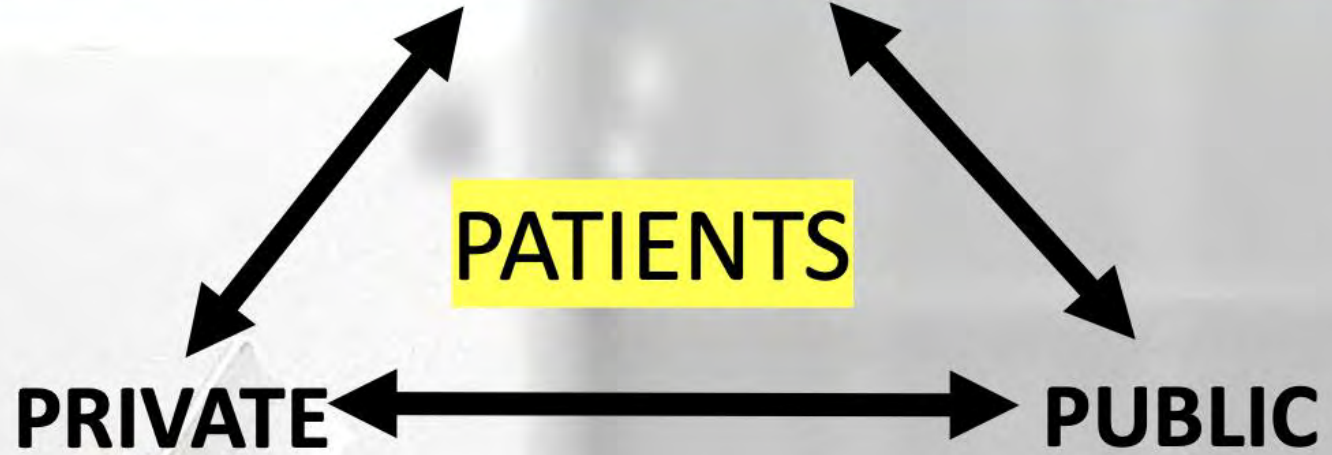
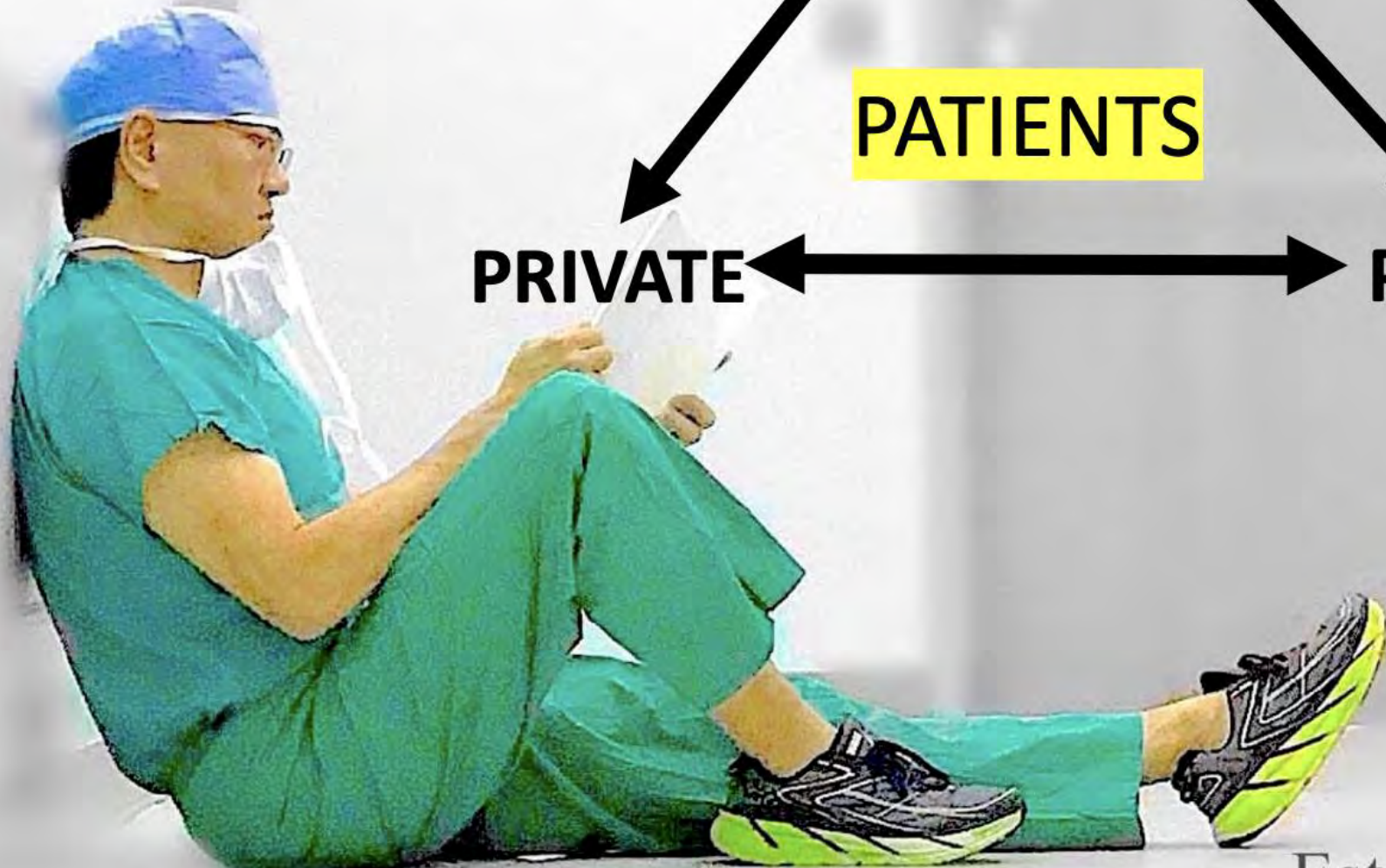
STATUS:

LAST ACTION: Bill Created - (2026-04-07)

LAST ACTION DATE: 2026-04-07

AI SUMMARY: The legislation modifies existing laws to establish a timeline for creating rules and regulations regarding licensure pathways for foreign medical graduates and internationally trained physicians in Guam. This amendment ensures timely implementation and administration of the necessary procedures to facilitate these licensure processes. It aims to enhance the regulatory framework to accommodate qualified medical professionals from abroad, improving healthcare services through increased availability of medical practitioners.

GUAM'S HEALTHCARE INFRASTRUCTURE



Established since 1996
Guam, USA

**Dept of Public Health / Guam Memorial
Hospital is **NOT** more qualified than the
PRIVATE sector to **SUPERVISE** ITPs.**

Testimony on Bill No. 302 – 38: Thomas Shieh, MD



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



LOURDES A. LEON GUERRERO
MAGA' TAGAN GUJIAN
GOVERNOR OF GUAM

JOSHUA F. TENORIO
SEGUNDO MAGA' LAHEN GUJIAN
LT. GOVERNOR OF GUAM

THERESA C. ARRIOLA, MBA
DIRECTOR

PETER JOHN D. CAMACHO, MPH
DEPUTY DIRECTOR

AMANDA LEE SHELTON, MPA
DEPUTY DIRECTOR

April 29, 2026

Senator Sabrina Salas Matanane
Chairwoman on Health and Veterans Affairs
Guam Congress Building
163 Chalan Santo Papa
Hagatna, Guam 96910

RE: Legislative Testimony on Bill No. 302-38 (COR): An Act to Amend Licensure Requirements for Internationally Trained Physicians

Håfa Adai, Senator Matanane and Members of the Committee

Thank you for the opportunity to provide feedback on Bill 302-38. I am the Director of the Department of Public Health and Social Services (DPHSS), and I am here today to provide testimony. We appreciate your unwavering commitment to addressing Guam's physician shortage—a goal DPHSS and the Health Professional Licensing Office (HPLO) share deeply.

While we support the intent to recruit more physicians to our island, DPHSS and HPLO must express significant reservations regarding the proposed amendments to the recently enacted Public Law 38-107. We believe it is vital to allow the current law to function as a pilot program before introducing the substantial structural changes proposed in Bill 302-38. Our concerns focus on three critical areas:

1. Preserving the "Pilot" Integrity and Patient Safety
Public Law 38-107 was meticulously designed as a controlled, service-based pathway. Its current structure limits practice to government-funded facilities, ensuring a high level of institutional oversight and standardized supervision.

155 Hesler Place, Hagatna, Guam 96910
www.dphss.guam.gov

Page 2
DPHSS Testimony for Bill No. 302-38

- Guam does not yet have a time-tested assessment framework for this new pathway. By maintaining the current government-based restriction, the Board can iterate and refine competency standards in a controlled environment.
 - The current law requires physicians to pass Step 3 as an objective measure of clinical readiness. Transitioning to private practice after only two years without meeting this benchmark, as suggested in the new proposal, would bypass a critical, nationally recognized safeguard for patient safety.
2. Administrative Capacity and Tracking Mandates
From a functional standpoint, the HPLO currently manages a vast array of licensing boards with limited personnel. Bill 302-38 would significantly increase the complexity of our tracking requirements.
 - Moving physicians into private practice early creates a "decentralized" oversight model. Tracking supervision compliance, scope of practice, and competency milestones across various private clinics requires a level of administrative manpower that HPLO does not currently possess.
 - We must ensure HPLO has the necessary staff and digital infrastructure to handle the magnitude of tracking and licensure verification required by this law. Without a successful pilot phase in government facilities, we risk an administrative failure that could jeopardize the entire program.
3. Protecting Public Investment
The current framework ensures that the Government of Guam receives a "return on investment" for the administrative and clinical burden of onboarding and supervising these physicians. Allowing an early transition to private practice risks a "revolving door" effect, where the government bears the cost of development only to lose the provider precisely when they become most clinically effective.

We strongly advocate for maintaining the original framework of Public Law 38-107. Adhering to the current law ensures we can establish a proven track record of success and fortify our administrative infrastructure before considering further expansion.

Un Dangkulu na si Yu'us ma'åse'


THERESA C. ARRIOLA, MBA
Director

Testimony on Bill No. 302 – 38: Thomas Shieh, MD



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



LOURDES A. LEON GUERRERO
MAGA'HĀGAN GUĀHAN
GOVERNOR OF GUAM

JOSHUA F. TENORIO
SEGUNDO MAGA'LĀHEN GUĀHAN
LT. GOVERNOR OF GUAM

THERESA C. ARRIOLA, MBA
DIRECTOR

PETERJOHN D. CAMACHO, MPH
DEPUTY DIRECTOR

AMANDA LEE SHELTON, MPA
DEPUTY DIRECTOR

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Our concerns focus on three critical areas:

1. Preserving the "Pilot" Integrity and Patient Safety

Public Law 38-107 was meticulously designed as a controlled, service-based pathway. Its current structure limits practice to government-funded facilities, ensuring a high level of institutional oversight and standardized supervision.



????????

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

Page 2

DPHSS Testimony for Bill No. 302-38

- Guam does not yet have a time-tested assessment framework for this new pathway. By maintaining the current government-based restriction, the Board can iterate and refine competency standards in a controlled environment.
- The current law requires physicians to pass Step 3 as an objective measure of clinical readiness. Transitioning to private practice after only two years without meeting this benchmark, as suggested in the new proposal, would bypass a critical, nationally recognized safeguard for patient safety.

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

2. Administrative Capacity and Tracking Mandates

From a functional standpoint, the HPLO currently manages a vast array of licensing boards with limited personnel. Bill 302-38 would significantly increase the complexity of our tracking requirements.

- Moving physicians into private practice early creates a "decentralized" oversight model. Tracking supervision compliance, scope of practice, and competency milestones across various private clinics requires a level of administrative manpower that HPLO does not currently possess.
- We must ensure HPLO has the necessary staff and digital infrastructure to handle the magnitude of tracking and licensure verification required by this law. Without a successful pilot phase in government facilities, we risk an administrative failure that could jeopardize the entire program.


Testimony on Bill No. 302 – 38: Thomas Shieh, MD

3. Protecting Public Investment

The current framework ensures that the Government of Guam receives a "return on investment" for the administrative and clinical burden of onboarding and supervising these physicians. Allowing an early transition to private practice risks a "revolving door" effect, where the government bears the cost of development only to lose the provider precisely when they become most clinically effective.

We strongly advocate for maintaining the original framework of Public Law 38-107. Adhering to the current law ensures we can establish a proven track record of success and fortify our administrative infrastructure before considering further expansion.

Un Dangkulu na si Yu'us ma'åse'


THERESA C. ARRIOLA, MBA
Director

Testimony on Bill No. 302 – 38: Thomas Shieh, MD



 Thomas Shieh, MD, FACOG

Re: How can I help? Shieh to volunteer at PH Guam

From doctorshieh@yahoo.com
To Arthur U. San Agustin & 11 more
Jan 14 at 2:58 PM

Hi Art,

How can I help? Well...I was thinking, perhaps I could volunteer my time, maybe once a week for public health Northern Clinic. I used to rotate there and out to Inarajan (love the southside), but might be a little far especially when I am solo obgyn 24/7 on call. Before we do, here are some of my brain storm ideas that I can help you set up.

1. I do **not** want to be paid.
2. Save that money for the much needed medications for GMH and for public health.
3. I also like to review the protocols & procedures in obstetrics and gynecological managements and how patients can increase access at public health. This can help stream line the processes and not hinder care for women, especially pregnant moms.
4. Allow me to create a team within Guam Dept of PH that will also be able to provide the access to care during hours that will help alleviate congestion at GMH and train them also on providing PERSONAL CARE.

☆ 5. I would like to have all women's health providers at public health work with me and go through some in service training on the most up to date management of the most common diseases our community of women may need help with. That would also include colposcopic examinations. So I would need some authority to ensure this side of the women's health dept will be ran well.

I think if you want me help, I will spend my precious time to assist. Been here for nearly 27 years with a wealth of clinical and management experience in women's health will make a positive difference. But you have to be also committed to my suggestions and how I think management and care for women should be done. I am also cc'ing some of my colleagues, who I feel are important to help me along this planning process, Dr. Berg, Dr. Mike Cruz, Dr. Hoa, and myself together, we have over 100 years of Clinical and Management Experience on this beautiful island, and I like to work together, and if you want me to help, let me lead the way.

Let me know.

Sincerely,

Thomas Shieh, MD, FACOG
Board Certified Fellow
www.ShiehClinic.com
Office: (671) 648-2229 (BABY)

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

Sheltering teen mom and baby were saved in the nick of time

JOLENE TOVES | THE GUAM DAILY POST
JUN 26, 2023 UPDATED FEB 11, 2025

WHERE WAS PUBLIC HEALTH?



TYPHOON SINLAKU

Testimony on Bill No. 302 – 38: Thomas Shieh, MD

PRIVATE SECTOR

The Joint Commission Accredited Hospital

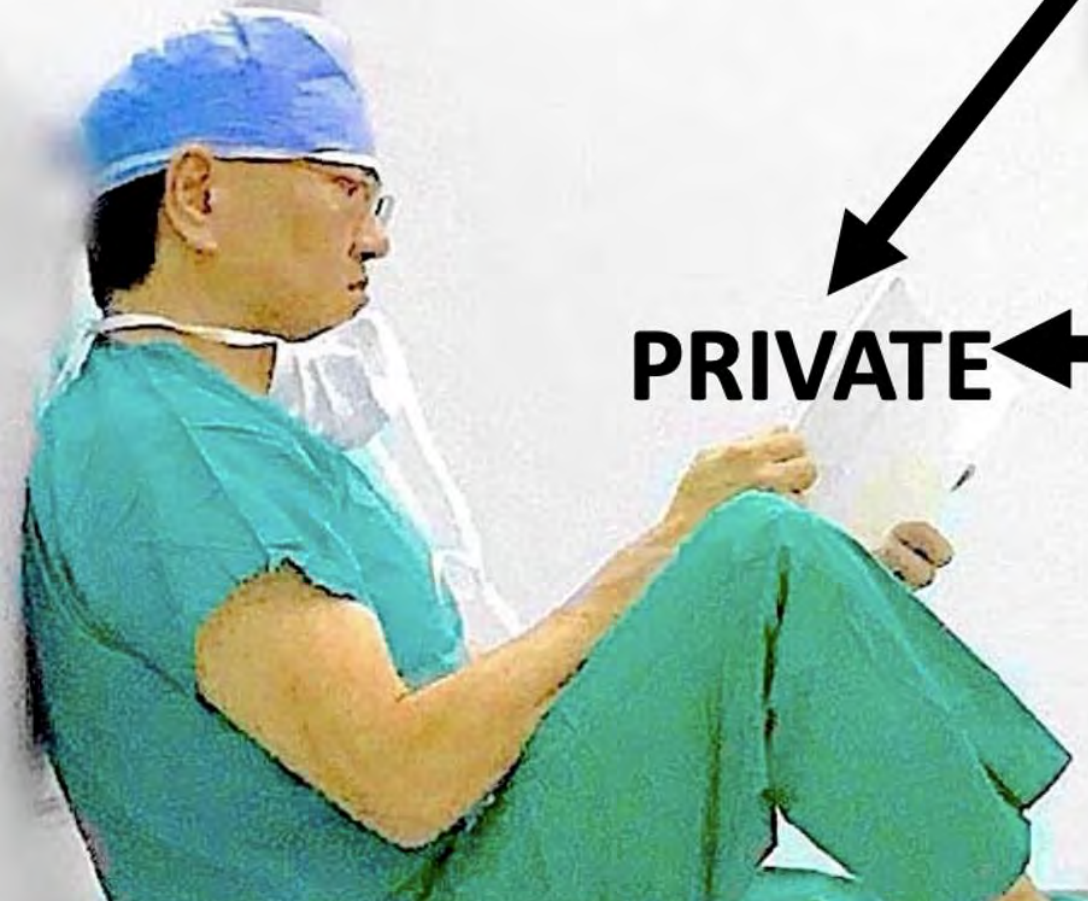
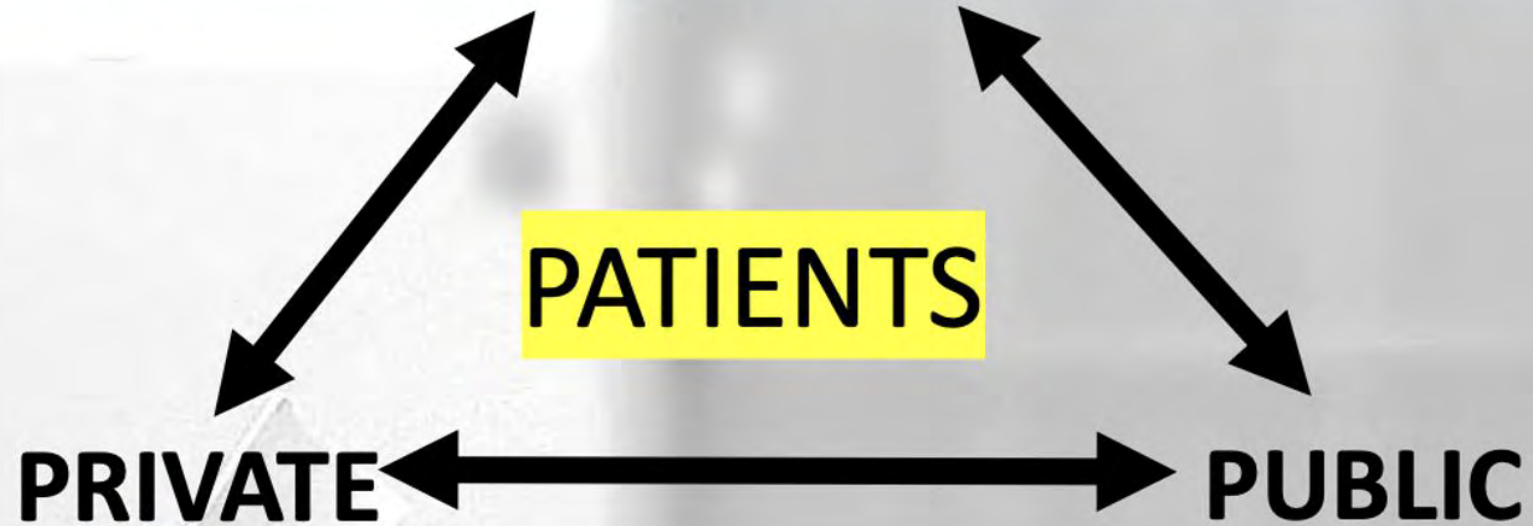
4 consecutive terms

Testimony on Bill No. 302 – 38: Thomas Shieh, MD



Testimony on Bill No. 302 – 38: Thomas Shieh, MD

GUAM'S HEALTHCARE INFRASTRUCTURE





Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
 Chairperson, Committee on Health and Veterans Affairs

COMMITTEE VOTE SHEET

Bill No. 302-38 (COR)- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

COMMITTEE MEMBERS	SIGNATURE AND DATE	TO DO PASS	TO NOT PASS	TO REPORT OUT ONLY	TO ABSTAIN	TO PLACE IN INACTIVE FILE
Senator Sabrina Salas Matanane Chairperson	E-Vote 5.7.26 <i>Smat</i>	X				
Vice Speaker V. Anthony Ada Vice Chair, Committee on Health	E-Vote 5.7.26			X		
Senator Vincent A.V. Borja Vice Chair, Committee on Veterans Affairs	E-Vote 5.7.26	X				
Speaker Frank F. Blas, Jr. Member						
Senator Jesse A. Lujan Member	E-Vote 5.7.26	X				
Senator Shelly V. Calvo Member						
Senator Christopher M. Duenas Member	E-Vote 5.7.26			X		
Senator Eulogio Shawn Gumataotao Member	E-Vote 5.7.26	X				
Senator Tina Rose Muna Barnes Member						



Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Urgent E-Vote" Committee Report: Bon Bill No. 302-38

7 messages

Office of Legislative Secretary Senator Sabrina Salas Matanane

Thu, May 7, 2026 at
2:03 PM

<office.senatorbri@guamlegislature.gov>

To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

Hafa Adai Committee Members:

Please see the attached Committee Report regarding **Bill No. 302-38 (COR)- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.**

- TO DO PASS
- TO NOT PASS
- TO REPORT OUT ONLY
- TO ABSTAIN
- TO PLACE IN INACTIVE FILE

Please submit your response **ASAP**. Your responses will be logged into the vote sheet which will be submitted as part of the final Committee Report to the Committee on Rules.


Please contact our office if you have any questions or concerns.

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Office of Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairperson, Committee on Health and Veterans Affairs
163 W. Chalan Santo Papa, Hagåtña, Guam 96910
• office.senatorbri@guamlegislature.gov
• 671-989-2572

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 **Committee Report 302-38 (1) (1)_Redacted.pdf**
24143K

Senator Jesse Lujan <senator.lujan@guamlegislature.gov> Thu, May 7, 2026 at 2:27 PM
To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>
Cc: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>

To Do Pass.

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Office of Majority Leader Jesse A. Lujan

Chairman, Committee on Transportation, Tourism, Customs, Utilities and Federal & Foreign Affairs

259 Martyr St., Hagatna, Guam 96910

senator.lujan@guamlegislature.gov

(671) 969-6525

Senator Chris Duenas <senator.duenas@guamlegislature.gov> Thu, May 7, 2026 at 2:50 PM
To: Senator Jesse Lujan <senator.lujan@guamlegislature.gov>
Cc: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>, "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>

To Report Out Only



Office of Senator Christopher M. Dueñas

Chairman, Committee on Finance and Government Operations

259 Martyr St., Hagatna, Guam 96910

senator.duenas@guamlegislature.gov

(671) 989-9554

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Office of Senator Vince Borja <contact@senatorvinceborja.com> Thu, May 7, 2026 at 2:55 PM
Reply-To: Office of Senator Vince Borja <contact@senatorvinceborja.com>
To: office.senatorbri@guamlegislature.gov
Cc: speakerblas@guamlegislature.gov, vicespeakertonyada@guamlegislature.gov, senator.munabarnes@guamlegislature.gov, officeofsenatorshellycalvo@guamlegislature.gov, senator.duenas@guamlegislature.gov, office.senatorshawn@guamlegislature.gov, senator.lujan@guamlegislature.gov, office.senatorbri@guamlegislature.gov

Håfa Adai,

TO DO PASS.

Please contact our office if you have any questions.

Si Yu'os Ma'åse',



Caden Nathaniel Ong Poblete

Office of Senator Vincent A.V. Borja

671-969-8423

caden.poblete@guamlegislature.gov

DNA Building Suite 502, Hagatna

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Vice Speaker V. Anthony Ada <vicespeakertonyada@guamlegislature.gov>

Thu, May 7, 2026 at 3:06 PM

To: Office of Senator Vince Borja <contact@senatorvinceborja.com>

Cc: office.senatorbri@guamlegislature.gov, speakerblas@guamlegislature.gov, senator.munabarnes@guamlegislature.gov, officeofsenatorshellycalvo@guamlegislature.gov, senator.duenas@guamlegislature.gov, office.senatorshawn@guamlegislature.gov, senator.lujan@guamlegislature.gov

To report out only

[Quoted text hidden]

--



Office of Vice Speaker V. Anthony Ada

38th Guam Legislature

I Mina 'trentai Ocho Na Liheslaturan Guåhan

Guam Congress Building, 2nd Floor

163 Chalan Santo Papa

Hagåtña, Guam 96910

Phone: (671) 989-0855

Email: vicespeakertonyada@guamlegislature.gov

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Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>

Thu, May 7, 2026 at 3:09 PM

To: Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Cc: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada

<vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes

<senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo

<officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

To Do Pass

On Thu, May 7, 2026 at 2:03 PM Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> wrote:

[Quoted text hidden]

--

Office of Senator Eulogio Shawn Gumataotao
Chairman, Committee on Public Safety, Emergency Management, and Guam National Guard
38th Guam Legislature
120 Father Duenas Avenue Capitol Plaza Building, Suite 103, Hagåtña, Guam 96910
(671) 647-1409/1411

Office of Legislative Secretary Senator Sabrina Salas Matanane

Thu, May 7, 2026 at 3:10 PM

<office.senatorbri@guamlegislature.gov>

To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>, Vice Speaker Tony Ada <vicespeakertonyada@guamlegislature.gov>, Senator Tina Rose Muña-Barnes <senator.munabarnes@guamlegislature.gov>, Office of Senator Shelly Calvo <officeofsenatorshellycalvo@guamlegislature.gov>, Senator Chris Duenas <senator.duenas@guamlegislature.gov>, Senator Shawn Gumataotao <office.senatorshawn@guamlegislature.gov>, Office of Senator Borja <contact@senatorvinceborja.com>, Senator Jesse Lujan <senator.lujan@guamlegislature.gov>

To Do Pass

On Thu, May 7, 2026 at 2:03 PM Office of Legislative Secretary Senator Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov> wrote:

[Quoted text hidden]

[Quoted text hidden]



The Office of the Legislative Secretary
SENATOR SABRINA SALAS MATANANE
I Mina'trentai Ocho Na Liheslaturan Guåhan | 38th Guam Legislature
Chairwoman, Committee on Health and Veterans Affairs

COMMITTEE REPORT DIGEST

I. OVERVIEW:

The Committee on Health and Veterans Affairs conducted a Public Hearing on Tuesday May 5, 2026, scheduled to begin at 1:00 P.M., in the Public Hearing Room of the Guam Congress Building.

Among other items, on the agenda for discussion was

Public Notice Requirements

In accordance with Open Government Law, the public notice for this public hearing was disseminated via email to all senators and main media broadcasting outlets on April 28, 2026, and May 1, 2026. This public notice was also posted on the Guam Legislature website and the Public Notice Portal.

Senators Present

Senator Sabrina Salas Matanane, Chairperson of the Committee on Health and Veterans Affairs
Senator Shawn Gumataotao
Senator Telo T. Taitague
Senator Therese M. Terlaje
Senator Jesse Lujan
Speaker Frank Blas
Vice Speaker Tony Ada

Appearing before the Committee:

Dr. Shieh
Dr. Manaloto
Dr. Eusebio
Breanna Sablan
Dr. Thorp

II. SUMMARY OF TESTIMONY AND DISCUSSION:

This Public Hearing was called to order at 1:00 P.M.

SENATOR SABRINA SALAS MATANANE

BUENAS AND Hafa Adai. Good afternoon everyone. I'd like to call this hearing of the Committee on Health and Veterans Affairs to order. The time is now 1:00 in the afternoon. It is Tuesday, May 5th, 2026. Thank you to those of you joining us here in person and to everyone tuning in online. Today we'll be holding a public hearing on the following measures. Bill 302-38 Cor. It is an act to amend subsection 12206.2 122.0 12206.3 12206.4.5.6 and 122 07 of Article 2 Chapter 12 Title 10 Guam Code annotated as amended by Public Law 38-107 relative to strengthening licensure requirements expanding practice settings to include both public and private healthcare facilities mandating supervision and progressive assessment and updating enforcement provisions for the

Committee Report Digest: Public Hearing Hearing [Bill No. 302-38 \(COR\)](#)- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

Tuesday May 5, at 1:00 P.M.

Public Hearing Room, Guam Congress Building

INTERNATIONALLY TRAINED PHYSICIANS. THE BILL WAS INTRODUCED BY MYSELF, SENATOR SABRINA SALAS, MATANANE, CO-SPONSORED BY SENATORS CHRIS DUENAS, SHAWN GUMATAOTAO, WILLIAM PARKINSON, JESS LUJAN, JOE SAN AGUSTIN, VICE SPEAKER AND VICE CHAIR OF THE COMMITTEE ON HEALTH, SENATOR TONY ADA, SPEAKER FRANK BLAS JR., AND SENATOR VINCE BORJA. WE ARE ALSO ACCEPTING PUBLIC TESTIMONY ON BILL 303-38 COR. IT IS AN ACT TO AMEND PUBLIC LAW 38-107 BY ADDING A NEW SUBSECTION 12206M AND AMENDING A SUBSECTION 12206.6 ALL OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING A TIMELINE FOR THE PROMULGATION OF RULES AND REGULATIONS TO IMPLEMENTATION AND ADMINISTER LICENSURE PATHWAYS FOR FOREIGN MEDICAL GRADUATES, FMG, AND INTERNATIONALLY TRAINED PHYSICIANS, ITP. THE LEGISLATION WAS INTRODUCED BY SENATOR TELO TAITAGUE AND CO-SPONSORED BY SENATOR SHELLY CALVO. BEFORE WE BEGIN, I JUST WANT TO NOTE THAT NOTICE OF TODAY'S HEARING WAS PROPERLY PROVIDED TO ALL SENATORS, STAKEHOLDERS, AND MEMBERS OF THE MEDIA IN FULL COMPLIANCE WITH THE OPEN GOVERNMENT LAW. IT WAS ALSO POSTED ON THE GUAM LEGISLATURES' WEBSITE AND THE PUBLIC NOTICE PORTAL. ALL MATERIALS FOR TODAY'S HEARING HAVE BEEN UPLOADED TO THE COMMITTEE DRIVE AND PRINTED COPIES ARE AVAILABLE IF ANYONE WOULD LIKE A COPY. THIS HEARING IS ALSO BEING RECORDED AND WILL BE POSTED ON THE GUAM LEGISLATURES' YOUTUBE CHANNEL. AT THIS TIME, I'D LIKE TO RECOGNIZE MEMBERS OF THE COMMITTEE WHO ARE PRESENT WITH US TODAY. WE HAVE SENATOR CHRIS DUENAS, SENATOR LUJAN, SENATOR GUMATAOTAO, AS WELL AS SENATOR TAITAGUE. AND BEFORE WE GET STARTED, JUST A QUICK REMINDERS THAT SENATORS WILL HAVE FIVE MINUTES EACH TO ASK THEIR QUESTIONS. WE KEEP QUESTIONS TO FIVE MINUTES PER SENATOR SO EVERYONE HAS A FAIR CHANCE TO ASK QUESTIONS AND BE PART OF THE DISCUSSION. IT ALSO HELPS US TO STAY ON TRACK, MOVE THROUGH THE AGENDA EFFICIENTLY, AND MAKE SURE WE HAVE ENOUGH TIME TO FULLY HEAR FROM OUR PANEL AS WELL AS THE PUBLIC WHO WE SERVE. AND FOR MEMBERS OF THE PUBLIC, PLEASE STATE YOUR NAME AND THE ORGANIZATION YOU REPRESENT BEFORE YOU BEGIN YOUR TESTIMONY. NOW, BECAUSE BOTH BILLS ADDRESS THE SAME ISSUE, WE WILL HEAR THEM TOGETHER. IF YOU ARE HERE TO TESTIFY IN BILL 302 OR BILL 303, PLEASE COME FORWARD AND TAKE A SEAT AT THE TABLE. WE ASK THAT YOU KEEP YOUR TESTIMONY AS CONCISE AND FOCUSED AS POSSIBLE SO WE CAN BE EFFICIENT WITH OUR TIME AND ALLOW EVERYONE HERE TODAY THE OPPORTUNITY TO BE HEARD. AND I WILL BEGIN BY GIVING MY OPENING STATEMENTS ON BILL 302 WHICH I INTRODUCED. AND I'LL START BY SAYING THIS. WE ALL AGREE THAT GUAM NEEDS MORE DOCTORS. THAT IS NOT THE ISSUE. THE ISSUE IS HOW WE DO THIS AND WHETHER WE DID IT THE RIGHT WAY BECAUSE WHEN WE ARE TALKING ABOUT HEALTH CARE, WE ARE TALKING ABOUT PEOPLE'S LIVES. THAT REQUIRES TRANSPARENCY, PROPER VETTING, AND PUBLIC INPUT. AND THAT'S WHERE I HAVE SERIOUS CONCERNS. THE PATHWAY FOR INTERNATIONALLY TRAINED PHYSICIANS THAT WE ARE DISCUSSING TODAY WAS NEVER GIVEN A FULL PUBLIC HEARING IN THE FORM THAT IT WAS ULTIMATELY PASSED AND MERGED INTO ANOTHER BILL THAT MATTERS BECAUSE THE PUBLIC, THE MEDICAL COMMUNITY AND EVEN MANY OF US HERE DID NOT HAVE THE OPPORTUNITY TO FULLY REVIEW,

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QUESTION AND VET WHAT BECAME LAW. AND LET ME BREAK THIS DOWN IN SIMPLE TERMS SO EVERYONE UNDERSTANDS WHAT WE ARE TALKING ABOUT. PUBLIC LAW 38-107 CREATED A PATHWAY TO ALLOW CERTAIN INTERNATIONALLY TRAINED PHYSICIANS OR ITPS TO WORK HERE ON GUAM, BUT IT LIMITED THEM TO WORKING IN GOVERNMENT FACILITIES LIKE GMH AND PUBLIC HEALTH. BILL 302 BUILDS ON THAT AND IT DOES SEVERAL IMPORTANT THINGS. IT FIXES PROBLEMS IN THE LAW, INCLUDING A TECHNICAL ERROR WHERE THE LAW ACTUALLY REFERENCES A SECTION THAT DOES NOT EXIST. IT STRENGTHENS THE STANDARDS AND STRUCTURE OF THE PROGRAM. AND MORE SPECIFICALLY, IT MOVES GUAM CLOSER TO MEETING NATIONALLY RECOGNIZED MEDICAL STANDARDS. THAT INCLUDES CLEAR REQUIREMENTS FOR EDUCATION, TRAINING, AND CLINICAL EXPERIENCE ALIGNMENT WITH EXPECTATIONS SIMILAR TO THE UNITED STATES MEDICAL LICENSING EXAMINATION OR USMLE LEVEL COMPETENCY AND THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION OR ACGME STYLE TRAINING STANDARDS AND A STRONGER COMPETENCY BASED APPROACH TO EVALUATING PHYSICIANS OVER TIME. BILL 302 ALSO ADDS STRUCTURED SUPERVISION REQUIRING PHYSICIANS TO WORK UNDER GUAM LICENSED BOARD CERTIFIED DOCTORS IN THE SAME SPECIALTY WITH ONGOING EVALUATIONS AND DOCUMENTED ASSESSMENTS, NOT GENERAL OVERSIGHT. IT ESTABLISHES PROGRESSIVE RESPONSIBILITY, MEANING PHYSICIANS MUST DEMONSTRATE READINESS BEFORE MOVING FORWARD, SIMILAR TO HOW RESIDENCY PROGRAMS OPERATE. IT TIGHTENS SCOPE OF PRACTICE SO PHYSICIANS ARE LIMITED TO PRACTICING ONLY WITHIN THE SPECIALTY THEY ARE TRAINED AND CERTIFIED IN. IT STRENGTHENS ENFORCEMENT AND ACCOUNTABILITY INCLUDING CLEAR DISCIPLINARY AUTHORITY AND CONSEQUENCES FOR VIOLATIONS. IT ALSO REQUIRES DATA TRACKING AND REPORTING SO WE CAN ACTUALLY MEASURE OUTCOMES, MONITOR PERFORMANCE, AND IDENTIFY ISSUES EARLY AND IMPORTANTLY, THE BILL INCLUDES CLEAR TIMELINES. IT REQUIRES THE GUAM BOARD OF MEDICAL EXAMINERS TO ESTABLISH RULES WITH A DEFINED TIME FRAME. AND IT SETS STRUCTURED TIME LIMITS FOR PROVISIONAL AND LIMITED LICENSES, ENSURING THAT THIS IS NOT AN OPEN-ENDED SYSTEM, BUT ONE WITH CLEAR EXPECTATIONS AND PROGRESSION. AND THIS IS THE MOST SIGNIFICANT POLICY CHANGE. IT EXPANDS WHERE THESE DOCTORS CAN WORK FROM JUST GOVERNMENT FACILITIES TO ALSO INCLUDE PRIVATE HOSPITALS, CLINICS, AND OTHER HEALTH CARE PROVIDERS. SO THIS IS NOT JUST A TECHNICAL FIX. THIS IS A POLICY DECISION. IT CHANGES THE ORIGINAL INTENT OF THE LAW REGARDING INTERNATIONALLY TRAINED PHYSICIANS FROM FOCUSING ON SUPPORTING OUR PUBLIC HEALTH CARE SYSTEM TO POTENTIALLY IMPACTING THE ENTIRE HEALTH CARE SYSTEM ON GUAM. AND THE CONCERN IS ALL OF THESE CHANGES, STRONGER STANDARDS, STRUCTURED SUPERVISION, EXPANDED SCOPE, ENFORCEMENT MECHANISMS, AND DEFINED TIMELINES SHOULD HAVE BEEN FULLY VETTED IN A PUBLIC HEARING. MATTER OF FACT, WHEN I HAD A MEETING WITH REPRESENTATIVES FROM THE GUAM BOARD OF MEDICAL EXAMINERS AND THE GOVERNOR'S TEAM, THEY COULD NOT ANSWER WHY THE ITP BILL FROM ADELUP WAS RUSHED AND MERGED INTO THE ORIGINAL VERSION OF THE LEGISLATION, WHICH ONLY CREATED A PATHWAY FOR FOREIGN MEDICAL GRADUATES. SO, THE BOTTOM LINE IS THIS. THIS BILL DOES NOT CREATE DELAY. IT CREATES STRUCTURE.

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IT CREATES ACCOUNTABILITY AND IT ENSURES THAT IF WE ARE GOING TO IMPLEMENT A PROGRAM LIKE THIS, WE DO IT IN A WAY THAT MEETS NATIONAL STANDARDS AND PROTECTS THE PEOPLE WE SERVE. SO TODAY IS NOT ABOUT STOPPING ANYTHING. IT IS ABOUT CORRECTING THE PROCESS AND MAKING SURE WE GET IT RIGHT. THANK YOU. AS FOR BILL 303, SENATOR TAITAGUE, YOU MAY NOW OPEN AND GO THROUGH YOUR BILL.

SENATOR TAITAGUE

THANK YOU, MADAM CHAIR, FOR ALLOWING ME TO OPEN WITH BILL 303, WHICH IS A BILL THAT AMENDS PUBLIC LAW 38107. IT'S BY ADDING A NEW 12206M AND AMENDING TO 126.6. SO, BASICALLY WHAT BILL 303 DOES IS TO MAKE AN AMENDMENT TO ADD A TIMELINE IN WHICH TO CREATE RULES AND REGULATIONS. IN THE BILL, IT GOES FROM 60 DAYS I MEAN FROM NOTHING NO DAYS AMOUNT OF DAYS TO 60 DAYS. AND THIS IS SO THAT WE CAN SPEED THE PROGRESS ALONG. IT WAS MENTIONED THAT EARLIER ABOUT THE BILL WAS BEING YOU KNOW STOPPED. ABSOLUTELY NOT. THIS DOESN'T STOP THE ADMINISTRATION OR PUBLIC HEALTH OR THE GUAM MEDICAL BOARD OF EXAMINERS TO PROVIDE THE RULES AND REGULATIONS EVEN WITHOUT THIS AMENDMENT ON IT. WE KNOW THAT THE BOARD OF MEDICAL EXAMINERS AS WELL AS PUBLIC HEALTH AND OTHER GOVERNMENT FACILITIES ARE PUSHING TO PUT THIS BILL THROUGH AS SOON AS POSSIBLE WITHOUT HAVING A DATE ON IT. BUT I THINK YOU KNOW FOR THE SAKE OF THOSE WHO MIGHT FORGET DOWN THE LINE IT'S IMPORTANT TO HAVE A DATE AND IT'S IMPORTANT TO MOVE FORWARD. WE DON'T WANT TO DELAY THIS ANY FURTHER. AS I MENTIONED, BUT I THINK IT'S IMPORTANT THAT WE ALSO ADDRESS, YOU KNOW, THE ELEPHANT IN THE ROOM. THIS BILL WAS PUT ON THE SESSION FLOOR FOR EVERY SENATOR TO HAVE THE OPPORTUNITY TO REVIEW ON A THURSDAY AND THEN ON A THURSDAY NIGHT INCORPORATING BOTH THE ITP AS WELL AS THE FMGS WAS ON THIS BILL AS A WHOLE WAS HEARD ON THE FLOOR AND AT ONE SENATOR MADE A CHANGE. I STOOD UP THERE AND EXPLAINED VERBATIM WHAT THE BILL DID AND THERE WAS NO PROBLEM. IN FACT, THERE WERE PEOPLE WHO WANTED TO BE CO-SPONSORS OF THE BILL. SO, THAT BEING SAID, IT WASN'T UNTIL THE FOLLOWING DAY THAT ALL OF A SUDDEN THERE WAS A CHANGE OF HEART FROM SOMEONE BECAUSE MAYBE THEY GOT A PHONE CALL FROM SOMEBODY ELSE OR, YOU KNOW, DIDN'T REALLY PAY ATTENTION TO THE BILL. BUT IT WAS IRONIC BECAUSE THAT TENDS TO HAPPEN QUITE A BIT. DELAY. MY BILL DOESN'T DELAY. THIS AMENDMENT DOESN'T DELAY. IN FACT, IT PUTS INTO PLACE A TIMELINE. AND AS I MENTIONED EARLIER, IT DOES NOT STOP THE GUAM MEDICAL BOARD OF EXAMINERS OR PUBLIC HEALTH TO IMPLEMENT THIS LEGISLATION. THE LEGISLATION PROVIDES BOTH FOR PUBLIC AND PRIVATE FACILITIES IN ORDER TO BRING FOREIGN DOCTORS INTO GUAM TO WORK. SO, THAT BEING SAID, MADAM CHAIR, I THANK YOU FOR HAVING THE MY BILL ON THIS SESSION AGENDA AND HOPEFULLY THAT THERE'S NO DELAY. IT'S ALL ABOUT MAKING THINGS BETTER, BUT IT'S ALSO REALIZING THE IMPORTANCE OF PROVIDING THE ASSISTANT OUR GOVERNMENT OF GUAM NEEDS. SO, OTHER THAN THAT, THANK YOU.

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SENATOR MATANANE

THANK YOU, SENATOR TAITAGUE. JUST FOR THE RECORD, I WAS ONE OF THE SENATORS THAT DID DECIDE TO CO-SPONSOR THE SUBSTITUTED VERSION OF THE BILL, BUT THAT WAS BASED ON THE REPRESENTATIONS THAT WERE MADE TO ME AND MY COLLEAGUES THAT NIGHT THAT IT HAD BEEN VETTED BY MEMBERS OF THE MEDICAL COMMUNITY. HAVING SAID THAT, WE WILL NOW OPEN THIS UP TO TESTIMONY FROM THE PANEL THAT IS WITH US TODAY. AND WE'LL BEGIN WITH UH BREANNA SABLAN.

BREANNA SABLAN

THANK YOU, MADAM CHAIR. BREANNA SUBLAN, ACTING ADMINISTRATOR, HEALTH PROFESSIONAL LICENSING OFFICE OUT OF THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES. I READ TESTIMONY ON BEHALF OF DIRECTOR ARRIOLA Hafa Adai Senator Matanane and members of the committee. Thank you for the opportunity to provide feedback on Bill 302-38. I am here today to provide testimony. We appreciate your unwavering commitment to addressing Guam's physicians shortage, a goal public health and the health professional licensing office share deeply. While we support the intent to recruit more physicians to our island, DPHSS and HPLO must express significant reservations regarding the proposed amendments to the recently enacted public law 38-107. We believe that it is vital to allow current law to function as a pilot program before introducing the substantial structural changes proposed on Bill 302-38 preserving the pilot integrity and the patients safety. Public Law 38-107 was meticulously designed as a controlled service based pathway. Its current structure limits practice to government funded facilities, ensuring a high level of institutional oversight and standardized supervision. Guam does not yet have a time tested assessment framework for this new pathway. By maintaining the current government-based restriction, the board can iterate and refine competency standards in a controlled environment. The current law requires physicians to pass step three as an objective measure of clinical readiness. Transitioning to private practice after only two years without meeting this benchmark as suggested in the new proposal would bypass a critical nationally recognized safeguard for patient safety. From a functional standpoint, the HPLO currently manages a vast variety of licensing boards with limited personnel with Bill 302-38 would significantly increase the complexity of our tracking requirements. Moving physicians into private practice early creates a decentralized oversight model. Tracking supervision compliance scope of practice and

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COMPETENCY MILESTONES ACROSS PRIVATE CLINICS REQUIRE A LEVEL OF ADMINISTRATIVE MANPOWER THAT THE HPLO DOES NOT CURRENTLY POSSESS. WE MUST ENSURE THAT HPLO HAS THE NECESSARY STAFF AND DIGITAL INFRASTRUCTURE TO HANDLE THE MAGNITUDE OF TRACKING AND LICENSURE VERIFICATIONS REQUIRED BY THIS LAW. WITHOUT A SUCCESSFUL PILOT PHASE IN GOVERNMENT FACILITIES, WE RISK AN ADMINISTRATIVE FAILURE THAT COULD JEOPARDIZE THE WHOLE THE ENTIRE PROGRAM. THE CURRENT FRAMEWORK ENSURES THAT THE GOVERNMENT OF GUAM RECEIVES A RETURN ON INVESTMENT FOR THE ADMINISTRATIVE AND CLINICAL BURDEN OF ONBOARDING AND SUPERVISING THESE PHYSICIANS. ALLOWING AN EARLY TRANSITION TO PRIVATE PRACTICE RISKS A REVOLVING DOOR EFFECT WHERE THE GOVERNMENT BEARS THE COST OF DEVELOPMENT ONLY TO LOSE THE PROVIDER PRECISELY WHEN THEY BECOME MOST CLINICALLY EFFECTIVE. WE STRONGLY ADVOCATE FOR MAINTAINING THE ORIGINAL FRAMEWORK OF PUBLIC LAW 38-107. ADHERING TO THE CURRENT LAWS ENSURES WE CAN ESTABLISH A PROVEN TRACK RECORD OF SUCCESS AND FORTIFY OUR ADMINISTRATIVE INFRASTRUCTURE BEFORE CONSIDERING FURTHER EXPANSION DANGKALU SI YUUS MAASE TERESA C ARRIOLA. MADAM CHAIR, WOULD YOU LIKE ME TO READ ALSO THE 303 TESTIMONY? WE'RE GOING IN THAT. OKAY.

SENATOR MATANANE

YES.

BREANNA SABLAN

THANK YOU. Hafa Adai, Senator Matanane, and members of the committee, thank you again for the opportunity to provide feedback on Bill 303-38. I'm providing testimony which proposes a 60-day timeline for the Guam Board of Medical Examiners to adopt rules and regulations for med foreign medical graduates and internationally trained physician licensure pathways. DPHSS fully shares the legislatures' finding that Guam faces a critical shortage of physician and that the timely implementation of licensure pathways established under Public Law 38-107 is essential to expanding access to health care. We recognize that any delay in operationalizing these pathways hinders recruitment and prolongs gaps in the care for our community. While we agree with the intent to ensure prompt action, DPHSS respectfully requests that the committee consider a flexible timeline than the 60 days currently mandated in our bill. The bill requires the board to be guided by the latest Federation of State Medical Boards FSMB general competencies. Developing comprehensive rules for supervision, management and execution of these new clinical programs requires careful deliberation to ensure patient safety remains

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THE HIGHEST PRIORITY. THE STANDARD PROCESS FOR PROPAGATING RULES AND REGULATION ON GUAM INVOLVES MULTIPLE STEPS INCLUDING LEGAL REVIEW BY THE OFFICE OF THE ATTORNEY GENERAL, PUBLIC NOTICE REQUIREMENTS, AND A PUBLIC HEARING PHASE. MEETING THESE STATUTORY MANDATES WITHIN 60 DAYS IS EXCEPTIONALLY CHALLENGING. ESTABLISHING THESE PATHWAYS REQUIRE COORDINATION BETWEEN HPLO AND THE GUAM BOARD OF MEDICAL EXAMINERS AND POTENTIAL HEALTHCARE FACILITY PARTNERS TO ENSURE THE INFRASTRUCTURE FOR INTERIM PROVISIONAL AND PERMANENT LIMITED LICENSES IS ROBUST TO ENSURE THE TO ENSURE THE RULES ARE ARE BOTH THOROUGHLY AND LEGALLY SOUND. DPHSS SUGGESTS EXTENDING THE DEADLINE TO 120 DAYS. THIS EXTENSION WOULD PROVIDE THE BOARD AND THE DEPARTMENT THE NECESSARY TIME TO COMPLETE THE AAA PROCESS WHILE STILL MAINTAINING THE SENSE OF URGENCY REQUIRED TO ADDRESS OUR MEDICAL WORKFORCE NEEDS. DPHSS REMAINS COMMITTED TO THE GOALS OF PUBLIC LAW 38-107 AND LOOKS FORWARD TO WORKING WITH THE SPONSOR OF THE BILL TO ESTABLISH A REALISTIC AND EFFECTIVE TIMELINE FOR THESE CRITICAL REGULATIONS. THANK YOU, MADAM CHAIR.

SENATOR MATANANE

THANK YOU, MISS SABLAN. I WOULD ALSO LIKE TO RECOGNIZE THE PRESENCE OF THE VICE CHAIR FOR THE COMMITTEE ON HEALTH AND VICE SPEAKER TONY ADA AS WELL AS SPEAKER FRANK BLAS JR. I WILL NOW MOVE ON TO THE NEXT PERSON AND I'M JUST GOING TO GO OFF OF THE SIGNUP SHEET AND HOW YOU ARRIVED. AND UP NEXT WE HAVE DR. THOMAS SHIEH.

DR. SHIEH

OKAY, I THANK YOU VERY MUCH. I SUBMITTED MY SLIDES. WE CAN PUT ON THE FIRST SLIDE, PLEASE. MY NAME IS DR. SHIEH. I'M AN OBGYN BOARD CERTIFIED BY THE AMERICAN BOARD OF OBGYN AND I'M ALSO A CLINICAL ASSOCIATE PROFESSOR FOR THE UNIVERSITY OF HAWAII AS WELL AS OTHER MEDICAL SCHOOLS. I DON'T HAVE ANY CONFLICT OF INTEREST TO DISCLOSE WITHIN THE GOVERNMENT OF GUAM. I'M NOT ON GOVERNMENT GUAM PAYROLL NOR I'M ON GMH PAYROLL OR PUBLIC HEALTH PAYROLL. NEXT SLIDE PLEASE. NOW, AS FAR AS 302 GO, I DON'T WANT TO GO BACK IN HISTORY, BUT IT IS CORRECT THAT WE NEVER GOT A CHANCE TO VET OUT THE BILL 294, FOR TO WHICH IT WAS INTROJECTED INTO BILL 206 WHO WERE ORIGINALLY TESTIFY. AND I THOUGHT THAT WAS A DISSERVICE NOT JUST FOR THE PHYSICIANS, BUT ALSO FOR THE PATIENTS AND THE PEOPLE OF GUAM. NOW, IN 302, IS TO ERECT THAT SHIP AND IN FULL TRANSPARENCY. AND I APPRECIATE THE CHAIRWOMAN SABRINA, SENATOR SABRINA BRINGING THIS UP BECAUSE INITIALLY YOU KNOW ON THE SESSION FLOOR I WAS NOT CONTACT THE ONLY PERSON THAT CALLED ME WAS ACTUALLY SENATOR TELO AND I YOU KNOW I WAS BE QUITE HONEST WITH YOU I DON'T WANT TO GO BACK THERE IN HISTORY BUT IN 302 I'M IN

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FULL SUPPORT OF TO JUST KEEP IT STRAIGHTFORWARD. IT IS CREATES PARODY WITH INCLUSION OF THE PRIVATE SECTOR. IT'S A WIN-WIN FOR THE PEOPLE OF GUAM. AND THAT'S WHO WE'RE REALLY TALKING ABOUT IS THE PEOPLE OF GUAM, NOT JUST THE PEOPLE WITHIN GOV GUAM. BILL 303-38. I WILL COMMENT ON THIS LATER, BUT THE FIRST PAGE, IF YOU READ ON THE FIRST PAGE, THE LAST LINE THERE, LAST FEW LINES SAYS THE INTENT, CORRECT? THE INTENT HERE IS TO SERVE THE COMMUNITY TO EXPAND THE POOL OF QUALIFIED HEALTH CARE PROVIDERS AVAILABLE TO SERVE THE COMMUNITY. AND THE COMMUNITY REALLY IS THE PEOPLE OF GUAM. IS NOT THE COMMUNITY OF GOV GUAM. NOW, THERE'S ONE QUESTION THAT I LIKE THE SENATOR TO THINK ABOUT BEFORE I CONTINUE WITH THIS PROCESS HERE TO THIS IS THE EDUCATIONAL PROCESS. ASK YOURSELF ONE QUESTION. WE LEARNED THIS DURING THE PANDEMIC. CAN GOVERNMENT OF GUAM HANDLE THE ENTIRE HEALTH CARE FOR THE ENTIRE ISLAND AND THE PEOPLE OF GUAM? IF YOU CAN ANSWER THAT, THINK ABOUT IT. CAN GOV GUAM GMH PUBLIC HEALTH HANDLE THE HEALTH CARE FOR THE ENTIRE ISLAND OF GUAM WITHOUT THE PUBLIC SECTOR INVOLVED? IF THE ANSWER IS YES, WE SHOULD JUST LEAVE THE ROOM. OKAY, WE MUST LEARN FROM THE PANDEMIC. OKAY, IT WAS A JOINT EFFORT BETWEEN PUBLIC AND PRIVATE. SO THE BILL THAT WAS PASSED INTO LAW NEVER GOT THE OPPORTUNITY FOR US TO TESTIFY AND THAT WAS WRONG. THAT IS NOT A DEMOCRATIC PROCESS. AS FAR AS THE INTERNATIONAL GRADUATES GOES, I'LL COME IN THAT LATER, BUT NEXT SLIDE. SO, BILL 303 SHOULDN'T BE PASSED WITHOUT THE AMENDMENT THAT'S IN 302 BECAUSE YOU GOT TO INCLUDE THE PRIVATE SECTOR. WITHOUT THE PRIVATE SECTOR, GUAM WOULD NOT BE HERE TODAY. THE PANDEMIC WOULD HAVE KILLED ALL OF US. PERIOD. NEXT SLIDE. OKAY. THIS NEXT PARTICULAR SLIDE ON PAGE FIVE OF THE BILL 302 CLEARLY NOTED THE INCLUSION OF THE PRIVATE SECTOR WHICH IS A WIN-WIN FOR THE PEOPLE OF GUAM. NEXT SLIDE. I'LL FLY THROUGH THIS JUST TO LET YOU KNOW THAT I DID READ THE ENTIRE BILL. BILL 302 ON PAGE FOUR. BILL 302 ACTUALLY IS IN LINE WITH MANY OF THE RECOMMENDATIONS BY THE NATIONAL COALITIONS. UM THE STATES WHO HAVE PASSED THE LEGISLATION FOR INTERNATIONAL FOREIGN GRADUATES THEY STANDARDIZE THIS PROCESS BY PASSING THE US MLE EXAM. THIS PROCESS IS TO ENSURE SAFETY WHICH WE ALL WANT AND THE GUAM BOARD ALSO HAVE EMPHASIZED THIS POINT AS WELL. HOWEVER TO HAVE BROAD LEE WAYS FOR THE WORD EQUIVALENT CAN BE POLITICALLY MANIPULATED. THE LICENSURE OF HEALTH CARE PROVIDERS SHOULD NOT BE DISCRIMINATORY. NEXT SLIDE. NOW I'M NOT JUST TALKING OFF MY CUFF. I KNOW I DID MY RESEARCH AND I KNOW THE LICENSING PROCESS FOR MANY YEARS NOT JUST IN HAWAII IN WISCONSIN, CALIFORNIA AND ALSO YOU KNOW PARTICULARLY THE STATES THAT HAVE PASSED THIS LEGISLATION NOW FOCUSING BACK ON THE LICENSURE ASPECT OF IT. THERE'S THREE LARGE NATIONAL ORGANIZATIONS THAT PUT THEIR RECOMMENDATION TOGETHER AND OF COURSE THE FEDERATION OF THE STATE MEDICAL BOARDS IS INCLUDED IN THIS IN THIS RECOMMENDATION. INTEL AND ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION. THEY HAVE DEVELOPED THESE GUIDELINES. NEXT SLIDE. HERE'S THE KEY RECOMMENDATIONS. I WON'T GO THROUGH THEM BECAUSE IT GETS KIND OF BORING, BUT IT'S SUBMITTED TO RECORD. NEXT SLIDE. ASSESSMENT. WE NEED TO ASSESS THE SIX COMPETENCIES. SO,

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YOU KNOW, IT'S NOT JUST HEARSAY THAT WE'RE TALKING ABOUT THIS. IT'S NOT THE ONE BOARD JUST FEEDING THIS TO YOU AND YOU JUST TAKE IT BY FACE VALUE. IT'S DOCUMENTED HERE AND WE HAVE READ THEM. NOT JUST MYSELF, BUT MY COLLEAGUES AS WELL. NEXT SLIDE. NOW, LET'S GO TO ONE MORE SLIDE. I'LL FLY THROUGH THESE. NOW, IN THIS PARTICULAR SLIDE, JUST TO POINT OUT, THIS INCLUDES THE FEDERATION OF AMERICA BOARDS. AND THEY DID NOT SAY TO LIMIT THE INTERNATIONAL TRAINED PHYSICIAN TO ONLY GOVERNMENT FUNDED FACILITIES. NEXT SLIDE. AND I'LL TELL YOU WHY. THE INTERNATIONAL GRADUATE SHOULD NOT BE DISCRIMINATED. AND IS CLEARLY STATED BY THE FEDERATION OF MEDICAL BOARDS. CURRENTLY, THEY ARE DISCRIMINATED BECAUSE THEY ARE LIMITED TO ONLY GOV GUAM FUNDED FACILITIES. THE LAST TWO RECOMMENDATIONS NOTE THE SUPERVISORS OF ITPS, THEY WANT THEIR SUPERVISORS TO BE BOARD CERTIFIED IN THEIR RESPECTIVE SPECIALTIES. LASTLY, THE RIGHTS OF THE ITPS AS EMPLOYEES, THEY MUST BE TREATED FAIR AND EQUITABLE. SO TO JAIL THEM OR CONFIDE THEM INSIDE A HOSPITAL OF GOV GUAM FACILITIES IS NOT FAIR TO THE INTERNATIONAL GRADUATES. IS NOT EQUITABLE. IN FACT, I HEARD GUAM BOARD MEMBERS STATED THAT THEY DON'T WANT FOREIGN GRADUATES IN THE PRIVATE SECTOR BECAUSE THERE ARE OR WILL BE ABUSED. THAT IS TOTALLY FALSE. IN FACT, JAILING THEM WITHIN GOVERNMENT GUAM TO ME IS THE ULTIMATE ABUSE. NEXT SLIDE. SO IN CONCLUSION FOR THESE EXISTING RECOMMENDATIONS OKAY THE FEDERATION OF MEDICAL BOARD AND OTHER MEDICAL COALITIONS CONCLUDED THAT ITPS IN THE ABSENCE OF A CENTRALIZED SYSTEM WE ALL RECOGNIZE THAT AND SUPERVISION OF ITPS THE STATE MEDICAL BOARDS EMPLOYERS AND OTHER PARTIES THEY MUST RELY ON EXISTING RESOURCES AND THOSE EXISTING RESOURCES ARE EXPAND ON THAT BY THIS HERE ON GUAM WE SHOULD TAP INTO OUR ISLAND EXISTING BOARD CERTIFIED PHYSICIAN POOL TO ENSURE THAT THERE ARE QUALIFIED CLINICIAN TO BE THIS SUPERVISORY TO TAKE ON THE SUPERVISORY ROLE. THE LAST LINE THEY ALSO NEEDED TO HELP ENSURE ITPS ARE SUPPORTED SUPPORT THE FOREIGN GRADUATES SO THEY CAN BE ORIENTED IN THE PRACTICE IN THE UNITED STATES. SO HOW CAN THE ITP BE ORIENTED TO PRACTICE IN THE UNITED STATES WITHOUT THE INCLUSION OF THE QUOTE COMMUNITY AND THE COMMUNITY IS INCLUDING PRIVATE SECTOR AND THE PUBLIC SECTOR. SO THERE'S NO WAY THAT YOU CAN PREPARE THEM FOR GOING PRACTICE IN PRIVATE SECTOR IF THEY ONLY PRACTICE WITHIN THE HOSPITAL SETTING OR PUBLIC HEALTH. ABSOLUTELY NOT. NEXT SLIDE. AGAIN, EXISTING RESOURCES ARE IN PRIVATE SECTOR, NOT REALLY THE GOV GUAM SYSTEM. IT SHOULD BE BOTH. SO TAKE ME FOR EXAMPLE. I'M A BOARD CERTIFIED OBGYN. I HAVE THREE DECADES OF QUALIFIED CLINICAL EXPERIENCE. I'M A PROFESSOR IN MULTIPLE MEDICAL SCHOOLS AND RESIDENCY PROGRAMS. BUT THE BILL THAT PASSED INTO LAW EXCLUDES PHYSICIANS LIKE MYSELF IN MY SPECIALTY WHO HAVE DECADES OF EXPERIENCE IN TAKING CARE OF PATIENTS NOT JUST IN A HOSPITAL BUT IN A COMMUNITY SETTING IN THE CLINIC OUTSIDE OF THE HOSPITAL. THAT IS SO IMPORTANT. IT IS ALSO KNOWN FACT THAT AS A PRIVATE PHYSICIAN IN MY SPECIALTY I'VE MANAGED TO HELP MORE WOMEN ON GUAM THAN GOVERNOR GUAM EMPLOYED PHYSICIANS IN MY SPECIALTY. NEXT SLIDE. THE FACT AGAIN THERE IS NO RECOMMENDATION BY THESE THREE ORGANIZATION INCLUDING THE FEDERATION

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OF MEDICAL BOARDS THAT SAYS WE NEED TO RELIMIT OR RESTRICT ITPS TO GOVERNMENT FUNDED HOSPITAL. NONE. NONE. ALTHOUGH THERE ARE LEGISLATIONS THAT'S BEEN PASSED AND THE LEGISLATES ARE IN MINORITY OF STATES. IT'S NOT MAJORITY OF THE STATES. OKAY. AND THE MAJORITY OF THE STATES STILL REQUIRE THE PASSING OF THE US MLE EXAM. NEXT SLIDE. THE FACT IS THE BIGGEST ORGANIZATION THE AMERICAN MEDICAL ASSOCIATION ENCOURAGES PARITY IN LICENSURE THE REQUIREMENTS OF ALL PHYSICIANS WHETHER US GRADUATE OR INTERNATIONAL MEDICAL GRADUATES. IT FURTHER STATES THAT LICENSURE SHOULD NOT BE DISCRIMINATORY AND THEY ADVOCATE FOR PARITY. FINALLY THE AMERICAN MEDICAL ASSOCIATE NOTED THAT THE STATE MEDICAL BOARD SHOULD ENSURE A UNIFORMITY OF LICENSURE REQUIREMENTS. UNIFORMITY IS THE KEY WORD THERE. NEXT SLIDE. TO SUMMARIZE THE RECOMMENDATIONS FROM THE FEDERATION OF MEDICAL BOARDS, THE SUPERVISORS MUST BE MUST AGAIN MUST BE BOARD CERTIFIED IN THE SAME SPECIALTY. I DON'T KNOW HOW MANY PROVIDERS WITH AN ENTIRE STAFF EMPLOYED BY GOV GUAM OR PUBLIC HEALTH THAT'S BOARD CERTIFIED AND HAVE DECADES OF EXPERIENCE AND YOU AND AND I'VE KEPT UP. YOU NOT JUST BOARD CERTIFIED, BUT YOU HAVE TO MAINTAIN YOUR CERTIFICATION. BUT I DO KNOW THAT YOU KNOW ONE OF THE QUALIFICATION TO BE SUPERVISORS YOU SHOULD GO BEYOND THAT BE BOARD CERTIFIED AND HAVE THE EXPERIENCE IN CLINICAL TEACHING BECAUSE ULTIMATELY THAT'S WHAT YOU WANT. IT'S NOT JUST HAVING AN IMG OR INTERNATIONAL MEDICAL GRADUATE AND JUST OBSERVING WHAT THEY DO. YOU HAVE TO TEACH. THAT'S PART OF THE CLINICAL EXPERIENCE. THE GOV GUAM HAS ISSUES WITH ACCOUNTABILITY AS WELL. WE ALL KNOW THIS. WE ALL KNOW THE ACCOUNTABILITY. I SEE THEY'VE BEEN CALLING OVERSIGHT HEARINGS. THERE'S ACCOUNTABILITIES HOLES IN A BUCKET ALL OVER THE PLACE WITHIN GOV GUAM AND WE ARE TO JUST TRUST THEM TO HOLD ACCOUNTABLE TO ENSURE THAT ALL THESE THINGS ARE DONE CORRECTLY. I DON'T THINK SO. WE HAVE TO TREAT THE IMGs AND THE PRIVATE SECTOR WITH EQUITY. THE PROTECTION OF ITPS, OKAY, THEIR RIGHTS IS CRITICAL AND THEY SHOULD BE LIMIT NOT THEY SHOULD NOT BE LIMITED TO ONLY GOVERNMENT OF GUAM. ALLOW THEM TO PROSPER AND ALLOW THEM TO LEARN FROM PHYSICIAN THAT'S QUALIFIED TO BE THEIR SUPERVISORS OUT IN THE COMMUNITY. NEXT SLIDE. PAGE 15 OF BILL 30 2 PAGE 15 OF THIS BILL ANYWAY SIMPLY PROVIDES PARITY. OKAY. IT REMOVED THE DISCRIMINATORY LANGUAGES WHICH I SUPPORT AND THIS WAS INJECTED WITHOUT A PUBLIC HEARING INTO THIS BILL. NEXT SLIDE. NEXT SLIDE. THIS NEXT SLIDE IS A SIMILAR AREA HERE. WE BASICALLY REMOVING THE DISCRIMINATORY LANGUAGE WITHIN THAT BILL THAT NEVER HAD A PUBLIC SAY. AND I THINK THAT'S WRONG. IF THE LEGISLATURE WANTS TO WIN THE SUPPORT OF THE PUBLIC TRUST FROM THE PEOPLE OF GUAM, YOU MUST YOU MUST HAVE PUBLIC HEARINGS ON THESE THINGS. YOU INTERJECTED A BILL AND HAVE SOMETHING ON SESSION FLOOR TELLING YOU THINGS THAT'S PRETTY MUCH UNTRUE, A TWISTED TRUTH THAT IS NOT CALLFUL IN A DEMOCRATIC SOCIETY. NEXT SLIDE. AGAIN, REMOVAL OF DISCRIMINATORY LANGUAGE WITHIN THAT BILL THAT WAS INJECTED, I THINK IT'S FAIR TO SAY, IS A WIN-WIN SITUATION FOR GUAM AND THE PEOPLE OF GUAM. NOW THE AMA ALSO INTERESTINGLY LAST YEAR WROTE A LETTER TO THE SECRETARY OF STATE MARCO RUBIO AND I'LL SURE TO SUMMARIZE THIS

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LETTER FOR YOU. IT'S VERY INTERESTING TO NOTE THAT THEY'RE HERE ADVOCATING FOR FOREIGN GRADUATE TO BE ALLOWED TO INCREASE IN THE CONRAD 30 AND I'VE TESTIFIED ON CONRAD 30 MANY TIMES WHICH I SAID BEFORE. OKAY. AND WHAT THE AMA IS TRYING TO DO IS THAT TO TALK TO SECRETARY OF STATE MARCO RUBIO IS TO INCREASE ON CONRAD 30. CURRENT 30 IS NOT ESSENTIALLY ITP. YOU HAVE TO BE EDUCATED IN THE UNITED STATES AND BUT THEY HAVE TO RETURN TO THE HOME COUNTRY FOR TWO YEARS. BUT THIS LETTER ACTUALLY ADVOCATES THAT WE WANT TO INCREASE THAT NUMBER. SO YOU DON'T LIMIT IT TO 30 PER STATE OR PER TERRITORY. AND I JUST WANT TO SHARE THAT JUST TO BE INTERESTING TO LET YOU KNOW. BY THE WAY, AMA AND EVEN A STATE, THE SECRETARY OF STATE DOES NOT SAY YOU HAVE TO LIMIT THESE FOREIGN GRADUATES AND JAIL THEM AT A GOVERNMENT FACILITY. THEY DON'T DO THAT AT ALL. SO, BILL 303, BILL 303, YOU KNOW, I'M GOING TO INTERJECT IN AND OUT OF HERE, IS THAT YOU CAN'T PASS THIS. YOU CANNOT PASS BILL 303 WITHOUT MAKING THE AMENDMENT TO THE ORIGINAL BILL TO INCLUDE THE PRIVATE SECTOR. NEXT SLIDE. NEXT SLIDE. ONE MORE SLIDE. I'M FLYING THROUGH THIS. THIS ONE HERE, THE AMA'S POSITION, THE HIGHLIGHTED AREA, DISCRIMINATION IN STATE LICENSURE PRACTICE, THAT IS NO. EVEN THE AMA IN THE MEDICAL ETHICS, THE GUAM MEDICAL BOARDS CANNOT DISCRIMINATE IN THE LICENSURE OF THEIR PRACTICE. I DON'T CARE WHAT THE ORGANIC ACCESS IF YOU DISCRIMINATE AGAINST PRIVATE OR PUBLIC SECTOR, THAT IS JUST ETHICALLY WRONG TO DO. NEXT SLIDE. THIS IS ACTUALLY ON PAGE TWO OF BILL 303. AGAIN, IF YOU READ PAGE TWO, THERE'S NO RECOMMENDATION TO LIMIT OR RESTRICT ITP IN GONE FACILITY PRIVATE. THERE'S NONE OF THE RECOMMENDATIONS ON HERE. SO, BILL 303 REALLY CAN'T BE PASSED WITHOUT THE AMENDMENT. IF YOU PASS THAT, THAT THAT IS BYPASSING THE DEMOCRATIC PROCESS. NEXT SLIDE. THIS IS BILL 303. AGAIN, I WANT TO REEMPHASIZE THIS, YOU KNOW, TO SERVE THE COMMUNITY. WE'RE NOT JUST A COMMUNITY IN GOV GUAM. AND AGAIN, I TAKE YOU BACK TO THE QUESTION I ASKED FROM THE BEGINNING OF THE TESTIMONY. CAN GOV GUAM HANDLE THE ENTIRE HEALTH CARE FOR THE PEOPLE OF GUAM? IF THE ANSWER IS YES, LET ME KNOW RIGHT NOW AND I'LL STOP. I'LL CONTINUE. NOW, INSTEAD OF JUST THE GUAM MEDICAL BOARDS FEEDING YOU SAYING THAT, OH YEAH, THE OTHER STATES HAVE PASSED THIS, THE OTHER STATE HAVE PASSED THIS JUST LIKE OURS, ETC., ETC., ETC., LET ME JUST SHOW YOU EXACTLY WHAT EACH OF THE STATES HAVE PASS. I WON'T GO THROUGH EVERY STATE BUT MOST OF THE STATES THAT HAVE PASSED THIS LEGISLATION REQUIRES YOU TO HAVE ECFMG CERTIFICATION. OKAY, USMLE PASSING THAT ONE AT LEAST ONE AND TWO AND THEY TAKE THEIR TIME THEY CAN PASS THE STEP THREE BEFORE THEY GET THE FULL LICENSURE. SO NEXT TIME ARIZONA THE PENDING LEGISLATURE OKAY THEY WANT NO FAILURES IN USML YOU CAN'T FAIL THAT EXAM THAT EVEN THAT THE LEGISLATURE ARIZONA FAILED IT DIDN'T PASS NEXT SLIDE CALIFORNIA NOW CALIFORNIA HAS WHAT WE CALL A TRUE PILOT PROGRAM THEY DID IT WITH MEXICO ONLY ONE INTERNATIONAL STATE THAT'S MEXICO AND THAT'S IT NOW EVEN WITH THAT THEY CONSIDER THAT A PILOT PROGRAM I KNOW THE GUAM, GOVERNOR OF GUAM CONSIDERED THIS QUOTE UNQUOTE AS A PILOT PROGRAM, BUT REALLY ISN'T A PILOT PROGRAM. IT'S NOT. IF YOU READ CALIFORNIA'S LAW ABOUT THE PILOT PROGRAM, IT IS TRULY A PILOT PROGRAM

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WHERE THEY ACTUALLY BRING IN AND THEY TREAT THE PHYSICIAN THERE AS IF THEY WERE QUOTE UNQUOTE INTERNS AND RESIDENTS. IF YOU READ THE DETAILS THERE, THEY WANT TO PROPOSE THAT, YOU KNOW, THE OTHER PROPOSES THAT THEY MUST BE, YOU KNOW, THEY WANT FULL LICENSURE FOR THEM. THEY DON'T WANT TO PUT A CAP ON THE TIME FRAME, ETC., ETC., ETC. SO THAT'S IN THERE. BUT THEY TRY TO DILUTE THE 36-MONTH RULE ON THERE. BUT THE CALIFORNIA BOARD OF MEDICAL EXAMINERS OPPOSED THIS LEGISLATION. THE CALIFORNIA BOARD OF MEDICAL EXAMINER OPPOSED IT. UNLIKE GUAM MEDICAL BOARD WHO IS RUSHING THROUGH THIS AND SAY, "HEY, WE WANT TO SUPPORT THIS AND LIMIT HIM TO GOV GUAM." CALIFORNIA BOARD IS TOTALLY OPPOSITE. AND I BET YOU THE GUAM BOARD FAILED TO TELL YOU THAT THAT OTHER BOARDS IN OTHER STATES ARE OPPOSED TO THESE KIND OF LEGISLATIONS. NEXT SLIDE. CONNECTICUT THEIR LEGISLATION FAILED. FLORIDA ACTUALLY PASSED IT. BUT YOU STILL GOT TO PASS THE USMLE AT LEAST STEP ONE AND TWO. TO GET FOOD LICENSURE, YOU TAKE STEP THREE. GEORGIA IS THE SAME WAY. SAME WAY. GEORGIA TRIED TO DILUTE A LITTLE BIT, BUT IT FAILED. GUAM. LET'S TAKE A LOOK AT GUAM. NOW, THIS WAS, YOU KNOW, I DID A LOT OF RESEARCH ON THIS, SO I'M NOT JUST TALKING OFF MY CUFF. THIS IS DIRECT EXCERPT. THE THESE WHAT I'M PRESENTING TO YOU IS FROM THE DIRECTLY FROM THE SITE. YOU CAN DOWNLOAD IT. IT'S PDF FORMAT. IT'S ACTUALLY IN UNDER THE GUAM FEDERATION. I'M NOT GUAM. IT'S UNDER THE FEDERATION OF STATE MEDICAL BOARDS. GUAM, IF YOU READ ABOUT THIS EFFECTIVE APRIL 7, 2026. THIS WAS UPDATED APRIL 2026. WELL, SOMEONE DIDN'T LET THE GUAM THE GUAM BOARD DID NOT LET THE THE FEDERATION OF STATE MEDICAL BOARD KNOW THAT, HEY, THE LAW THAT'S PASSED IS NOT WHAT IS STATED IN THIS PARAGRAPH HERE. SO, THEY NEED TO UPDATE THAT. AND IT'S ONLY BEEN WHAT, LESS THAN A WEEK SINCE THIS WAS UPDATED. OKAY? AND THE REASON WHY IS BECAUSE THE LAW THAT WAS PASSED REALLY NEVER HAD A PUBLIC HEARING. AND THAT WAS NOT ON THE RADAR OF THE FEDERATION OF STATE MEDICAL BOARDS. IF YOU READ THIS ONE, THE LAST LINE THERE, IT SAYS PARTICULARLY IN SPECIALLY WHERE LACKS ADEQUATE PROVIDER COVERAGE. THAT'S NOT EVEN IN THE PARTICULAR BILL THE PARTICULAR BILL THAT YOU PASSED ONLY RESTRICTS THEM TO THE GOVERNMENT OF GUAM. IT DIDN'T EVEN SAY THAT. NEXT SLIDE. INDIANA, SAME. THEY PASSED IT, BUT YOU HAVE TO PASS THE EXAMS. INDIANA IS EXACTLY THE SAME. ILLINOIS, CHICAGO, SAME. KENTUCKY FAILED. THEY DIDN'T PASS IT. NOW, IN 2024, TEXAS IS VERY INTERESTING. THE TEXAS UM BACK IN 2024 FAILED TO PASS LEGISLATION. IN 2025, THEY PASSED ITP, BUT THEY REQUIRE THEM TO PASS A STEP ONE AND STEP TWO BEFORE THEY EVEN COME INTO THE UNITED STATES TO SERVE IN UNDERSERVED AREAS, BUT DO NOT RESTRICT THEM TO WORK IN A GOVERNMENT GUAM FACILITY. I MEAN GOVERNMENT IN THE GOVERNMENT FACILITY. AND FROM THERE, IF THEY PASS STEP THREE, THEY CAN GET A FULL LICENSE. BUT REMEMBER NOW, THE ENTIRE ISLAND OF GUAM IS SHORT. WE ARE SHORT IN THE PRIVATE SECTOR. YOU TRY GETTING AN APPOINTMENT IF YOU'RE PREGNANT. IF YOU'RE PREGNANT, TRY GETTING AN APPOINTMENT. IT IS EXTREMELY DIFFICULT. AND THAT'S THE ONE OF THE MOST VULNERABLE POPULATION IS WOMEN AND CHILDREN AND BABIES. NOW, VIRGINIA, SAME. THEY STILL GOT TO PASS THE EXAMS. WISCONSIN, WYOMING, ALL THE SAME. WYOMING TRIED TO DILUTE THE LEGISLATION WAS

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FAILED BECAUSE MANY OF THE MEDICAL BOARDS ACROSS THE COUNTRY OPPOSES THESE TYPE OF LEGISLATIONS. THEY DO THEY WANT TO MAKE SURE THAT IT'S UNIFORM STANDARD ACROSS THE BOARD AND THIS IS WHAT BILL 302 ADDRESSES. THE FACT IS STILL THE MINORITY OF STATES WHO HAVE PASSED ITP THE MAJORITY OF THEM STILL REQUIRES A PASSAGE OF USMLE EXAM. IT'S NOT QUOTE UNQUOTE HEY EQUIVALENT EXAM YOU KNOW WE JUST GIVE YOU AN EXAM YOU PASS IT AND THAT'S IT. IT'S A STANDARDIZED TEST THAT YOU HAVE TO TAKE AND THEY REQUIRE ECFMG CERTIFICATION. THERE ARE NO RECOMMENDATIONS AT ALL TO LIMIT OR RESTRICT ITP TO GOVERNMENT GUAM OR GOVERNMENT FUNDED FACILITIES. ZERO. NOW, GOING BACK TO OUR CURRENT SITUATION, WE WOULDN'T BE HERE TODAY IF WE HAD A HEARING ON 294. WE WOULD NOT BE HERE TODAY. SO, I'M GOING TO BYPASS THIS BECAUSE BILL 206 HAD A PUBLIC HEARING. BILL 294 INTRODUCED BY ADELUP. AND THEY KNEW IT. THEY KNEW THEY DIDN'T WANT A PUBLIC HEARING OF THAT BILL. THEY JUST WANT TO PUSH IT THROUGH AND SHOVE IT DOWN YOUR THROATS. AND THE SENATOR WHO VOTED FOR IT IS IT PROBABLY WAS TOLD THINGS TO BELIEVE, BUT I REALLY DOUBT IF THEY KNEW THE DETAILS OF WHAT ENTAILS, I DON'T THINK THEY WOULD HAVE VOTED FOR IT BECAUSE THEY WANT EQUITY. I KNOW THE GOOD SENATORS OUT THERE WHO VOTED FOR THE BILL, THEY WANT EQUITY, AND EQUITY IS WITHIN THE ENTIRE COMMUNITY OF GUAM. I'M ALMOST DONE. AGAIN, RIGHT HERE, BILL 302 IS WHAT WE TAKING UP TODAY. IT NEEDS TO PASS WITH PARITY WITHOUT DISCRIMINATION TO THE PRIVATE SECTOR AND IS ADVOCATED BY THE AMA, ADVOCATED BY THE FEDERATION MEDICAL BOARDS THAT YOU KNOW IT SHOULD NOT DISCRIMINATE. BILL 303 CANNOT PASS WITHOUT THIS AMENDMENT AND WE'LL SUPPORT 303 IF THESE AMENDMENTS ARE IN THERE BECAUSE IT REALLY NEEDS FOR THE GOVERNMENT OF GUAM. ALMOST DONE HERE. JUST GIVE ME TWO MINUTES. THE GUAM HEALTH CARE INFRASTRUCTURE AND I SUMMARIZE THIS IN IN THREE IN THREE WORDS HERE, RIGHT? NOT THREE WORD BUT IN A IN A TRIANGLE THE PATIENTS AT A CENTER I DON'T THINK GOVERNMENT OF GUAM CAN HANDLE THE ENTIRE HEALTH CARE FOR THE ENTIRE ISLAND PERIOD IN FACT I THINK I I THINK WE NEED BOTH PRIVATE AND PUBLIC TODAY WE GOT TO LEARN FROM THE PANDEMIC OKAY AND AS FAR AS THE DEPARTMENT OF PUBLIC HEALTH GOAL HOSPITAL TO ME IS NOT MORE QUALIFIED THAN GRMC OR THE PRIVATE SECTOR TO BE SUPERVISORS THIS IS A LETTER FROM YOU KNOW TESTIMONY FROM THE DEPARTMENT OF PUBLIC HEALTH AND I HAVE TO GO THROUGH THIS BECAUSE I DON'T WANT YOU TO TAKE AT FACE VALUE AND THINK OH YEAH LET'S THAT'S THE RE THAT MUST BE TRUE LET'S TAKE A LOOK AT IT IN DETAIL NEXT SLIDE LET'S KEEP GOING I KEPT READING IT BUT I TEST LET'S CATCH UP WITH THE SLIDES KEEP GOING NEXT SLIDE NEXT SLIDE I KNOW I FLEW THROUGH THESE NEXT SLIDE NEXT SLIDE NEXT SLIDE NEXT SLIDE NEXT SLIDE NEXT SLIDE NEXT SLIDE. BOY, I REALLY FLEW THROUGH THESE. NEXT SLIDE. NEXT SLIDE. NEXT SLIDE. NEXT SLIDE. NEXT SLIDE. NEXT SLIDE. NEXT SLIDE. NEXT SLIDE. ONE MORE SLIDE. GO BACK. OKAY, NOW WE'RE CAUGHT UP. SORRY, I PUT A LOT OF HOMEWORK IN THIS IN BETWEEN PATIENTS, BY THE WAY. AND I DID DELIVER SIX BABIES WHILE I'M PREPARING FOR THIS. SO, I DON'T KNOW HOW I DO IT SOMETIME. I'M NOT ON DRUGS EITHER. OKAY. I'M COFFEE THOUGH. ANYWAY, I NEED TO COMMENT ON GUAM'S PUBLIC HEALTH TESTIMONY BECAUSE THEY ARE AGAIN TRYING TO

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CREATE A SITUATION FOR THE GOOD SENATOR TO BELIEVE. YOU HAVE TO TAKE IT WITH A GRAIN OF SALT. GMH DOES NOT REQUIRE THEIR STAFF TO BE BOARD CERTIFIED. NOR DOES GO VGUAM PUBLIC HEALTH. IT IS NOT JOINT COMMISSION CERTIFIED AS WELL. UNLIKE GRMC, I'M NOT PUTTING GMH DOWN. I'M JUST SAYING THE FACTS HERE. THE SUPERVISORY LAW ROLE. YOU NEED BOARD-CERTIFIED PHYSICIANS. YOU NEED NOT JUST THAT BUT GO ONE STEP BEYOND BOARD CERTIFIED PHYSICIAN WITH CLINICAL EXPERIENCE IN TEACHING. OKAY, IT EXCLUDES MANY OUT IN THE PRIVATE SECTOR WHO IS A GOOD DOCTOR IN THE PRIVATE SECTOR CAN ACTUALLY BE THE SUPERVISORS FOR THIS ITP. IF GUAM PUBLIC DEPARTMENT PUBLIC CARES ABOUT SAFETY, THEY NEED TO LEARN FROM THE PRIVATE SECTOR. NEXT SLIDE. SO THAT JUST ADDRESSES THE FIRST QUESTION THERE, THE FIRST ITEM. NEXT SLIDE. GO BACK ONE SLIDE. SORRY. THE CONTROLLED ENVIRONMENT DOES NOT MEAN THAT THEY'RE FIT FOR THE COMMUNITY- BASED PRACTICE. AND I TALKED ABOUT THIS BEFORE. YOU CONTROL THE PHYSICIANS, THE ITPS WITHIN THE HOSPITAL, WITHIN PUBLIC HEALTH. THEY HAVE NO CLUE HOW TO PRACTICE MEDICINE OUTSIDE OF THAT ENVIRONMENT. ZERO. AND THE WHOLE POINT OF THE FEDERATION MEDICAL BOARDS AND THE AMA, THE AMERICAN MEDICAL ASSOCIATION, IS TO PREPARE THESE ITPS TO GO OUT INTO THE PRIVATE SECTOR AND BE A PRODUCTIVE PHYSICIAN, A COMPETENT PHYSICIAN FOR THE ENTIRE ISLAND OF GUAM, NOT JUST WITHIN THOSE CONTROLLED ENVIRONMENT. AND WHEN YOU CONTROL THEM LIKE THAT, WHEN WE TALK ABOUT I KNOW THE GUAM MEMBER HAD TOLD YOU, OH, DON'T PUT THEM IN PRIVATE PRACTICE, THEY'LL BE ABUSED. THAT'S RIDICULOUS. WHY WOULD WE ABUSE THE DOCTORS THAT WE WANT TO RECRUIT? IF WE ABUSE THEM, THEY'RE GOING TO LEAVE. THEY'RE FREE TO LEAVE. WE'RE NOT GOING TO DO THAT. BUT IF YOU PUT THEM IN ENVIRONMENT WHERE IT'S CONTROLLED BY THE HOSPITAL, GMH ESPECIALLY, THEY'RE INTIMIDATED. THEY'RE INTIMIDATED. TO ME, THAT'S DISCRIMINATORY TO THEM. IN ADDITION, THOSE WHO ADVOCATE FOR THE GOVERNOR'S BILL 294 STATES BEFORE WHERE AGAIN, AND I'M NOT GOING TO GO THROUGH THAT AGAIN. I'LL SKIP THAT. BUT YOU YOU HAVE TO MAKE SURE THAT THE CONTROL ENVIRONMENT IS NOT WITHIN THE GULF GUAM. NEXT SLIDE. OKAY. DECENTRALIZED. I KNOW PUBLIC HEALTH SAY THAT OH THEY DON'T HAVE THE ADMINISTRATIVE CAPACITY AND TRACKING MANDATES AND IT SAYS HERE IF YOU KNOW IF YOU ALLOW THEM TO GO OUT IN THE COMMUNITY YOU DECENTRALIZE OVER. THAT'S RIDICULOUS. WORK WITH US. WE WILL HELP YOU CREATE A CENTRALIZED MODEL. MY GOODNESS. WE DEVELOP OUR OWN PRIVATE PRACTICE. LEARN FROM US. LEARN FROM DR. BERG'S CLINIC. HE'S IN PRIVATE PRACTICE, YOU KNOW. GOVERNMENT OF GUAM IS SO MESSED UP. THEY CAN'T EVEN GET THEIR COMPUTER SYSTEM CORRECT. YOU KNOW, SO LEARN FROM US. IT'S NOT ABOUT DECENTRALIZATION. IT'S ABOUT CREATING A SYSTEM THAT WE CAN ALL WORK TOGETHER AND IT IS TO FOR THE TOTAL BENEFIT OF PATIENTS. IT'S NOT JUST WITHIN THE GOV GUAM SYSTEM. SO I THINK THIS COMING BY PUBLIC HEALTH IS TOTALLY OUTSIDE. NEXT SLIDE. PROTECTING PUBLIC INVESTMENT. OH MY GOD, YOU KNOW, I READ THIS POINT BY TERESA ARRIOLA AND I HAVE TO THINK TO MYSELF, YOU KNOW, WE ARE ALL CONTRIBUTING AND INVESTING INTO GUAM. THE GOVERNMENT OF GUAM SURVIVES BECAUSE OF THE PRIVATE SECTOR, NOT THE OTHER WAY AROUND. THE GOVERNMENT IN GUAM DOES NOT I'M

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GOING TO SAVE THAT THAT WORD I WAS GOING TO SAY. AS FOR PROTECTING THE PUBLIC INVESTMENT, THE DEPARTMENT OF PUBLIC HEALTH NEED TO GET ITS HEAD OUT OF THE BUCKET. I'M SAYING NICELY, OKAY? BECAUSE WE SUPPORT GOV GUAM. IT'S BECAUSE OF US YOU EXIST. ESPECIALLY IN THE HEALTHCARE ARENA. THE SECOND LINE IS ABSOLUTELY RIDICULOUS. THE BURDEN IS IT SAYS IT'S TOO BURDENSOME, YOU KNOW, FOR THEM. THE BURDEN TO RECRUIT FOREIGN DOCTORS, OKAY, IS REALLY MORE WORSE ON THE PRIVATE SECTOR. WE DON'T HAVE THE FUNDING TO GO AND RECRUIT AND PAY THE ATTORNEYS TO GET VISA CARDS. I'VE BEEN THROUGH THAT PROCESS. IT'S VERY DIFFICULT. IT'S EASY FOR GOVERNMENT GUAM TO RECRUIT BECAUSE THEY GOT UNLIMITED FUNDS ALMOST. THEY'RE USING OUR TAXPAYERS FUND. WE FUNDING YOU GUYS TO GO AND RECRUIT. SO WHERE'S THE EQUITY? THERE IS NO EQUITY. NEXT SLIDE. AS A BOARD CERTIFIED OBGYN, I HAVE OFFERED PUBLIC HEALTH. OKAY. AND I WROTE THEM A LETTER TO ART SAN AUGUSTINE AND I TOLD HIM YESTERDAY IN THE ROUND TABLE, YOU KNOW, PUBLIC HEALTH NEEDS HELP. SO I OFFERED THEM TO HELP FOR FREE. I WROTE THE LETTER. IT'S PUBLISHED. BUT THEY REFUSED. I'M A BOARD CERTIFIED OBGYN. I OFFERED TO GO THERE, TEACH THE NURSE PRACTITIONERS, TEACH YOUR PAS, TEACH THEIR DOCTORS HOW TO DO COLPOSCOPIES, HOW TO TAKE CARE OF PRENATAL PATIENTS. THEY NEVER TOOK ME UP. THEY NEVER TOOK ME UP. I KNOW THE PUBLIC HEALTH SYSTEM. I WORKED IN PUBLIC HEALTH FOR THREE, FOUR YEARS. WHEN I WAS IN THE NAVY, I WAS MOONLIGHTING THERE. SO, I KNOW THE SYSTEM VERY WELL. I DROVE ALL THE WAY DOWN TO INARAJAN, BUT I SAID, I DON'T WANT TO HEAR PUBLIC HEALTH COMING HERE AND TELLING YOU, "OH, WE NEED HELP. WE NEED HELP." THE HELP WAS GIVEN TO THEM BY A UNITED STATES BOARD CERTIFIED OBGYN, AND THEY NEVER TOOK IT. AND THAT'S A FACT. NEXT SLIDE. WHERE WAS PUBLIC HEALTH DURING TYPHOON MAWAR? IT WASN'T THE PUBLIC SECTOR THAT WENT OUT AND HELPED THIS PATIENT, THIS TEEN PREGNANCY THAT WAS STUCK AT A RED CROSS SHELTER. IT WAS ME, SOMEONE FROM THE PRIVATE SECTOR, THE MAYOR CALLS ME BECAUSE THEY COULDN'T GET IN TOUCH WITH PUBLIC HEALTH. AND I DROVE DOWN AND HELPED THIS POOR MOM WHO HAD A BABY, HYPERTENSIVE, AND HELPED HER AND DELIVERED HER. AND A FOLLOW-UP IN OUR PRIVATE CLINIC. PERIOD. SO YOU TELL ME SHOULD THE PRIVATE SECTOR BE EXCLUDED THIS PATIENT AND BABY WOULD HAVE DIED WITHOUT THE PRIVATE SECTOR AND THAT'S A FACT. NEXT SLIDE. THIS LIGHT WHY EXCLUDE GRMC? THEY'RE JOINT COMMISSION ACCREDITED NOT JUST ONCE BUT FOUR CONSECUTIVE TERMS. FOUR CONCERN. YOU NEEDED THEM DURING PANDEMIC. COME ON. NEXT SLIDE. THE PRIVATE SECTOR. WE KNOW WHAT TO DO. WE KNOW WHAT AND HOW TO DO IT. DON'T CRITICIZE US AND TELL US THAT OH DON'T PUT IMGs OR INTERNATIONAL. YOU KNOW THOSE PEOPLE WHO TELL YOU THAT THEY'RE THE ONE THAT'S TELLING THE SENATORS THAT THEY DON'T WANT COMPETITION. WE INVITE THE COMPETITION. WE WANT THEM TO COME OUT. I JUST WANT TO GET THAT FACT STRAIGHT. OKAY. OKAY. SO, I'M NOT THE ONE THAT SAY TOLD YOU GUYS, "HEY, WE DON'T WANT COMPETITION." THAT'S RIDICULOUS NOTION. AGAIN, FINALLY, I'M GOING TO END WITH THIS. OKAY? FINALLY, I'M GOING TO END WITH THIS. CAN GOV GUAM PROVIDE HEALTH CARE WITHOUT THE PRIVATE SECTOR? CAN YOU REALLY ASK YOURSELF THAT QUESTION ON THE SESSION FLOOR IN COMMITTEE? TALK AROUND. ASK

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EVERYBODY. ASK GMH. CAN YOU DO THAT? CAN ASK PUBLIC HEALTH. WE HAVE TO LEARN FROM THE PANDEMIC. WE HAVE TO REMEMBER IT'S NOT JUST GOV GUAM. IN FACT, PUBLIC HEALTH SHUT DOWN DURING THE PANDEMIC. IT WAS THE PRIVATE SECTOR WHO ACTUALLY STEPPED UP AND HELPED. SO AGAIN, ASK YOURSELF TODAY. IF YOU SAY YOU CAN'T HANDLE EVERYTHING, WE'LL PACK UP. I'LL LEAVE GUAM. AND WE ALL LEAVE GUAM BECAUSE WE DON'T NEED US ANYMORE. THE PREFIX SAYS IT DOES NOT NEED TO BE EXIST IN EXISTENT IN GUAM. THANK YOU.

SENATOR MATANANE

THANK YOU, DR. SHIEH. ON THE NEXT ON THE SIGNUP SHEET, WE HAVE FRANCIS NICKDAO FROM AMC. IS SHE STILL HERE? DR. HOA NGUYEN, IS HE ON ZOOM?

DR. NGUYEN

MY NAME IS HOA NGUYEN AND I APOLOGIZE NOT BEING THERE. I JUST HAD MY SURGERY IN SEOUL. CAN YOU HEAR ME?

SENATOR MATANANE

YES, WE CAN HEAR YOU.

DR. NGUYEN

OKAY. YEAH, I APOLOGIZE NOT TO BE THERE, ONE OF THE PETITIONER IS SUPPOSED TO PRESENT THE POWERPOINT THERE. I'M NOT SURE I CAN PULL IT UP FROM THERE OR NOT

SENATOR MATANANE

CAN WE PLEASE TURN UP THE AUDIO? ON OUR SIDE. AV IF YOU ARE LISTENING DR. HOA, CAN YOU GIVE US A MIC TEST?

DR. NGUYEN

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OKAY. SENATOR SABRINA, I SENT YOU A POWERPOINT. CAN YOU PUT IT UP THERE ON THE POWERPOINT SO I CAN TALK?

SENATOR MATANANE

WE ARE UNABLE TO PULL UP THE POWERPOINT. BUT IF YOU CAN SHARE YOUR SCREEN ON YOUR END, WE WOULD BE ABLE TO.

DR. NGUYEN

OKAY. LET ME SEE HOW I'M GOING TO SHARE THAT.

SENATOR MATANANE

WE HAVE COPIES AS WELL. SO, WE SHOULD BE OKAY ON OUR SIDE. WE HAVE COPIES OF YOUR POWERPOINT.

DR. NGUYEN

OKAY. I CAN TALK THROUGH THE POWERPOINT AND THEN YOU CAN FOLLOW THE POWERPOINT. OKAY. OKAY. SO, LET ME GO THROUGH YOU KNOW ON SLIDE NUMBER ONE. CAN YOU PUT THAT ON?

SENATOR MATANANE

WE CANNOT BUT WE HAVE COPIES.

DR. NGUYEN

OKAY. SO BASICALLY THE SIGN NUMBER ONE WHAT I TRIED TO KIND OF I THINK ON THE FIRST HEARING I WAS NOT THERE AND AND IT WAS THROWN OUT THE LAST MINUTE AND EVERYONE OF THE SENATOR SEEMED LIKE IS VERY CONFUSED WHEN THE BETWEEN THE TERM J1 VISA AND J1 WAIVER AND H1B AND CONRAD 30. SO BASICALLY I PUT IT DOWN TO TWO PATHWAY THERE FOR THE FOREIGN PHYSICIAN TO PASS IN GUAM. THE PATHWAY ONE IS BASICALLY J1 VISA. J1 VISA JUST MEAN THAT THE FOREIGN

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PHYSICIAN WHO GRADUATE FROM FOREIGN MEDICAL SCHOOL INCLUDING SOME US CITIZEN YOU KNOW SOME US CITIZEN THAT WENT TO SCHOOL IN FOREIGN MEDICAL SCHOOL. SO THOSE ARE CONSIDERED FOREIGN FOR FOREIGN MEDICAL SCHOOL GRADUATED THE J1 JUST GIVE THEM THE ABILITY TO GET ACCEPTED TO A US RESIDENCY PROGRAM IN ANY SPECIALTY AND THEIR REQUIREMENT IS TO RETURN TO THEIR COUNTRY AFTER THE COMPLETION OF THEIR RESIDENCY. THAT'S JUST J1. SO EVERYONE HAVE TO UNDERSTAND THAT THE J1 WAIVER OR THE H1B IS BASICALLY A J1 VISA THAT WILL US TRAIN CAN APPLY TO HAVE A WAIVER H1B TO WORK IN THE US. AND BUT THEY HAD TO GO BACK TO THE COUNTRY FOR TWO YEARS BEFORE THEY CAN APPLY FOR THE H1B OR J1 WAIVER TO GO BACK US TO WORK. SO THAT'S A J1 AND THE J1 WAIVER H1B. NOW, CONRAD 30 JUST AS A FEDERAL PROGRAM JUST ALLOW J1 WAIVER OR H1B TO BASICALLY STAY IN THE US AFTER THEIR THE RESIDENCY AND WORK IN US AND THAT'S THE CONRAD DON'T HAVE TO GO BACK TO THE COUNTRY FOR TWO YEARS AND THAT'S THE DIFFERENCE ON THE STUFF. THE PATHWAY ONE ON THE H1B MANY CLINIC IN GUAM ALREADY USE H1B ALREADY YOU KNOW ESPECIALLY NEPHOLOGY YOU KNOW THE DIALYSIS CENTER RADIOLOGY CLINIC AND SOME THE PRIVATE CLINIC ARE USING H1B ALREADY IN THE PAST. THE CONRAD 30 JUST NEED TO BE PUT IN PLACE BY PUBLIC HEALTH AND SO THAT WAY AND KNOW THE PRIVATE PUBLIC CAN TRY TO RECRUIT THIS J1 VISA THAT CURRENTLY US TRAINED AND THEY'RE DOING RESIDENCY TO ALLOW THEM TO COME TO GUAM TO WORK UNDER A CONRAD 30 AND PUBLIC HEALTH HAVE TO STAND UP THAT PROGRAM BUT THE J1 WAIVER AND H1B AND A CONRAD 30. THEY ALL COMPLETE THE FULL RESIDENCY IN THE US. THEY ALL COMPLETED MINIMUM OF THREE YEARS OF TRAINING DEPEND ON THEIR SPECIALTY AND THEY ALL HAD TO PASS THE USMLE 1, TWO AND THREE. SO THE J1 WAIVER, THE H1B AND CONRAD 30, THEY ALL HAD TO THEY ALL HAVE TRAIN IN US AND THEY ALL HAD TO PASS THE STEP THE ONE TWO AND THREE US MLE. SO THAT'S NOEXCEPTION TO THEM. ZERO EXCEPTION ON THEM. SO PATHWAY TWO THAT'S WHERE WE HAVE PROBLEM AND YOU KNOW I ECHOTHAT WITH DR. SHIEH THE FIRST TIME I HEARD ABOUT THE THAT BILL FOR ITP IS THAT MORNING WHERE THE LEGISLATURE GOING TO HEARING THAT'S THE FIRST TIME I HEARD ABOUT IT BECAUSE UM SENATOR TELO CALLED AND SAY CAN YOU REVIEW THIS AND I HAVE PHONE CLINICS SO I DON'T HAVE TIME REVIEW BUT THAT'S THE FIRST TIME I EVER HEARD ABOUT THAT ITP THAT INCLUDED INTO THE BILL SO WE NEVER HAVE A CHANCE TO REVIEW IT AT ALL BUT THE ITP THE DIFFERENCE IS INTERNATIONAL TRAINED PHYSICIAN AND YOU TALK ABOUT THEY HAVE NO COMPLETION OF ANY US RESIDENCY TRAINING. ZERO. THEY ABSOLUTELY HAVE NO TRAINING US AT ALL. AND THE CURRENT LAW SAY THEY HAVE TO PASS AN EQUIVALENT TEST TO USMLE 1 2 AND THREE WHICH IS EQUIVALENT THAT COUNTRY. THE QUESTION WHEN YOU USE A WORK EQUIVALENCY, WHO MAKES A JUDGMENT ON EQUIVALENCY? YOU KNOW, THAT'S REALLY THAT'S A LOT OF ROOM FOR JUDGMENT FROM THE BOARD AND I'M NOT QUITE SURE. I KNOW DR. BERG'S A HEAD THE BOARD NOW, BUT NO, HE'S NOT GOING TO BE THE HEAD ALL THE TIME. SO THERE'S GOING TO BE CHANGING PEOPLE PERSONNEL THERE AND I'M NOT SURE NO WE CAN I WOULD SAY I'M SORRY BUT CANNOT SURE I'M GOING TO TRUST THE BOARD AND MAKE DECISION OF WHAT THE EQUIVALENT OR NOT. SO IF UM SO THE WORD EQUIVALENCY OF ONE TWO AND

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THREE IS VERY VAGUE AND THEY HAVE TO BE NARROWED DOWN TO DO THAT. THERE'S NO CLEAR GUIDELINE REALLY ON THE CURRENT BILL TO SAY THAT I DON'T READ ANYWHERE THAT THEY SAY TO HAVE TO BE SUPERVISED BY THE SAME SPECIALTY THE FREQUENCY AND DURATION OF SUPERVISION AND WHO'S THE SUPERVISOR AND THEN IN FEW CASE THE GUAM MEDICAL BOARD CAN WAIVE THAT ON CASE BY CASE BASIS AND I SAY WOW THAT'S REALLY PUT PATIENT A LOT OF RISK WE DON'T KNOW ANYTHING ABOUT THESE PEOPLE YOU KNOW IT'S COMING INTO PRACTICE SO I THINK THAT TO LEAVE TO THE BOARD AND THE BOARD DON'T HAVE ALL THE SPECIALTY YOU KNOW I MEAN THE BOARD HAVE NO NEUROSURGEON IN THE BOARD SO THE BOARD REALLY CAN'T TELL A NEUROSURGEON IN THE DIFFERENT COUNTRY THAT THEY QUALIFY OR NOT SO I'M NOT QUITE SURE IF THE BOARD AND THE CURRENT SPECIALTY RIGHT NOW CAN MAKE DECISION FOR ALL SPECIALTY THAT ALLOW THE COMMUNITY GUARD PRACTICE LIMITING TO GOV GUAM ONLY BOTH PROVISIONAL AND LIMITED PERMANENT LICENSE AND THAT'S REALLY A I CALL DR. SHIEH IS REALLY I CAN SEE THEM I CAN NOTICE PEOPLE THAT PRACTICING ONE ITP ON THE OUTSIDE AND SEE THEM AS BELOW THE STANDARD OR BELOW MY LICENSE. IT DOESN'T MAKE SENSE TO SEE THE SAME COLLEAGUE THAT TREAT DIFFERENTLY BECAUSE THEY CANNOT THEY HAVE A RESTRICTED LIMITED LICENSE AND IT DOESN'T MAKE SENSE AT ALL. SO WHAT WE WANT TO DO WITH THE BILL 302 IS TRY TO CHANGE THAT AND MAKE IT SO IT JUST MAKE IT ONE PATHWAY. SO THE ITP WE WANT THEM TO REALLY REQUIRED TO PASS THE USMA 1, TWO, AND THREE BECAUSE EVERY ONE OF US THAT PRACTICE IN THE STATE DOESN'T MATTER YOUR J1 WAIVER H1B OR CONRAD, WE ALL HAD TO PASS THAT USM TEST. IS IT JUST TESTS YOUR BASIC KNOWLEDGE OF IN THE MEDICAL IN MEDICINE AND I'M NOT SURE WE CAN SAY EQUIVALENT IN THE COUNTRY OR NOT. SO WE ALL NEED TO BE PASS ON THAT. I HEARD THE IN THE LAST TESTIMONY IN THE LAST LEGISLATURE HEARING THAT THAT'S A LOT OF MYTH. I'M NOT QUITE SURE I WAS NOT THERE BUT KNOW GUAM IS OVERALL IS AN UNDERSERVED TERRITORY. WE HAVE A PRACTICE OF THE BIGGEST PRACTICE IN GUAM. WE HAVE ABOUT 46,000 PATIENT IN THAT WING AND GUAM CAN GAIN ABOUT 10 TIMES THE AMOUNT OF PRIMARY CARE AND WE STILL DOING FINE. WE THAT SHORT OF PHYSICIAN THAT'S WHY PEOPLE COME IN. SO THE WHOLE GUAM BOTH KNOW UNDERSERVED AND OR SERVE OR INSURANCE OR NOT WE ALL UNDERSERVED AREA. IT'S NOT JUST ON THE PUBLIC HEALTH OR GMH. SO I'M NOT QUITE SURE THAT WE DO THAT. I HEARD SOMEBODY SAY IN THE LAST LEGISLATURE THAT I'M HEARING THAT PRIVATE ENTITY WE DON'T HAVE PROBLEM WITH RECRUITING PHYSICIAN. MY GOODNESS. I SPENT THE LAST FOUR YEARS TRY TO RECRUIT THE ENDOCRINOLOGIST TO TAKE CARE OF THE DIABETES AND THYROID. IT TOOK US FOUR YEARS. WE JUST SIGNED UP ONE AFTER FOUR YEARS OF RECRUITMENT. WE HAVE A HARD TIME RECRUITING TO TRY TO CONVINCE PEOPLE TO COME TO WARM PRACTICE. WE ALL HAVE A CHALLENGE IN RECRUITING BOTH PRIVATE AND PUBLIC. ANOTHER ONE THAT REALLY I FIND AN INSULT TO MOST THE CLINIC IS I FORGOT WHO SAY ON THE LAST LEGISLATURE HEARING THAT PRIVATE ENTITY DON'T SEE MEDICAID PATIENT. I WOULD CHALLENGE THAT PERSON AND PUT OUT THE REAL NUMBER OF MEDICAID UNDERSERVED PEOPLE THAT SEE EVEN THAT AMC AGAINST THAT CLINIC AND SEE IF WE SEE MORE OR LESS THAN YOU. I GUARANTEE YOU WE SEE A LOT MORE

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MEDICAID UNINSURED PATIENT. WE DO SO PRIVATE ENTITY. YES, WE DO SEE MEDICAID AND SELF-PAY PATIENT ON THE SIGNING SCALE. SO TO SAY THAT IS AN INSULT TO ALL OF US IN GUAM THAT HAVE PRIVATE CLINICS. PRIVATE ENTITY PAY HIGHER. WE HAVE A MEETING YESTERDAY. YOU KNOW, I DON'T UNDERSTAND WHY SOMEONE WOULD SAY THAT PRIVATE ENTITY PAY HIGHER THAN GMH OR PUBLIC HEALTH. I WOULD CHALLENGE THAT. YOU KNOW THE SALARY AT GMH AND PUBLIC HEALTH ARE ALL PUBLIC DOCUMENTS. SO WE SEE WHAT YOU GUYS THE PUBLIC SIDE PAY FOR THE SALARY FOR PHYSICIAN. AND I TELL YOU IT'S NOT LOWER THAN THE PRIVATE ENTITY. IF YOU WANT A REAL NUMBER, I WILLING TO PUT A REAL NUMBER THERE. SO YOU GOT TO PUT, YOU KNOW, YOU WANT TO SAY THINGS LIKE THAT. YOU REALLY HAVE TO STAND BEHIND YOUR WORD. AND YOU KNOW, WE PAY LOWER AND WE LOST ON THE PRIVATE SIDE TO THE GOV GUAM ALL THE TIME BECAUSE THE PAY ARE MUCH HIGHER. SO I WOULDN'T SAY THAT. THAT'S A REALLY A MYTH OF WHAT THEY SAY THAT AND PRIVATE ENTITY DOES NOT ABUSE OUR COLLEAGUE. MY GOODNESS, WE LOVE FOR THESE PEOPLE TO COME TO OUR TO PRACTICE AND HELP ACCESS CARE. SO WHY YOU WANT TO ABUSE OUR TPP? THAT'S REALLY ANOTHER INSULT THAT I DON'T NOT SURE WHERE THAT COMING FROM. SO WHAT WE REALLY WANT TO DO ON AMENDMENT AND I APPRECIATE YOU KNOW SABRINA AND DOING THIS IS THAT YOU KNOW THEY ALL NEED TO HOLD THE SAME STANDARD WE ARE YOU KNOW SO YOU KNOW THEY NEED TO PASS THE USMLE JUST I DON'T THINK EQUIVALENT TEST GOING TO FLY AND THEY NEED TO WORK UNDER SUPERVISOR AND WITH SOMEBODY SAME SPECIALTY AND HAVE TO BE THAT AND HAVE TO BE IN WRITING. IT CANNOT PASS A LAW AND SAY WE WORK ON THAT LATER. THAT DOESN'T WORK. YOU RATHER WORK THE FIRST TIME, RIGHT? AND YOU DON'T HAVE ANY ROOM TO REWRITE SOMETHING. SO FOR US PROVISIONAL LICENSE WHATEVER THE THREE OR YEARS OR WHATEVER THAT THE ITP HAD TO DO WHEN THEY CHANGE THE PERMANENT WE REALLY WANT TO CHANGE THE PERMANENT LICENSE NOT LIMITED OR RESTRICTED PERMANENT LICENSE. IF AFTER TWO OR THREE YEARS OF SUPERVISION ON THIS ITP WE ALL KNOW THEY GOING TO BE GOOD OR BAD IF THEY ARE GREAT PHYSICIAN WE WANT THEM TO STAY IN GUAM WE WANT TO WELCOME THEM WE WANT TO LET THEM KNOW THEY CAN PRACTICE ANYWHERE BECAUSE THEY GOOD IT'S FOR THE PEOPLE OF GUAM IT'S NOT A COMPETITION WE WANT THEM TO BE HERE BECAUSE WE WANT OUR PEOPLE HAVE ACCESS TO CARE SO YOU KNOW I WOULD SAY THAT YOU KNOW ALL THESE PEOPLE WHEN THEY GO PROVISIONAL THEY SHOULD HAVE FULL LICENSE JUST LIKE ANYONE ELSE OF US. SO I DON'T MIND PERSONALLY AND I KNOW MY PHYSICIAN DON'T MIND THAT THIS ITP GO FROM PROVISIONAL TO FULL LICENSE TO PRACTICE ANYWHERE IN GUAM THAT WE CAN HAVE. YOU KNOW THIS IS THIS IS REALLY BAD. INSTITUTIONAL MEDICINE IS NOT GOOD. IF I'M A PHYSICIAN FROM ANY COUNTRY AND I KNOW THAT I CAN GO TO US TO PRACTICE, I WANT TO HAVE THE ABILITY AND THE OPPORTUNITY TO PRACTICE ANYWHERE AND NOT JUST FOR THE GOVERNMENT FACILITY AND IT'S LIKE YOU ARE IN JAIL. IF I'M A GOOD PHYSICIAN, WHY YOU WANT TO DO THAT? YOU KNOW, I HAPPEN TO GO TO SEOUL RIGHT NOW AND JUST DID A SURGERY ON MY SHOULDER. MY SURGEON HE KNOW HES KOREAN TRAINED AT HARVARD FULLY TRAINED HE CAN APPLY FOR H1B VISA AND WORK US ANYWHERE THAT'S HARVARD YOU KNOW HE'S NOT GOING TO COME TO

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GUAM MY GOODNESS HIS CLINIC IS SO SUCCESSFUL FULL OF PEOPLE YOU CANNOT EXPECT HIM TO COME TO GUAM YOU KNOW HE DO FOUR OR FIVE SHOULDER A DAY YOU KNOW SIX DAYS A WE DON'T HAVE THAT MANY SHOULDER IN ONE FOR ANYONE TO COME AND PRACTICE. SO TO ME IS WE HAD TO MAKE IT SOMEHOW THAT THESE PEOPLE MAKE IT EASIER FOR COME IN AND YOU KNOW THE BIGGEST PART THE BIGGEST CHALLENGE RIGHT NOW I'M NOT SURE IF DR. BERG HAVE ANYTHING CHANGED OR NOT BUT WHAT I SEARCH ANYWHERE ON THE WEBSITE YOU KNOW THE H1B VISA WE ALL HAD TO PAY 100,000 YOU KNOW THE AMA I TRY TO LOBBY LEGISLATURE IN THE IN THE STATE TO TRY TO EXAM THE PHYSICIAN TO BE UNDER THE H1B AND PAY \$100,000 FEE I DON'T FIND ANYWHERE THAT EXAM EVEN FOR PUBLIC HEALTH SIDE OF THE HOUSE THEY ARE IN THE IN THE TRAINING AND EDUCATIONAL SIDE BUT NOT ON THE CLINICAL SIDE YOU KNOW SO WE ALL HAVE TO PAY 100,000 AND TRUST ME IS IT'S VERY HARD FOR GOV GUAM IT'S OKAY BECAUSE ALL YOU DO IS JUST ASK FOR MORE FUND AND YOU CAN EXPAND 100,000 TAKE THE RISKS OF THE PHYSICIAN ARE GOOD OR BAD BUT FOR PRIVATE IF WE PAY A 100,000 FOR H1B VISA WE BETTER KNOW THE PHYSICIAN VERY WELL BECAUSE IF WE CANNOT AFFORD TO WASTE 100,000 EVERY TIME WE DO I KNOW I INCLUDED INTO THE SLIDE THERE THOSE EXCERPT FROM THE WEBSITE I TRIED TO GOOGLE TO SEE IF ANYONE EXAM AND DON'T SEEM LIKE ANYONE EXAM SO \$100,000 IS A LOT OF MONEY TO DO THAT SO BOTTOM LINE WE ALL SUPPORT THE ITP SIDE. WE JUST MAKE SURE THAT WE PUT SOME GUIDELINE IN THERE THAT VERY FIRM. SO IT'S NOT TO RESTRICT THEM TO COME IN IT'S JUST THAT TO MAKE SURE THAT THE QUALITY OF THE PHYSICIAN THAT WANT TO COME IN ARE SAFE FOR GUAM AND THAT'S ALL WE WANT TO DO. BUT AGAIN, IT'S A GREAT INCENTIVE FOR ANY ITP FROM ANY COUNTRY TO BE ABLE TO COME TO GUAM AND THE FIRST US TERRITORY TO GET THEIR LICENSE TO PRACTICE. AND WE DON'T WANT THEM TO BE RESTRICTIVE BECAUSE I'M TELLING YOU A GOOD PHYSICIAN WILL NOT COME TO A RESTRICTIVE ENVIRONMENT. THEY WANT TO COME AND PRACTICE, YOU KNOW, AN ENVIRONMENT WHERE THEY CAN MAKE SURE THEY PROVE THEMSELVES AND MAKE SURE THAT THEY HAVE THE OPPORTUNITY TO PRACTICE IN THE US. AND YES, I HEARD THE COMMENT OF PUBLIC HEALTH AND CONCERN ON LOSING THE ITP AFTER THEIR SUPERVISION PERIOD TO THE PRIVATE SIDE. MY COMMENT IS THAT WHO PAY FOR THAT? IT'S A TAXPAYER THAT PAY FOR THAT. WHO DOES ITP SERVE AFTER THEY DO THEIR PROVISIONAL STUFF? THEY SERVE THE PEOPLE OF GUAM. THE SAME PEOPLE THAT PUBLIC HEALTH AND THE PRIVATE SIDE ARE SERVING. SO YOU CONCERNED THAT WE ARE STEALING FROM THE GOVERNMENT SIDE. I THINK YOU FORGET WHO PAID THE BILL. IF FHP ARE BRING IN AN ITP AND THEY DON'T TREAT THE ITP WELL AND AMCSA PICK THEM UP, YES, IT'S CONCERN. BUT THE FOR THE GOVERNMENT SIDE, IT'S OUR TAXPAYER MONEY THAT BRING THE ITP. SO I'M NOT SURE THE CONCERN ARE VALID. THEY FORGOT WHERE THE MONEY COMING FROM AND THEY FOR WHO THEY SERVE TO. SO I WOULDN'T SAY THAT'S THE MAIN REASON THEN AND AGAIN THE SUPERVISORY ROLE I THINK THAT IT'S NOT TO SAY THAT THE PRIVATE SIDE DO BETTER THAN THE PUBLIC SIDE BUT PERSONALLY ON THE PRIVATE SIDE IF WE SUPERVISE SOMEONE OUR SUPERVISORY PHYSICIAN ARE FULLTIME YOU KNOW THEY WORK ALONG THE ITP FULL-TIME. IF I PICK UP PUBLIC HEALTH RIGHT NOW, I THINK MOST OF PHYSICIAN ARE NOT PHYSICIAN. THEY

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ARE NURSE PRACTITIONER, A MID-LEVEL PA, AND YOU CANNOT SUPERVISE IN THE PHYSICIAN. AND I DON'T THINK THEY HAVE A FULL-TIME SPECIALTY TO SUPERVISE. SO, I THINK THAT IT SHOULD BE OPEN UP TO BOTH PUBLIC AND PRIVATE. AGAIN, WE SERVE THE SAME ISLAND. NOT DIFFERENT YOU KNOW FROM POOR OR RICH INSURE UNINSURE WE SERVE THE SAME PEOPLE SO I WOULD MAKE THIS EQUIVALENT AND OPEN UP TO EVERYONE AND LET'S WORK TOGETHER AND MAKE IT SO ACCESS TO CARE FOR PEOPLE WHO WANT ARE IMPROVING RIGHT NOW WE REALLY NEED ANY PHYSICIAN TO COME IN TO DO THAT THANK YOU AND I STAND BY FOR ANY QUESTION.

SENATOR MATANANE

THANK YOU DR. HOA NGUYEN FROM AMC. WE STILL HAVE I BELIEVE ANOTHER INDIVIDUAL IN THE ZOOM. I BELIEVE I SAW DR. NATHANIEL BERG. HE IS THE CHAIR OF THE GUAM BOARD OF MEDICAL EXAMINERS. DR. BERG, WOULD YOU LIKE TO PROVIDE TESTIMONY?

DR. BERG

I WOULD.

SENATOR MATANANE

AND IF SO, PLEASE PROCEED. OKAY. SO, CHAIRWOMAN MATANANE AND MEMBERS OF THE COMMITTEE ON HEALTH AND VETERANS AFFAIRS AND SENATOR TAITAGUE AND OTHERS, I APOLOGIZE, BECAUSE THE CAMERA IS ON THE CHAIRWOMAN, SO I DON'T KNOW EVERYONE ELSE WAS THERE, BUT WHOEVER IS, THANK YOU VERY MUCH FOR, TAKING TIME TO ATTEND TODAY. SO I AM DR. NATHANIEL BERG, AND I'M COMING TODAY AS TO TESTIFY IN MY ROLE, AND CAPACITY AS THE CHAIR OF THE GUARD OF MEDICAL EXAMINERS. I WEAR A BUNCH OF OTHER HATS, BUT THAT'S REALLY WHAT I'M HERE FOR. I'M GOING TO TRY TO BE CONCISE AND ORGANIZED, BUT FORGIVE ME IF I VEER OFF A LITTLE BIT HERE AND THERE. SO THE PURPOSE OF THE EXISTING LAW, IT WAS IT WAS RATHER INTENTIONALLY DESIGNED AS A CONTROLLED PHASED PATHWAY INITIALLY LIMITED TO ONE MORE HOSPITAL AUTHORITY. THERE WAS A REASON WE DO WANT CENTRALIZED SUPERVISION, CONTROLLED CLINICAL EXPOSURE AND DIRECT ACCOUNTABILITY AND THAT SO THAT STRUCTURE IS ACTUALLY FOUNDATIONAL TO PATIENT SAFETY. IT'S WE DON'T FEEL LIKE THERE'S AN OPTION TO THAT OF HAVING CENTRALIZED SUPERVISION, CONTROLLED CLINICAL EXPOSURE AND DIRECT ACCOUNTABILITY. AND INDEED MY UNDERLYING POLICY NO MATTER WHAT WE DO AT THE GUAM BOARD OF MEDICAL EXAMINERS IS THAT WE OUR MISSION IS TO PROTECT THE PUBLIC AND THAT IS IN FACT WHAT THE FEDERATION OF STATE MEDICAL BOARDS FOR ALL BOARDS

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THE PRIMARY THING OBJECTIVE OF ALL BOARDS IS TO PROTECT THE PUBLIC. SO IN IF YOU'RE LOOKING AT THE SAFETY STRUCTURE, IF I'M GOING TO FOCUS ON THAT, IT'S THAT WE HAVE MULTI-LAYERED OVERSIGHT. WHEN THESE INTERNATIONALLY TRAINED PHYSICIANS START AT GOV GUAM HOSPITAL, IT'S EMBEDDED INTO THE ENTIRE SYSTEM. IT'S CONTINUOUS AND IT'S ACTUALLY MULTI-BRANCH. SO I'M NOT GOING TO SAY THAT I SHARE DR. NGUYEN'S FEAR THAT WHEN I LEAVE THE BOARD THAT THERE'LL BE A VEER FROM THE FOCUS ON PUBLIC SAFETY. I THINK THAT'S PART OF THE LEGISLATURE IS TO ENSURE THAT WHOMEVER YOU APPROVED TO BE ON THE GUAM BOARD OF MEDICAL EXAMINERS UNDERSTANDS THAT THAT'S THE PRIMARY ROLE BUT I UNDERSTAND WHAT HE'S SAYING IS THAT THINGS CAN CHANGE WITH ANY OF THE ORGANIZATIONS BUT THERE'S A MULTIBRANCH APPROACH WHEN WE KEEP IT WITHIN HOSPITAL SO CLINICAL AND OPERATIONAL OVERSIGHT YOU HAVE SOMETHING THAT'S NOT THERE AT OTHER IN PRIVATE SECTOR WHICH IS INTERNAL MEDICINE ARENA. IF YOU HIRE AN INTERNAL MEDICINE PHYSICIAN IN ITP, THE INTERNATIONALLY TRAINED PHYSICIAN TO WORK AT GMH, THEY HAVE A FIRST PLACE FOR THEM TO BE SCRUTINIZED AND TO BE OBSERVED ON A DAILY BASIS IS THE DEPARTMENT OF INTERNAL MEDICINE. SO THE OTHER PHYSICIANS WHO WORK IN THE DEPARTMENT OF INTERNAL MEDICINE WILL NECESSARILY OVERLAP WITH THESE PHYSICIANS. YOU HAVE THE MEDICAL DIRECTOR WHO HAS OVERSIGHT. YOU HAVE THE PRESIDENT OF THE MEDICAL STAFF WHO HAS OVERSIGHTS. THESE ARE THINGS THAT DON'T NECESSARILY EXIST AT PRIVATE PRACTICE FACILITIES. YOU HAVE REGULATORY OVERSIGHT, DIRECT COLLABORATION WITH THE GUARD OF MEDICAL EXAMINERS, NOT INDIRECT WHERE WE WOULD HAVE TO POTENTIALLY SUBPOENA THINGS. WE CAN INTERVENE WITHOUT SUBPOENA OR DELAY BECAUSE WE'RE WORKING DIRECTLY WITH ANOTHER GOV GUAM. UM WE'RE NOT EXACTLY AN AGENCY BUT COMPONENT OF GOV GUAM AND THAT WE'VE BEEN ABLE TO ALWAYS DO WITH GMH THAT WE CAN GET THE INFORMATION THAT WE NEED. YOU HAVE LEGISLATIVE OVERSIGHT. THE LEGISLATURE REMAINS THE AUTHORITY TO REVIEW, QUESTION AND EVEN INTERVENE IN SOME WAYS. THAT LAYER DOES NOT EXIST IN PRIVATE PRACTICE. YOU COULD CALL FOR AN EXECUTIVE FOR A LEGISLATIVE OVERSIGHT MEETING OR HEARING ANY TIME THAT YOU WANT FOR ANY OF US INCLUDING BALTIMORE HOSPITAL INCLUDING FOR THIS PROGRAM AND YOU ARE NOT GOING TO BE ABLE TO NECESSARILY BE ABLE TO DO THAT WITH A PRIVATE PRACTICE ENTITY. YOU HAVE EXECUTIVE OVERSIGHT. THE GOVERNOR AT LEAST UNDER THE ORGANIC ACT HAS THE AUTHORITY OVER PUBLIC HEALTH AND CAN INITIATE REVIEW OR ACTION AT ANY TIME. AND INDEED I SHOULD SAY THE DEPARTMENT OF PUBLIC HEALTH ADDS EVEN ANOTHER FURTHER LAYER OF BEING ABLE TO SCRUTINIZE THE PROGRAM AND TO SEE THAT THINGS ARE PROGRESSING WELL. SO THE KEY POINT THERE FOR PATIENT SAFETY IF THAT'S MY PRIMARY MISSION IS SAFETY OF THE PUBLIC IS THAT THIS IS A COORDINATED SYSTEM ACROSS CLINICAL REGULATORY LEGISLATIVE EXECUTIVE BRANCHES THAT YOU CAN'T REALLY REPLICATE IN PRIVATE PRACTICE. THERE'S NO LEGISLATIVE OVERSIGHT. THERE'S NO EXECUTIVE BRANCH OVERSIGHT. THERE IS NO CENTRALIZED SUPERVISION STRUCTURE. AT LEAST AT THE MOMENT AND EVEN WITH RULES THAT YOU COULD PROMULGATE MONITORING BECOMES RATHER OF THE PROGRAM THIS IS FRAGMENTED AND WOULD BE MORE REACTIVE AS OPPOSED TO WHEN IT'S

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WITHIN THE CONFINES OF GUAM HOSPITAL AND BUILDING THIS PROGRAM ENFORCEMENT OUTSIDE OF IT REALLY BECOMES THEORETICAL AND NOT PRACTICAL AND YET IT COULD BE MORE PROACTIVE WITHIN A BIGGER SYSTEM. SO TO CONCLUDE WITH THAT PART FOR THE SAFETY ASPECT, THE LEVEL OF OVERSIGHT CANNOT BE CREATED OUTSIDE OF GMH AT LEAST NOT NOW. AND I MIGHT SAY I WANT TO EMPHASIZE THAT WE WANT THIS TO EVENTUALLY BE AVAILABLE FOR THE PUBLIC. THIS IS JUST A WAY TO START AND DO SO SAFELY PROTECTING THE PUBLIC'S INTERESTS. AS MUCH AS I AGREE WITH DR. NGUYEN AND DR. SHIEH AND SAYING I DON'T KNOW OF ANY PLACE WHERE I WOULD HAVE CONCERN OF PHYSICIANS GOING OUT THERE AND BEING ABUSED. NO, THAT'S NOT THE ISSUE. THE ISSUE IS THAT INTERNATIONALLY TRAINED PHYSICIANS AND WHO KNOWS WHO COMES IN IN PRIVATE PRACTICE. IN FACT, HYPOTHETICALLY, A GROUP COULD COME IN AND SET UP JUST TO DO THIS BECAUSE IT'S FOR VARIOUS REASONS INCLUDING IT'S PROFITABLE BECAUSE THEY'RE MUCH CHEAPER. SO, INTERNATIONALLY TRAINED PHYSICIANS ARE INHERENTLY VULNERABLE. THEIR IMMIGRATION DEPENDENCE PUTS THEM IN THAT CATEGORY. THEY HAVE FINANCIAL PRESSURES ON THEM UNLIKE THOSE OF US WHO LIVE IN THIS COMMUNITY. THEY WOULD HAVE TO BE SUPPORTING THEIR FAMILIES ELSEWHERE. I DON'T MEAN ALL OF US, OF COURSE, BUT THEY WOULD ALL BE SUPPORTING FAMILIES OUTSIDE OF GUAM AND THEY'RE ISOLATED, RIGHT? MANY OF THEM ARE GOING TO COME AND BE LIVING ALONE UNTIL THEY SEE THAT THEY CAN. THEY'RE NOT GOING TO TRY TO MOVE THEIR FAMILIES HERE UNTIL THEY KNOW THAT THIS IS A SYSTEM THAT WILL WORK FOR THEM. PRIVATE PRACTICE RISKS INCLUDE AND AGAIN NOBODY ON GUAM I THINK IT CURRENTLY WOULD DO THIS BUT I WORRY ABOUT HOW IT COULD HAPPEN AND THIS IS NOT ME BEING ALONE IN THIS THE TERM INDENTURED SERVANT KEPT COMING UP WHEN WE WERE LOOKING AT THIS AT THE FSNB AND I WILL SAY THAT TREY BALDARZAR WHO IS THERE IN THE ROOM NOW I SAW HIM ON THE CAMERA AND MYSELF WHEN WE INITIALLY WENT WHEN WE WENT TO THE FIRST MEETING THAT THE FSNB HAD ON INTERNATIONALLY TRAINED PHYSICIANS AND HOW WE MIGHT BRING THIS TO FRUITION WITHIN VARIOUS JURISDICTIONS ALL TAILORED TO THE INDIVIDUAL JURISDICTION. THERE WAS GREAT CONCERN OVER COERCION THAT'S HOURS OF DUTIES UH UNSAFE CARE AND THE LIKE. FEAR OF TERMINATION AND DEPORTATION IS ABSOLUTELY GOING TO BE REAL WITH THEM. SO THAT THEY WON'T WANT TO SAY NO IF SOMEONE SAYS HEY WE NEED YOU TO STAY AN EXTRA COUPLE HOURS THE NEXT FEW WEEKS OR WE NEED YOU TO DO TO PRACTICE IN AREAS THAT THEY MAY NOT FEEL THAT THEY'RE READY TO DO SO AGAIN I DON'T WANT TO BE ACCUSED OF SAYING THAT I'M SAYING ANYBODY ON GUAM BUT I'M SAYING THAT'S A FEAR THAT WAS NATIONWIDE WAS OF THEIR RISK OF BECOMING SO-CALLED INDENTURED SERVANTS IT'S NOT EXACTLY BUT I THINK EVERYONE KNOWS WHAT I'M SAYING IF YOU'RE IN GMH ON THE OTHER HAND, YOU HAVE THE PRESIDENT OF THE MEDICAL STAFF. YOU HAVE THE PRESIDENT OF YOUR OWN DEPARTMENT. YOU HAVE THE MEDICAL DIRECTOR AND YOU HAVE OF COURSE THE CHIEF EXECUTIVE OFFICER WHO I MIGHT SAY IS A BOARD-CERTIFIED AND TEACHING PHYSICIAN. THAT'S NOT THEY DON'T NOT EXIST AT GUAM AT GMH. SO, THE GMH ENVIRONMENT ALLOWS FOR MORE INDEPENDENT REPORTING PATHWAYS. IT ALLOWS FOR OTHERS TO SEE THAT ITPS MIGHT BE IN A VULNERABLE

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SITUATION AND ALLOWS FOR INSTITUTIONAL PROTECTION, NOT JUST PRIVATE PRACTICE PROTECTION. AND THERE'S MORE LIKELY TO BE VISIBILITY ACROSS DEPARTMENTS AND LEADERSHIP. AGAIN, NONE OF THESE ARE THE EACH ONE OF THEM BY ITSELF DOESN'T NECESSARILY ADD IS THE PRIMARY REASON. IT'S THE WHOLE THING. SO THIS PROTECTS BOTH PATIENTS THE ORIGINAL BILL PROTECTS BOTH PATIENTS AND PHYSICIANS THEMSELVES. THE PUBLIC PRIVATE MANDATE. WELL OKAY SO GMH MUST TREAT EVERY SINGLE PATIENT. THEY CANNOT REFUSE CARE TO ANYBODY IF THEY OPERATE UNDER A PUBLIC HEALTH OBLIGATION. IF A FACILITY SAID WE WILL NOT TURN A SINGLE PATIENT AWAY. WE WILL CONTINUE TO ALLOW THEM TO COME AND SEE US WHETHER THEY CAN PAY CO-PAYS, WHETHER THEY CAN PAY DEDUCTIBLES, AND THEY WILL ALWAYS WELCOME THEM BACK. MAYBE WE'D BE THINKING ABOUT SOMETHING DIFFERENT, RIGHT? IT IS THEIR REAL PARODY IF YOUR OBLIGATION IS TO SERVE EVERY SINGLE PERSON WALKS THROUGH THE DOOR OR IN PRIVATE PRACTICE, YOU CAN HAVE SELECTIVE PATIENT ACCEPTANCE. I APPLAUD DR. NGUYEN AND AMC FOR TAKING MEDICAID PATIENTS. THEY DO, BUT THEY DON'T HAVE A UNIVERSAL OBLIGATION TO DO SO. AND SO, AS MUCH AS YOU CAN SAY, I LEAVE THE BOARD AND THINGS COULD CHANGE, AMC CAN CHANGE THEIR POLICY AS WELL, RIGHT? SO, IT'S NOT AN OBLIGATION VERSUS IT'S AN OBLIGATION AT GMH. SO, THERE ISN'T REAL PARITY BY SAYING THEY CAN GO OUT AND PRACTICE EVEN AT A NONPROFIT ORGANIZATION. THEY DON'T HAVE TO TAKE EVERY SINGLE PERSON AND I DON'T THINK ANY OF THEM DO WITHOUT THE ABILITY TO PAY ANY THEY PATIENTS WHO DON'T PAY AT ALL WHO CANNOT PAY THE POOREST OF THE POOR THE NEEDIEST OF THE NEEDIEST IN OUR COMMUNITY. SO TO SAY THAT IT'S NOT SERVING OUR COMMUNITY, THIS SERVES EVERY SINGLE MEMBER OF OUR COMMUNITY. ANYBODY CAN GO AND BE SEEN AT GMH, THAT IS NOT TRUE ANYWHERE ELSE. AGAIN, THEY MAY OTHERS MAY SAY THEY DO SEE EVERYBODY. WE DO AT GRC, BUT IT'S STILL NOT PARITY. WE'RE NOT OBLIGATED TO DO SO, RIGHT? SO IT DOESN'T EXIST, AND I WOULD SAY IT'S FAIR TO SAY THEY IT CAN'T EXIST BETWEEN THESE SYSTEMS. IT'S THEY AREN'T PARODY. THEY'RE PARALLEL. THEY WORK TO SERVE OUR COMMUNITY. I'M IN PRIVATE PRACTICE, BUT I SEE THAT THE PUBLIC HEALTH SYSTEM IS SOMETHING VERY DIFFERENT. SO NOW I WANT TO TAKE TALK A LITTLE BIT ABOUT FOUNDATIONAL REALITY HERE, MEANING THAT WE REQUIRED SPECIALIZED EXPERTISE IN LOOKING AT THIS. SO THE FSMB JUST SO PEOPLE UNDERSTAND WHAT THE FEDERATION OF STATE MEDICAL BOARDS IS. THE GUAM BOARD IS ONE OF ABOUT 60ISH BOARDS BECAUSE OF IT'S NOT ALL STATES OF COURSE IT'S TERRITORIES AND SOME STATES LIKE CALIFORNIA HAVE BOARDS FOR THEIR DOS AND ONE BOARD FOR THEIR MDS. SO THEY'RE LIKE 67 BOARDS OR SOMETHING. THEY UNIFY THE WAY LICENSURE IS DONE WITHIN THE US ALLOWING FOR SOME DEGREE OF LAXITY NO OR VARIATION FOR THE INDIVIDUAL COMMUNITY. SO THE WAY LICENSING IS DONE IN ALASKA IS NOT GOING TO BE THE SAME AS IT'S DONE IN FLORIDA OR NEW YORK AND WYOMING. SMALLER BOARDS OR VIRGIN ISLANDS THEY'RE GOING TO BE COMPLETELY DIFFERENT AND WE'RE DIFFERENT. RECOGNIZING THAT THE FEDERATION OF STATE MEDICAL BOARDS TRIES TO KEEP THINGS RELATIVELY UNIFORM. SO WE HAVE THE INTERSTATE MEDICAL LICENSURE COMPACT BECAUSE WE CAN ALL AGREE UPON CERTAIN BASICS OF LICENSURE. SO HERE THOUGH THIS HAS TO BE TAILORED TO THE INDIVIDUAL COMMUNITY MUCH

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MORE SO THAN PROBABLY ANYTHING THE FSMB HAS EVER HAD TO DO. THUS THE REASON THAT AS DR. SHIEH WAS READING THE 19 STATES THAT HAVE ALREADY PASSED LEGISLATION. THEY'RE INCREDIBLY DIFFERENT, BUT WE WANTED TO TAILOR IT AND WE WANTED ADVICE. SO, WHEN I REACHED OUT TO THE FSMB AND SAID, "CAN YOU HELP US WITH THIS PROCESS?" THEY IMMEDIATELY SAID, "WELL, IN ORDER TO DO SO, WE HAVE TO GO TO GUAM AND MEET THE PEOPLE WHO ARE INVOLVED IN THIS. WE NEED TO GO TO THE FACILITIES THAT ARE INVOLVE AND SEE WHAT WE UH FEEL WOULD BE THE BEST WAY TO PURSUE IT." AND THEY GIVE US INCREDIBLE ADVICE. THEY ALLOWED US ACCESS TO I MEAN THE EXPERTS THE THESE ARE THE THIS IS AGAIN THE NATIONAL AUTHORITY ON PHYSICIAN LICENSURE AND REGULATION UNQUESTIONABLE THEIR MISSION IS ALIGNED WITH PUBLIC PROTECTION AND THEY DIDN'T JUST GIVE CASUAL ADVICE THEY COMMITTED THE RESOURCES AS I MENTIONED THEY CAME OUT HERE BUT WHO CAME OUT HERE THE PRESIDENT OF THE FEDERATION STATE MEDICAL BOARDS AGAIN THAT'S THE SUPERVISING BOARD FOR OVER 1 MILLION PHYSICIANS ALL LICENSED PHYSICIANS ULTIMATELY FALL UNDER THE FSMB THE BOARD CHAIR CAME OUT WHO'S ALSO THE CHAIRMAN OF THE MEDICAL BOARD OF MASSACHUSETTS WHO PASSED THE MOST RECENT LEGISLATION WHICH LOOKED AT ALL THOSE THAT EXISTED AND THE SENIOR LEGISLATIVE AND LEGAL EXPERT WAS IN NORTH CAROLINA. THEN THEY SAID WHY DON'T YOU HAVE SOME WORK WITH THE NORTH CAROLINA SOME WORK WITH THE MASS EXPERTS AND THEN WE'LL COMBINE THEM AND LOOK AT HOW IT WOULD BE BEST APPLIED IN GUAM AND THAT'S WHAT WE FOLLOWED. SO WE DESIGNED A SYSTEM THAT IS APPROPRIATE FOR GUAM. THE PROTOCOLS, THE GUIDE IMPLEMENTATION, THEY WERE REVIEWED BY A LARGE NUMBER OF PEOPLE AND I GOT TO SAY THIS IS THE RIGHT WAY TO DO IT. MAYBE I CAN SAY WITH SOME PERSONAL EXPERIENCE WHEN I BROUGHT BREAST MRI TO GUAM THAT WAS A BRAND NEW TECHNOLOGY RELATIVELY, BUT IT CERTAINLY WAS BRAND NEW FOR GUAM. I DIDN'T ASSUME THAT MY READING ARTICLES WAS GOING TO BE SUFFICIENT. I DIDN'T ASSUME THAT GOING TO A COURSE OR TWO WAS GOING TO BE SUFFICIENT. I BROUGHT IN A DEDICATED EXPERT IN BREAST MRI WHO DESIGNED THE PROTOCOLS, GUIDED THE IMPLEMENTATION AND REVIEWED HUNDREDS OF CASES TO ENSURE THAT WE HAD ACCURACY AND TO MAKE SURE THAT OUR PROGRAM WAS DOING WHAT IT'S SUPPOSED TO DO. SO I HAD EXPERT GUIDANCE, NOT ASSUMPTIONS. AND I CAN SAY HONESTLY WE DID THE SAME THING HERE LISTENING TO THE FSMB AND FOLLOWING THEIR ADVICE. AND BY THE WAY, THE REASON I'M ON ZOOM IS I JUST WENT WITH DR. GALGO TO THE FEDERATION OF STATE MEDICAL BOARDS NATIONAL MEETING. WE EXPLAINED WHAT WAS GOING ON AND THEY STRONGLY ADVISED THAT WE STICK TO ONE MORE SYSTEMATIC APPROACH TO BRINGING THEM IN. THAT IS THAT WE USE THE PUBLIC HEALTH SYSTEM AT LEAST INITIALLY. NOBODY IS SAYING THAT WE CAN'T EVENTUALLY HAVE THESE PROGRAMS WORK OUT PRIVATE PRACTICE, BUT WE NEED TO BUILD EXPERIENCE AND DATA FIRST. WHAT ONE OF THEM SORT OF GAVE ME AS SOMETHING TO THINK ABOUT IS HE SAID OPENING IT UP IN THE WAY THAT THEY'RE DOING IT NOW IS LITERALLY LIKE TAKING A BRAND NEW DRIVER, A 16-YEAR-OLD OR AN 18-Y OLD DRIVER AND SAYING, "WELL, WE KNOW YOU NOW HAVE YOUR LICENSE. NOW, NOW GO OUT ON THE HIGHWAY AND DRIVE 75 MILES PER HOUR OR 55, WHATEVER THE SPEED LIMIT IS IN ANY PLACE." IT'S

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JUST NOT RIGHT. AND EQUALLY SOMEONE COMPLETELY UNRELATED SAID IT'S LIKE TAKING SOMEBODY WHO HAS CRUTCHES WHICH IS THEY CAN'T THE EQUIVALENT OF SAYING THEY CAN'T COME AND PRACTICE IN THE US. TAKING THEM AWAY AND THEN SAY NOW GO RUN. YOU HAVE TO LET THEM TAKE A WAY OVERUSED BUT THIS IS THE ACTUAL LANGUAGE FROM THE PRESIDENT OF THE BOARD SAID YOU HAVE TO TAKE BABY STEPS HERE. YOU HAVE TO CONSIDER THIS IS A BABY LEARNING TO WALK. IT'S BRAND NEW. SO HE KIND OF DISAGREED WHEN I GAVE HIM THE COMPARISONS OF THE CAR AND THE CRUTCHES. HE SAID, "NO, NO. THIS IS SOMEBODY WHO'S NEVER WALKED BEFORE. THIS PROGRAM HAS NEVER BEEN IMPLEMENTED. TAKE BABY STEPS BEFORE YOU EVEN TRY TO WALK." SO SAYING KEEP IT COMBINED TO ONE FACILITY, KEEP IT CONFINED TO PRIMARY CARE. SO IT'S NOT ABOUT WHETHER WE EXPAND, WE INTEND TO. THAT'S BUILT IN THAT WE WANT TO HAVE THIS SO IT EVENTUALLY SERVES EVERY MEMBER OF THE COMMUNITY BUT RIGHT NOW IT WILL SERVE EVERYBODY THROUGH GMH. BUT I DON'T THINK YOU SHOULD TAKE A SYSTEM THAT HAS NEVER OPERATED BEFORE AND IMMEDIATELY EXPAND IT INTO THE MOST COMPLEX FORM WHICH IS JUST LETTING EVERYBODY DO IT. I ALSO TAKE INTO ACCOUNT WHAT UH BRIANA SAID THAT THEY THE WHAT SHE SAID- ON BEHALF OF DIRECTOR ARRIOLA WHICH IS WE DON'T HAVE THE RESOURCES RIGHT NOW TO BE ABLE TO MONITOR EVERY PROGRAM AND ONCE WE DO THIS THERE'S NOTHING STOPPING PRIVATE COMPANIES FROM COMING IN AND JUST HIRING ITPS AND SOMEBODY TO SUPERVISE THEM. RAPID EXPANSION SIGNIFICANTLY INCREASES THE RISK OF FAILURE AND PATIENT HARM. THAT'S WHY I DON'T LIKE IT. SO, AGAIN, I DON'T THINK WE HAVE THE RESOURCES RIGHT NOW TO MONITOR. WE DON'T HAVE THE PERSONNEL TO DO IT. WE DON'T HAVE THE MONITORING INFRASTRUCTURE. WE DON'T HAVE THE ENFORCEMENT CAPACITY TO BE ABLE TO DO IT. THERE'S NO REALISTIC WAY THAT THIS, OVERSIGHT THAT WE HAVE WELL BUILT INTO THE SYSTEM CROSSES, INTO PRIVATE PRACTICE. BY THE WAY, THE IDEA THAT THEY DON'T HAVE TO PASS THE UNITED STATES MEDICAL LICENSURE EXAMINATION, THAT'S NOT TRUE. IT'S BUILT RIGHT IN THERE. THEY MUST PASS PART THREE BEFORE THEY CAN IF YOU WANT TO SAY GRADUATE FROM THIS PROGRAM TO PASS PART THREE YOU HAVE TO PASS PARTS ONE AND TWO. OKAY. SO WHAT DOES THAT MEAN? BECAUSE I'M GOING TO PRESUME THAT THAT'S NOT SOMETHING SO EASY TO UNDERSTAND AND SO I DON'T JUST WANT TO SAY IT. I WANT TO EXPLAIN IT BECAUSE YOU'VE HEARD IT NOW FROM SEVERAL PEOPLE. STEP ONE IS BASICALLY LEARNING THE BASICS OF SCIENCE IN IN MEDICINE AND SHOWING THAT YOU HAVE THE BASICS UNDERSTOOD. STEP TWO IS THAT YOU UNDERSTAND THE CONCEPT OF CLINICAL PRACTICE AND STEP THREE IS REALLY THAT YOU SHOW THAT YOU UNDERSTAND CLINICAL PRACTICE. YOU CAN'T TAKE STEP THREE WITHOUT PASSING PARTS ONE AND TWO. TO GET PEOPLE TO COME TO THE US, PASSING PARTS ONE AND TWO HAS BEEN AN OBSTACLE. BECAUSE IT WOULD BE A BIT LIKE TAKING ANY OF YOU AND SAYING NOW GO BACK AND PASS A TEST ON AMERICAN HISTORY. I THINK WE ALL HAVE UNDERSTANDINGS OF THE FUNDAMENTALS OF AMERICAN HISTORY, BUT TO COME BACK AND BE ABLE TO PASS A TEST REGARDING SPECIFIC DATES AND WHAT ASPECTS OF CONSTITUTION AND WHICH STATES CAME IN FIRST AND ALL THAT. THAT'S MAYBE A GOOD COMPARISON OR GO BACK AND PASS AND TAKE AN SAT TEST. THEY DON'T WANT TO DO IT. THEY SAY, "I'VE ALREADY

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BEEN PRACTICING IN AS AN OB. I'VE ALREADY BEEN PRACTICING INTERNAL MEDICINE FOR 10 YEARS." AND WE TELL THEM, OKAY, YOU CAN COME, BUT YOU EVENTUALLY HAVE TO PASS IT. SO, THEY HAVE TO DEDICATE THEMSELVES TO PASSING PARTS ONE AND TWO BECAUSE THEY HAVE TO PASS PART THREE. WE SEE THAT AS AN INCENTIVE FOR THEM TO COME INTO OUR SYSTEM VERSUS GOING TO OTHER PROGRAMS. THEY EVENTUALLY HAVE TO PASS IT AND THEY ALREADY HAVE AT LEAST 5 YEARS OF EXPERIENCE AFTER TRAINING. SO, WE SEE THIS AS VERY REASONABLE, BUT PLEASE DON'T THINK THAT WE DON'T HAVE TO PASS THE EXACT SAME TESTS THAT WE ALL TOOK, THE PARTS ONE, TWO, AND THREE OF THE NATIONAL STANDARDIZED TESTS. SO, THAT'S NOT EXACTLY TRUE. ALSO THIS IDEA OF DIFFERENT LICENSES, THAT'S NOT DISCRIMINATION. IT IS ABSOLUTELY NOT WHAT THE AMA MEANT BY THAT YOU DON'T DISCRIMINATE AGAINST PHYSICIANS. THE AMA AND FSMB WELL UNDERSTAND THAT THERE ARE DIFFERENT CATEGORIES OF LICENSURE PROVISIONAL LICENSES PEOPLE CAN BE ON TEMPORARY TRAINING LICENSES THERE ARE ALL SORTS OF DIFFERENT SUBCATEGORIES OF LICENSES THAT IS NOT DISCRIMINATION IT'S GIVING PEOPLE APPROPRIATE LICENSES FOR THEIR DOCUMENTED LEVEL OF EXPERIENCE TRAINING AND COMPETENCY SO THAT IS NOT TRUE THAT WE THAT ANYBODY CONSIDERS US DISCRIMINATING AGAINST PEOPLE BY PROVIDING DIFFERENT LEVELS OF LICENSURES. I MEAN, YOU GOT TO THINK ABOUT THIS THAT THE FSMB HAS BEEN VERY ACTIVELY INVOLVED IN WHAT WE'RE DOING. PRIVATE EXPANSION, BY THE WAY, I KNOW DR. WYN WOULD SAY THAT IT'S MAYBE THAT EVERYBODY CAN DO IT, BUT THE REALITY IS IT WOULD BENEFIT LARGE PRIVATE ENTITIES, WHICH MAY COME TO GUAM. YOU'RE RISKING THAT HAPPENING. BUT LARGE PRIVATE ENTITIES WOULD BENEFIT. IT WOULD FOR ALL INTENTS AND PURPOSES EXCLUDE SMALLER SOLO PRACTICES AND THAT WOULD LEAD TO A MARKET IMBALANCE. IT'S UNFAIR COMPETITION. EVEN IF YOU WERE ALLOWED TO RADIOLOGISTS, IT REALLY WOULDN'T BE FAIR IF THE LARGEST CLINICS SUCH AS MY OWN WOULD BE ABLE TO BRING THEM IN AND OTHERS WOULDN'T HAVE THE EXPERIENCE, CAPACITY, STAFFING TO BE ABLE TO DO THAT. SO I THINK IT WOULD BRING IN A RATHER UNFAIR ASPECT TO PRIVATE PRACTICE AS WELL. THEORETICAL BUT I THINK EVERYBODY KNOWS WHAT I'M SAYING THE LARGER ENTITIES COULD DO IT THE SOLO PEOPLE COULD NOT CONFLICT OF INTEREST BY THE WAY IF YOU WANT TO SAY THAT I'M SAYING WHAT I'M SAYING THAT THERE'S ANY CONFLICT I WOULD SAY THAT THE PERSON SPEAKING RIGHT NOW IS THE PERSON WHO WOULD BENEFIT I WOULD SAY SO THE MOST BUT I WOULD BENEFIT SIGNIFICANTLY FROM EXPANSION INTO PRIVATE PRACTICE AND TO NON PRIMARY CARE SPECIALTIES THE REASON BEING THAT PROBABLY MY SPECIALTY, RADIOLOGY, HAS THE BIGGEST DIFFERENCE IN SALARIES IN THE US VERSUS FOREIGN SALARIES. I MEAN, YOU'RE TALKING SOME OF THEM ARE NINE TIMES AS MUCH. SO, I COULD HIRE FOUR OR FIVE INTERNATIONALLY TRAINED PHYSICIANS FOR THE SAME AS I WOULD PAY FOR A US-BASED AND TRAINED PHYSICIAN. YET, I OPPOSE IT FOR PATIENT SAFETY, PROPER SUPERVISION, THAT THOSE THINGS OUTWEIGH SOME SORT OF FINANCIAL INCENTIVE. RIGHT. SO, ALL RIGHT, I'LL CLOSE BECAUSE I'VE JUST COVERED EVERYTHING I WANT. THIS IS NOT OPPOSITION TO PROGRESS. IT'S NOT OPPOSITION TO EXPANDING IT EVENTUALLY, BUT WE NEED A CONTROLLED IMPLEMENTATION, SAFETY,

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AND RESPONSIBLE EXPANSION. SO, I'LL CLOSE IT BY SAYING WE'RE NOT SAYING NO. WE'RE SAYING NOT YET AND NOT THIS WAY AND THAT'S IT. AND I'LL STICK AROUND IN CASE ANYBODY HAS ANY QUESTIONS.

SENATOR MANIBUSAN

THANKS, DR. BERG. NEXT ON THE LIST, WE HAVE DR. EDISON MANOLOTO FROM GRMC.

DR. MANALOTO

Hafa Adai, my name is Dr. Edison Manaloto. I'm currently the Chief Medical Officer at the Guam Regional Medical City. Hafa Adai, Honorable Chair, Members of the Committee, Senators, I respectfully submit testimony in strong support of Bill 302-38. As a physician executive with a background in healthcare finance, policy, and human resources, I focus on seeking system level solutions to complex healthcare issues, including the one before us, which is the critical shortage of physicians across the island. As such, I view this legislation as a necessary and thoughtful policy refinement to the recently enacted Public Law 38-107. Public Law 38-107 was a deliberate intervention designed to address a critical shortage of physicians within government of Guam funded health care facilities through a targeted service based licensure pathway. However, in doing so, the enacted law creates unintended consequences, particularly with three specific areas warranting measured refinement. We all agree with the spirit and intent of Public Law 38-107. There's many roads to Rome, but the proposed changes in contained within 302-38 seeks to avert a lot of those deficiencies that I will spell out in detailed. Number one, system level impact. Addressing inter hospital operational imbalance. One of the unintended consequences of Public Law 38-107 is the asymmetric distribution of physician resources across the health care system. By design, the law constrained internationally trained physicians to government settings. While this protected public sector capacity, it will introduce operational inefficiencies across the broader health care ecosystem. And what do efficiencies translate to? They translate into layman's term delays and higher costs. Who bears these higher costs? Patients, taxpayers. In an especially resource constrained practice environment, Guam's health care system cannot and must not operate in silos. Public and private institutions function as a single interdependent delivery system, particularly in areas of disaster response and surge management. We saw that with Typhoon Sinlaku. It's the private clinics, the public entities, everybody working together to restore the island. Therefore, a policy framework through our laws should foster seamless integration and coordination. When more force expansion

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IS CONFINED IN ONE SEGMENT OF THE SYSTEM, IT CREATES DOWNSTREAM CONSTRAINTS EVERYWHERE ELSE, CREATING UNNECESSARY ADMINISTRATIVE AND LEGAL CONSTRAINTS INTO THE DELIVERY OF CARE. WE WANT THE DOCTORS TO DO THE RIGHT THING AND THE BUREAUCRATS TO GET OUT OF THE WAY, MYSELF INCLUDED. BILL 302-38 APPROPRIATELY ADDRESSES THIS BY ALLOWING INTEGRATION OF INTERNATIONALLY TRAINED PHYSICIANS ACROSS BOTH PUBLIC AND PRIVATE HEALTHCARE SETTINGS. THIS IS NOT SIMPLY A WORKFORCE ISSUE. IT IS A SYSTEM OPTIMIZATION STRATEGY THAT IMPROVES THE OVERALL CAPACITY, EFFICIENCY, AND PATIENT FLOW ACROSS GUAM. NUMBER TWO, WORKFORCE SUSTAINABILITY. MOVING FROM A RESTRICTED PATHWAY TO A CONTINUUM. PUBLIC LAW 38-107 ESTABLISH A LIMITED SERVICE BOUND LICENSURE PATHWAY WITH NO DIRECT MECHANISM FOR FULL PROFESSIONAL INTEGRATION INTO THE BROADER HEALTHCARE WORKFORCE. WHILE THIS ENSURED ALIGNMENT WITH PUBLIC SECTOR NEEDS, IT ALSO INTRODUCES LONG-TERM SUSTAINABILITY CONCERNS. FROM A WORKFORCE PLANNING STANDPOINT, RECRUITMENT WITHOUT A CLEAR ATTAINABLE PATHWAY TO FULL LICENSURE CREATES REDUCED COMPETITIVENESS IN ATTRACTING HIGH CALIBER PHYSICIANS. WE WANT THE BEST OF THE BEST TO TAKE TO TAKE CARE OF OUR PEOPLE AND THE ISLAND, NOT THE BEST OF THE WORST. RETENTION CHALLENGES THEREFORE WILL ENSURE ENSUE DUE TO PROFESSIONAL CEILING EFFECTS AND ADMINISTRATIVE INEFFICIENCIES IN CREDENTIALING AND WORKFORCE PLANNING. BILL 302-38 STRENGTHENS THIS FRAMEWORK BY INTRODUCING A STRUCTURED PROGRESSION MODEL FROM PROVISIONAL LICENSURE TO COMPETENCY BASED ADVANCEMENT. THIS ALIGNS GUAM WITH EMERGING NATIONAL APPROACHES AND ENSURES THAT INTERNATIONALLY TRAINED PHYSICIANS ARE NOT MERELY TEMPORARY SOLUTIONS BUT INTEGRATED CONTRIBUTORS TO THE HEALTH CARE SYSTEM OVER TIME. IN IMPLEMENTING A PROGRAM LIKE THIS, WE ARE INVESTING A SIGNIFICANT AMOUNT OF TIME AND RESOURCES AND THEREFORE WE SHOULD REAP THE DIVIDENDS OF THESE RESOURCES THAT WE INVEST. IMPORTANTLY, THIS BILL MAINTAINS RIGOR THROUGH REQUIREMENTS SUCH AS EC FMG CERTIFICATION WHICH IS I WOULD SPEAK FOR ANYONE ELSE SPEAKING ON THIS TABLE. I'M PROBABLY THE ONLY ONE WHO WENT THROUGH THIS PATHWAY. SO I KNOW IT CLEARLY AND DEARLY SINCE I DID GO THROUGH IT BEING A FOREIGN MEDICAL GRADUATE MYSELF. STANDARDIZED EXAMINATIONS AND SUPERVISED CLINICAL EVALUATION ALIGN WITH ACGME PRINCIPLES. THIS ENSURES THAT WORKFORCE EXPANSION DOES NOT COMPROMISE CLINICAL STANDARDS. POINT NUMBER THREE, POLICY BALANCE. EXPANDING ACCESS WHILE PRESERVING STANDARDS. BOTH PUBLIC LAW 38-107 AND BILL 302-38 SHARE A COMMON POLICY OBJECTIVE WHICH IS EXPAND ACCESS TO MEDICAL CARE. BILL 302-38 BUILDS ON THIS BY MAINTAINING THESE SAFEGUARDS THROUGH WHILE INTRODUCING GREATER FLEXIBILITY AND SCALABILITY THROUGH CONTINUED RELIANCE ON STANDARDIZED CREDENTIAL EXAMINATION SPECIALTY AND I KNOW DR. SHIEH HAD HIGHLIGHTED SPECIFIC SCOPE OF PRACTICE. ALTHOUGH WE ARE ALL CALLED DOCTORS, NOT ALL DOCTORS ARE THE SAME. AND IT IS ONLY PEERS THAT CAN EVALUATE OTHER PEERS. I HAVE OUR NEUROSURGEON HERE, DR. DULABAN. HE IS A NEUROSURGEON. I AM AN INTERNIST. WE HAVE DIFFERENT SCOPES OF PRACTICE. IN ORDER TO EVALUATE THE COMPETENCY OF A NEUROSURGEON,

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YOU NEED ANOTHER NEUROSURGEON AND NOT AN INTERNIST EVALUATING THEM. AND ONGOING EVALUATION AND DISCIPLINARY OVERSIGHT. FROM A GOVERNANCE PERSPECTIVE, THIS REFLECTS A BALANCED REGULATORY APPROACH, ONE THAT RECOGNIZES THE REALITIES OF WORKFORCE SHORTAGES WHILE PRESERVING THE INTEGRITY OF MEDICAL PRACTICE CONSISTENT WITH US STANDARDS. THE OPERATIVE WORD IS US STANDARDS AND WE ARE SEEKING FOR A STRUCTURED PATHWAY OF EQUIVALENCY. FINALLY, I CAN'T IGNORE THE ACCOUNTANT IN ME. I WANT TO EMPHASIZE THE IMPORTANCE OF ENSURING AN APPROPRIATE FUNDING MECHANISM TO SUPPORT THIS POLICY. WE ALL WANT THIS TO SUCCEED, BUT IN ORDER FOR IT TO SUCCEED, YOU HEARD THE HLLO BOARD. THEY NEED THE RESOURCES.WE HAVE TO ENSURE THAT THIS DOES NOT BECOME ONE OF OUR OTHER UNFUNDED MANDATES. AND THE PROGRAM FAILS, NOT BECAUSE IT'S NOT A GOOD IDEA, BUT BECAUSE IT LACKS THE RESOURCES NEEDED TO SUCCEED. WORKFORCE EXPANSION MUST BE MATCHED WITH SUSTAINABLE FINANCING THROUGH DEDICATED FUNDING MECHANISMS TO ASSIST AN ALREADY CONSTRAINED SYSTEM POLICY WITHOUT FUNDING RISKS ALIGNMENT RISKS UNDER PERFORMANCE AND IMPLEMENTATION. AND ON BEHALF OF THE GUAM REGIONAL MEDICAL CITY, WHICH I REPRESENT TODAY, I RESPECTFULLY EXPRESS MY STRONG SUPPORT FOR THIS MEASURE. AND I JUST ALSO WANTED TO COMMENT ABOUT THE PROCESSES THAT'S IN PLACE. AND FOR PEOPLE WHO DO NOT UNDERSTAND WHAT IS MEANT BY ACCREDITATION, CMS ACCREDITATION AS WELL AS JOINT COMMISSION. OUR PRIVATE HOSPITAL HAS BEEN THRICE REACCREDITED. ONE INITIAL ACCREDITATION AND THREE ACCREDITATION CYCLES. IN OUR MOST RECENT REACCREDITATION CYCLE, THEY LOOK AT ALL ASPECTS OF THE HOSPITAL AND ITS PROCESSES. ONE OF THEM IS MEDICAL STAFF CREDENTIALING AND GOVERNANCE. AND I WOULD THIS IS A PARTICULAR SOURCE OF PRIDE OF MINE BECAUSE IN THE MOST RECENT SURVEY WE HAD WE HAD ZERO CITATIONS ZERO CITATIONS IN OUR PROCESSES AND HOW WE CREDENTIAL VERIFY AND ONBOARD OUR PHYSICIANS AND THAT'S AN EXCEPTIONALLY PROUD THING TO SAY COMING FROM THE JOINT COMMISSION AND THAT IT'S A SEAL OF APPROVAL ABOUT OUR PROCESSES AND HOW WE EXERCISE HOW WE CREDENTIAL PHYSICIANS ON BOARD THEM AND HAVE A GOVERNANCE STRUCTURE IN PLACE. SI YUUS MAASE THANK YOU.

SENATOR MANIBUSAN

THANK YOU, DR. EDISON. DR. SCOTT, FROM GRMC.

DR. SCOTT

YES, I'M DR. SCOTT. I'M A NEUROSURGEON, WORKS PRIMARILY AT GRMC. I'VE DONE OCCASIONAL WORK AT THE OTHER BUT IN GENERAL NEUROSURGERY IS ESSENTIALLY BASED AT GRMC BECAUSE OF THE STROKE PROGRAM IN ITS NEED TO HAVE A NEUROSURGEON AVAILABLE TO TAKE CARE OF STROKES

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THAT COME IN THAT ARE HEMORRHAGIC AND SO FORTH. THERE IS NOT AN EQUIVALENT PROGRAM AT GMH AND THERE'S NOT AN EQUIVALENT NEUROSURGERY COVERAGE AT GMH FOR THAT KIND OF PROCEDURE. IN ORDER TO GET ANOTHER NEUROSURGEON IN, WHICH I'D LIKE TO DO, WE'VE TRIED FOR 3 YEARS, THREE AND A HALF YEARS TO RECRUIT. IT'S BEEN VERY DIFFICULT TO FIND ANYONE QUALIFIED THAT WE REALLY WANT TO HAVE ON STAFF. I THINK THAT OPENING OUR PROCESS UP TO ALLOWING US TO LOOK AT USING THE INTERNATIONAL PROGRAM. NEUROSURGERY IS 6 TO 8 YEARS OF RESIDENCY AFTER MEDICAL SCHOOL. IN ORDER TO BE A GENERAL NEUROSURGEON IN THE UNITED STATES, IF YOU'RE TRAINED IN SOME OTHER COUNTRY THAT'S AN ACCEPTABLE SUCH AS GERMANY OR LONDON AND ENGLAND OR YOU HAVE TO REPEAT YOUR NEUROSURGERY RESIDENCY TO BE A AND SO THE IDEA THAT WE COULD USE NEUROSURGEON WHO'S BOARD CERTIFIED AT YOU KNOW A GREAT INSTITUTION LIKE THE KAROLINSKY INSTITUTE IN SWEDEN OR SOMETHING LIKE THAT AS A PERSON SUPERVISE THEM FOR TWO YEARS WORKING DIRECTLY WITH THEM MUCH AS IF THEY WERE A RESIDENT FELLOW I THINK WOULD REALLY THE CHANCE FOR US TO GET MORE HELP. IT REALLY IS EXCEEDINGLY DIFFICULT. THERE ARE ONLY 141 RESIDENTS IN THE UNITED STATES. THERE ARE MANY INSTITUTIONS THAT CAN TAKE THEM AND I'M HOPEFUL BY ALLOWING US TO LOOK AT THIS PATHWAY, WE'D BE ABLE TO GET A GOOD PERSON WHO WOULD BE WELL SUPERVISED AND SO FORTH. BUT YOU HAVE TO BE ABLE TO WORK IN THE PRIVATE SECTOR IF YOU WANT TO BE ABLE TO TAKE CARE OF STROKE PATIENTS. AND IF YOU WANT TO DO COMPLEX NEUROSURGERY, YOU REALLY NEED TO HAVE THE ABILITY TO TAKE CARE OF STROKE PATIENTS. AND I THINK THAT'S JUST A REAL DIVISION. AND I THINK TO BUILD THAT SAME KIND OF PROGRAM AT GMH WOULD BE INCREDIBLY EXPENSIVE. AND WE DON'T HAVE, YOU KNOW, THAT MANY NEUROSURGEONS. IF WE LOOK AT A KAISER MODEL, ASSUMING THAT THAT'S THE MODEL FOR WHICH NEUROSURGEONS WOULD BEST BE FUNDED, THE ISLAND OF GUAM NEEDS FOUR FULL-TIME NEUROSURGEONS. WELL, THAT WOULD ONLY BE TWO AND TWO. THAT'S NOT GOING TO BE ENOUGH TO HAVE GOOD COVERAGE. I'VE BEEN ON, YOU KNOW, MONTHS AT A TIME. IT REALLY IS A BURDEN. I'D LIKE TO BE ABLE TO EVENTUALLY GET TO THE POINT OF HAVING MORE PEOPLE HELP US. SO, THAT WOULD BE MY BIGGEST THOUGHT IS THAT YOU HAVE TO ALLOW THE NON-GOVERNMENTAL ENTITIES A CHANCE BECAUSE WE'RE NOT GOING TO BE ABLE TO GO THE OTHER WAY.

SENATOR MATANANE

THANK YOU SO MUCH. THANK YOU, DR. SCOTT. DR. EUSABIO.

DR. EUSABIO

GOOD AFTERNOON, MADAME CHAIRMAN. SENATOR SABRINA MONTANANE, SPEAKER BLAS, SENATORS. MY NAME IS RICKY EUSABIO, A PRIVATE PRACTICE SURGEON AT ISLAND SURGICAL CENTER AND CHIEF

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MEDICAL OFFICER OF GUAM MEMORIAL HOSPITAL. FIRST, I WOULD LIKE TO COMMEND THIS BODY FOR ITS EFFORTS IN PASSING BILL 206, THE ITP LAW. I BELIEVE THAT THIS LEGISLATION WILL BE TRANSFORMATIVE FOR THE PEOPLE OF GUAM BY EXPANDING ACCESS TO A BROADER POOL OF QUALIFIED HEALTH CARE PROVIDERS WHO WERE PREVIOUSLY UNABLE TO PRACTICE ON THE ISLAND. HOWEVER, I MUST RESPECTFULLY EXPRESS MY OPPOSITION TO THE PROPOSED AMENDMENTS IN THIS BILL 302-38. A CENTRAL INTENT OF THE ORIGINAL LEGISLATION WAS TO ADDRESS LONGSTANDING DISPARITIES BETWEEN THE PUBLIC AND PRIVATE HEALTH CARE SECTORS. THE GOVERNMENT OF GUAM CARRIES THE FUNDAMENTAL RESPONSIBILITY OF ENSURING EQUITABLE ACCESS TO HEALTH CARE FOR ALL RESIDENTS REGARDLESS OF THEIR ABILITY TO PAY. THIS DUTY IS ROOTED IN THE ORGANIC ACT WHICH ENTRUSTS THE GOVERNOR WITH SAFEGUARDING THE HEALTH AND SAFETY OF OUR COMMUNITY. PRIVATE CLINICS AND INSTITUTIONS WHILE VITAL PARTNERS IN CARE DELIVERY ARE NOT BOUND BY THE SAME MANDATE. FOR EXAMPLE, MANY YEARS AGO WHEN WE ONLY HAD ONE ORTHOPEDIC SURGEON, HE HAD TO WORK 24 HOURS A DAY, 7 DAYS A WEEK. AND HE COULDN'T HE COULDN'T DO THAT WHICH MEANT THAT THERE WERE DAYS IN WHICH A GENERAL SURGEON HAD TO COVER WHO IS NOT AN ORTHOPEDIC SURGEON. THE DISCUSSION AT THAT TIME WAS WHAT IS GMH DOING TO GET AN ORTHOPEDIC SURGEON? WHAT IS THE GOVERNMENT DOING TO GET AN ORTHOPEDIC SURGEON? NO ONE IS SAYING WHAT ARE THE PRIVATE CLINICS DOING TO GET THE ORTHOPEDIC SURGEON. IT'S ALWAYS FALSE ON THE GOVERNMENT AND ALWAYS FALLS AT GMH. WHILE SOME MAY ASSERT THAT PRIVATE INSTITUTIONS SERVE ALL PATIENTS IRRESPECTIVE OF FINANCIAL CAPACITY. THE REALITY IS THAT THE ULTIMATE RESPONSIBILITY RESTS WITH GUAM MEORIAL HOSPITAL. GMH CONSISTENTLY SERVES THE MAJORITY OF UNINSURED AND SOCIALLY COMPLEX PATIENTS, A FACT CLEARLY REFLECTED IN OUR DAILY CENSUS. THIS OBLIGATION PLACES A SIGNIFICANT STRAIN ON RESOURCES CONTRIBUTING TO ONGOING FUNDING, STAFFING AND INFRASTRUCTURE CHALLENGES. YOU'RE CERTAINLY WELL AWARE OF THAT AS WE WERE HERE LAST WEEK SAYING WE WERE \$36 MILLION SHORT FOR THE NEXT BUDGET YEAR. IN CONTRAST, NOW YOU CAN IMAGINE IF GRMC WENT UP TO THEIR CREDITORS AND SAID, "HEY, YOU KNOW, WE'RE \$36 MILLION IN THE HOLE. CAN YOU CAN YOU GIVE US MORE MONEY?" YOU WON'T SEE THAT HAPPENING. AND PRIVATE INSTITUTIONS RETAIN THE DISCRETION TO LIMIT PATIENT VOLUME, CASE COMPLEXITY, SERVICE OFFERINGS, AND PAYER MIX. GMH DOES NOT HAVE THAT LUXURY. IT SERVES ALL WHO COMES THROUGH ITS DOORS. THE GOVERNMENT OF GUAM HAS BOTH A CONSTITUTIONAL RESPONSIBILITY TO PROMOTE THE GENERAL WELFARE, AND THE AUTHORITY TO ALLOCATE RESOURCES IN A MANNER THAT CORRECTS MARKET IMBALANCES AND REGIONAL DISPARITIES. BILL 206 WAS DESIGNED IN PART TO SUPPORT THIS OBJECTIVE. IF THE PROPOSED AMENDMENTS ARE ADOPTED, THEY RISK UNDERMINING THE GOVERNMENT'S ABILITY TO ATTRACT AND RETAIN HIGHLY QUALIFIED FOREIGN TRAINED PHYSICIANS. PUBLIC SECTOR CHALLENGES INCLUDING LIMITED FUNDING, AGING FACILITIES, OUTDATED EQUIPMENT ALREADY PLACE THE GOVERNMENT INSTITUTIONS AT A COMPETITIVE DISADVANTAGE. FURTHER LIMITATIONS WOULD ONLY EXACERBATE THESE ISSUES. MOREOVER, SUCH AMENDMENTS COULD INADVERTENTLY POSITION

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GOVERNMENT INSTITUTIONS AS A TRAINING GROUND OR A PIPELINE FOR PRIVATE CLINICS WHERE PHYSICIANS ARE RECRUITED AFTER UNDERGOING RIGOROUS CREDENTIALING AND PEER REVIEW WITHIN THE PUBLIC SYSTEM. THIS DYNAMIC WOULD RESULT IN A NET LOSS OF GOVERNMENT HEALTH SERVICES. IT IS IMPORTANT TO NOTE THE INCONSISTENCY IN CONCERNS RAISED ABOUT FAIRNESS. WHILE PRIVATE INSTITUTIONS ROUTINELY LEVERAGE HIGHER COMPENSATION AND MORE ADVANCED RESOURCES TO RECRUIT TALENT, SIMILAR ADVANTAGES AFFORDED TO THE GOVERNMENT ARE CHARACTERIZED AS INEQUITABLE. HOWEVER, SHOULD THIS BODY ULTIMATELY DECIDE TO MOVE FORWARD WITH THE AMENDMENTS, I RESPECTFULLY PROPOSE A REASONABLE COMPROMISE. ANY PHYSICIAN OR PRIVATE ENTITY THAT RECRUITS FROM A GOVERNMENT INSTITUTION SHOULD BE REQUIRED TO PROVIDE APPROPRIATE COMPENSATION TO OFFSET THE INVESTMENT MADE IN RECRUITMENT, CREDENTIALING, AND TRAINING. SUCH A MEASURE WOULD NOT ONLY SERVE AS A DETERRENT BUT ALSO PRESERVE THE FLEXIBILITY FOR PHYSICIANS WHILE ENSURING ACCOUNTABILITY AND FAIRNESS IN ADDRESSING MARKET DISCREPANCIES. THANK YOU FOR LISTENING TO ME AND FOR YOUR CONSIDERATION TO WHAT I HAVE STATED.

SENATOR MATANANE

THANK YOU DR. EUSEBIO. DR. JONATHAN THORP

DR. THORP

Hafa Adai. Good afternoon, Chairwoman Salas Matanane and distinguished members of this committee. My name is Jonathan Thorp. I am a board-certified internal medicine physician and the medical director of the Guam Seventh Day Adventist Clinic. I've lived and practiced medicine alongside internationally trained physicians in Malawi, Nigeria, Tanzania, Lesotho, and Nepal. I care deeply about this issue and that's why I appreciate the opportunity to testify once again today. I testify in support of the intent of Bill 30238, but I want to be direct with this committee about where I believe we still have work to do. Guam's health care system does not function without both public and private sectors working together. This is not a policy preference. It's a fact. Guam Memorial Hospital Authority is the island's only public hospital. Department of Public Health and Social Services and the FQHC's serve critical roles, but the private sector clinic like ours and others across the island carry a substantial share of the burden. We see the same patients, we treat the same diseases, we serve the same community. Any licensure framework that treats one sector as deserving of physician access and the other is an afterthought will not solve the shortage. It will simply shift it. The most persistent

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CONCERN RAISED IN THIS DEBATE IS THIS. IF WE TRAIN AN ITP AT A GOVERNMENT FACILITY, AS DR. ESUSEBIO WAS MENTIONING, THAT PHYSICIAN MIGHT LATER MOVE INTO THE PRIVATE SECTOR. AND I'D PROPOSE WITH ALL DUE RESPECT THAT LIKE TO TURN THAT CONCERN AROUND BECAUSE I THINK IT'S ACTUALLY OUR USE FOR WHAT THE BILL PROPOSES. A PHYSICIAN TRAINED AND SUPERVISED IN THE PRIVATE SECTOR CAN MOVE INTO THE PUBLIC SECTOR. A PHYSICIAN TRAINED AND SUPERVISED IN THE PUBLIC SETTING CAN MOVE INTO THE PRIVATE CLINIC. THAT MOBILITY IS NOT A FLAW IN THE SYSTEM. IT'S HOW A HEALTHY SYSTEM FUNCTIONS. THE RELEVANT QUESTION IS NOT WHERE A PHYSICIAN BEGINS THEIR CAREER IN GUAM. THE RELEVANT QUESTION IS WHERE THEY STAY ON GUAM AND IS WHETHER THEY STAY ON GUAM AND SERVE OUR COMMUNITY. A PHYSICIAN WHO COMPLETES THEIR PROVISIONAL PERIOD AT GUAM MEMORIAL HOSPITAL AND OPENS A PRACTICE IN MANGILAO IS STILL ON THE ISLAND. THEY ARE STILL PAYING TAXES HERE. THEY ARE PUTTING THEIR CHILDREN IN OUR SCHOOLS. THEY ARE BUILDING A LIFE IN THIS COMMUNITY. THAT PHYSICIAN DID NOT LEAVE. THEY BECAME PART OF THE PERMANENT FABRIC OF OUR HEALTH CARE SYSTEM. THAT IS EXACTLY WHAT WE NEED. FURTHERMORE, IF WE TRAIN ITPS WHO ARE QUALIFIED TO PRACTICE IN THE PRIVATE SECTOR, WE ALSO CREATE A PIPELINE OF QUALIFIED PHYSICIANS WHO CAN RETURN TO GOVERNMENT SERVICE WHERE WHEN VACANCIES ARISE, WHETHER GMH, DPHSS, FQC'S, A RESTRICTED EXPIRING LICENSE DOES NOT BUILD THAT PIPELINE. IT CREATES TEMPORARY WORKER. A FULL UNRESTRICTED LICENSE BUILDS A PHYSICIAN WHO BELONGS TO THIS COMMUNITY. IF THE CONCERN IS THAT GOVERNMENT FACILITIES NEED TO PROTECT THEIR INVESTMENT IN SUPERVISION ON BOARDING, THE ANSWER I WOULD PROPOSE IS A SERVICE OBLIGATION AGREEMENT, NOT PERMANENT LICENSE RESTRICTIONS. THE FEDERAL CONRAD 30 PROGRAM ALREADY REQUIRES A THREE-YEAR SERVICE COMMITMENT TIED TO THE SPONSORING FACILITY. A SIMILAR MECHANISM FOR ITPS HIRED BY GOVERNMENT FACILITIES WOULD PROTECT THAT INVESTMENT WITHOUT EMBEDDING A PERMANENT RESTRICTION IN THE STATUTE. THIS IS A CONTRACT SOLUTION TO A CONTRACT PROBLEM. IT DOES NOT BELONG IN THE MEDICAL PRACTICE ACT. THIS BRINGS ME TO THE SIX-YEAR LICENSE GAP. UNDER THE CURRENT LAW, AN ITP'S LICENSE EXPIRES AFTER A MAXIMUM OF 6 YEARS WITH NO PATH TO RENEWAL AND NO PATH TO FULL LICENSURE. CONSIDER WHAT THAT MEANS TO IN PRACTICE. A PHYSICIAN RELOCATES TO GUAM. THEY HAVE ALREADY PASSED THE USMLAS. THEY HOLD THE ECFMG CERTIFICATION. THEY COMPLETE YEARS OF SUPERVISED PRACTICE. THEY DEMONSTRATE COMPETENCY ACROSS ALL SIX ACGME DOMAINS. THEY PAY TAXES ON OUR ISLAND. THEIR CHILDREN ATTEND OUR SCHOOLS. THEY BECOME MEMBERS OF THE COMMUNITY. AFTER SIX YEARS, THEIR LICENSE EXPIRES. THAT IS NOT A WORKFORCE STRATEGY. THAT IS A TEMPORARY EMPLOYMENT CONTRACT WRITTEN IN A STATUTE. IF WE'RE SERIOUS ABOUT SOLVING THE PHYSICIAN SHORTAGE, NOT JUST MANAGING IT FOR SIX YEARS AT A TIME, WE MUST REMOVE THIS CAP. A PHYSICIAN WHO'S BEEN FULLY VETTED, WHO HAS DEMONSTRATED COMPETENCY, AND WHO'S BUILT HAS CHOSEN TO BUILD THEIR LIFE HERE DESERVES THE SAME OPPORTUNITY TO PRACTICE INDEFINITELY AS ANY OTHER LICENSED PHYSICIAN ON THIS ISLAND. I WANT TO GROUND THE REMAINDER OF MY TESTIMONY IN THE FEBRUARY 2025 RECOMMENDATIONS OF THE FEDERATION OF

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STATE MEDICAL BOARDS, THE FSMB TOGETHER WITH THE ACGME AND INTEL CONVENED AN ADVISORY COMMISSION SPECIFICALLY TO GUIDE STATES AND TERRITORIES DEVELOPING ALTERNATIVE LICENSING PATHWAYS FOR INTERNATIONAL TRAINED PHYSICIANS. PUBLIC LAW 38107 WAS DEVELOPED IN CONSULTATION WITH FSMB LEADERSHIP. THE GUAM BOARD OF MEDICAL EXAMINERS IS A MEMBER OF THE BOARD OF THE FSMB. THIS IS OUR SHARED REFERENCE POINT AND LET US MEASURE OURSELVES AGAINST IT HONESTLY. WHERE WE ARE LINED. THE FSMB RECOMMENDS ECFMG CERTIFICATION. WE REQUIRE. THE FSMB RECOMMENDS AN EMPLOYMENT OFFER. WE REQUIRE. THE FSMB RECOMMENDS AND BOARDS THAT DEFINE APPROPRIATE FACILITIES FOR SUPERVISION. WE DO. THE FSMB RECOMMENDS DATA COLLECTION AND REPORTING. WE HAVE IT IN THE ITP PATHWAY. ON THESE POINTS, WE SHOULD BE PROUD OF WHAT THIS LEGISLATION HAS ACCOMPLISHED YET. WHERE ARE WE NOT YET ALIGNED? THE FSMB RECOMMENDS THAT COMPLETION OF POST-GRADUATE TRAINING OUTSIDE THE UNITED STATES BE REQUIRED FOR PATHWAY ELIGIBILITY. IT DOES NOT REQUIRE DOES NOT SPECIFY DURATION DOES NOT REQUIRE BOARD DETERMINATION THAT TRAINING IS SUBSTANTIALLY EQUIVALENT TO ACGMA STANDARDS. PUBLIC LAW 38107 ADDS BOTH A 36-MONTH MINIMUM AND IT ACGME EQUIVALENCY FINDING. THE BOARD CURRENTLY HAS NO FRAMEWORK, NO APPROVED COUNTRY LIST AND NO PRECEDENT FOR MAKING THESE EQUIVALENCY DETERMINATIONS. THIS LANGUAGE HOWEVER WELL INTENTION RISKS BECOMING BOTTLENECK THAT MAKES THE FULL LICENSURE PATHWAY FUNCTIONALLY INACCESSIBLE. IF PATHWAY CAN ONE CANNOT BE USED, EVERY INTERNATIONALLY TRAINED PHYSICIAN ON GUAM WILL BE FUNNELED INTO THE LIMITED PATHWAY BY DEFAULT. I RESPECTFULLY URGE THIS COMMITTEE TO REVISE THE POST-GRADUATE TRAINING STANDARDS TO ALIGN WITH WHAT THE FSMB ACTUALLY RECOMMENDS. TRAINING REQUIRED EQUIVALENCY DETERMINATION NOT. THE FSMB ALSO RECOMMENDS THREE YEARS OF MEDICAL PRACTICE EXPERIENCE. THE LANGUAGE IS INTENTIONALLY BROAD AND I WANT TO BE TRANSPARENT WITH THIS COMMITTEE. THIS SPECIAL SPECIFIC POST-TRAINING QUALIFIER IN OUR ENACTED LAW SECTION 12206 SUBSECTION J REFLECTS THE RECOMMENDATION I MADE IN WRITING TO SENATOR TAITAGUE WITH WHICH THE LEGISLATURE ADOPTED. I STAND BY IT. THE FSMB SILENCE ON SPECIALTY SPECIFICITY IS A GAP NOT A GREEN LIGHT, A SURGEON SEEKING LICENSURE AS A SURGEON ON GUAM SHOULD HAVE THREE YEARS OF SURGICAL PRACTICE NOT THREE YEARS AS A GENERAL MEDICAL OFFICER. A PHYSICIAN'S EXPERIENCE SHOULD BE DIRECTLY RELEVANT TO THE SPECIALTY IN WHICH THEY WILL SERVE OUR PATIENTS. THIS IS NOT AN UNREASONABLE STANDARD. IT IS A COMMON SENSE ONE THAT I BELIEVE THAT THE FSMB WOULD ENDORSE IF ASKED TO ADDRESS IT DIRECTLY. WHAT I'M ASKING THIS COMMITTEE TO EXAMINE IS THE CUMULATIVE EFFECT OF THE SPECIALLY SPECIFIC QUALIFIER COMBINED WITH THE 36-MONTH POSTGRADUATE TRAINING REQUIREMENTS AND THE ACMG EQUIVALENCY DETERMINATION PATHWAY 1. TOGETHER, THESE PROVISIONS CREATE A MINIMUM APPROXIMATELY 6 YEARS OF POST-GRADUATE EXPERIENCE BEFORE A PHYSICIAN IS ELIGIBLE. THAT EXCEEDS WHAT THE FSMB ENVISIONS. THE SPECIALTY SPECIFIC QUALIFIER IS SOUND POLICY. THE ACGME EQUIVALENCY BOTTLENECK IS THE PROBLEM. MY RECOMMENDATION IS FIX THE BOTTLENECK AND KEEP THE QUALIFIER. I WANT TO

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ADDRESS THE STRUCTURAL QUESTION THAT SITS BENEATH ALL THESE DETAILS. PUBLIC LAW 38107 CREATES TWO SEPARATE LICENSING PATHWAYS WITH DIFFERENT ENTRY STANDARDS, DIFFERENT LICENSE TYPES, AND DIFFERENT OUTCOMES. THROUGH SUCCESSIVE REVISIONS, INCLUDING THIS AMENDMENT, THE ENTRY STANDARDS FOR THE ITP PATHWAY HAS BEEN RAISED SUBSTANTIALLY. AN ITP MUST NOW SATISFY REQUIREMENTS IN SEVERAL AREAS EXCEED WHAT IS ASKED OF A PHYSICIAN PURSUING FULL LICENSURE THROUGH PATHWAY ONE. YET, THE ITP STILL RECEIVES A RESTRICTED TIME LIMITED LICENSE. THE MORE DEMANDING PATHWAY PRODUCES LESSER LICENSE. THIS IS AN INVERSION AND IS NOT DEFENSIBLE ON PATIENT SAFETY GROUNDS. MY RECOMMENDATION IS STRAIGHTFORWARD. MERGE THE TWO PATHWAYS INTO ONE. ONE SET OF ENTRY STANDARDS, ONE PROVISIONAL PERIOD WITH STRUCTURED SUPERVISION AND COMPETENCY ASSESSMENT ACROSS THE SIX ACG DOMAINS FOR ALL PHYSICIANS WHO TRAIN OUTSIDE ACGME ACCREDITED PROGRAMS. ONE LICENSED CLASS AT THE END. IF A PHYSICIAN DEMONSTRATES COMPETENCY, THEY SHOULD BE ABLE TO PRACTICE AT ANY FACILITY ON GUAM, PRIVATE OR PUBLIC. IF THEY'VE NOT YET DEMONSTRATED COMPETENCY, THEY SHOULD NOT BE PRACTICING INDEPENDENTLY ANYWHERE. BEFORE I CLOSE, I WANT TO FLAG ONE UNRESOLVED DRAFTING CONFLICT THIS COMMITTEE SHOULD CONSIDER BEFORE THE BILL BEFORE FINAL PASSAGE. BILL 30238 CORRECTLY DELETES SECTION 12206.3C WITH RESTRICTION BLOCK THAT PROHIBITED AN ITP FROM EVER CONVERTING INTO A FULL UNRESTRICTED LICENSE. THAT DELETION REFLECTS THE RIGHT POLICY. HOWEVER, SECTION 12206.7C OF PUBLIC LAW 38107, A CONSTRUCTION CLAUSE GOVERNING THE ENTIRE ITP ARTICLE WAS NOT AMENDED BY THIS BILL. THAT CLAUSE, IF I'M READING CORRECTLY, IN EFFECT THAT NOTHING IN SECTION 12206.2 THROUGH 12206.7 SHALL BE CONSTRUED TO ALLOW AN ITB LICENSE TO SERVE ON AS A BASIS FOR CONVERSION TO FULL LICENSURE. AS CURRENTLY DRAFTED, A BOARD ATTORNEY CAN CONCLUDE THAT DELETION OF SECTION 12206.3C IS LEGALLY MEANINGLESS BECAUSE THE SURVIVING CONSTRUCTION CLAUSE OVERRIDES IT. THAT THE INTENT OF THIS AMENDMENT WOULD BE FRUSTRATED BY A PROVISION NO ONE THOUGHT TO UPDATE. THE FIX REQUIRES A SINGLE SENTENCE. I RECOMMEND ADDING UH SECTION 12206.7C TO READ NOTHING IN THIS ARTICLE SHALL BE CONSTRUED TO PREVENT THE HOLD OF A LICENSE ISSUED PURSUANT TO SUB SECTION 12206. 2 THROUGH 6 FROM APPLYING FOR FULL UNRESTRICTED LICENSE BOND SATISFYING ALL REQUIREMENTS APPLICABLE TO SUCH LIENSURE. THAT ONE CHANGE CLOSES THE CONFLICT AND ENSURES THE POLICY THIS COMMITTEE INTENDS TO ACT AS THE POLICY ACTUALLY TAKES EFFECT. I HAVE SUPPORTED THIS LEGISLATION FROM THE BEGINNING. I TESTIFIED ON THE ORIGINAL BILL. I PROVIDED WRITTEN RECOMMENDATIONS TO SENATOR TAITAGUE THAT WERE ADOPTED INTO THE LAW. I HAVE BEEN AT THIS TABLE BECAUSE I BELIEVE GUAM CAN AND MUST BUILD A HEALTH CARE SYSTEM WORTHY OF PEOPLE WHO DEPEND ON IT. LET ME CLOSE WITH THIS. THE PHYSICIANS WE ARE DISCUSSING MEN AND WOMEN WHO TRAINED AT MEDICAL SCHOOLS RECOGNIZED WHAT BY THE WORLD DICTIONARY OF MEDICAL SCHOOLS WHO PASSED THE USMLA WHO HOLD ECFMG OF CERTIFICATION WHO PRACTICE THEIR SPECIALLY FOR YEARS BEFORE APPLYING. THESE ARE NOT SECOND CLASS PHYSICIANS. THEY SHOULD NOT RECEIVE SECOND CLASS LICENSES WHEN THEY COMPLETE A

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RIGOROUS PROVISIONAL PERIOD AND DEMONSTRATE COMPETENCY ACROSS EVERY ACGMA DOMAIN. THEY DESERVE TO STAND ON EQUAL FOOTING WITH EVERY PHYSICIAN ON THIS ISLAND. EQUAL STANDARDS, EQUAL ACCESS, EQUAL FOOTING FOR OUR PATIENTS, FOR OUR PHYSICIANS, FOR THE FUTURE OF GUAM. THANK YOU FOR YOUR TIME AND FOR THE SERVICE THAT YOU DO FOR THIS COMMUNITY.

SENATOR MATANANE

THANK YOU, DR. THORP. IS THERE ANYONE ELSE THAT WOULD LIKE TO TESTIFY ON THIS BILL?

DR. SHIEH

CAN I MAKE A COMMENT?

SENATOR MATANANE

DR. SHIEH.

DR. SHIEH

YEAH. I JUST WANTED TO MAKE A COMMENT ON DR. BERG'S TESTIMONY REGARDING HIS POINT ABOUT GMH EVERYBODY REGARDLESS OF THE ABILITY TO PAY. YOU KNOW, WHILE THAT'S TRUE, GRMC DOES THE SAME THING. BUT WHILE THAT'S TRUE AND THE REASON WHY THE PRIVATE CLINIC IS UNABLE TO AFFORD THAT IS THAT WE DON'T GET A SUBSIDY. WE DON'T GET TO COME TO YOU AND ASK FOR MONEY. WE DON'T GET THE \$30 MILLION A YEAR THAT YOU PROVIDE TO GMA TO SUBSIDIZE THEIR CARE. SO THINK ABOUT THAT. YOU KNOW THERE'S A BIG DIFFERENCE. WE HAVE TO PAY TAXES THE MOMENT WE OPEN OUR DOOR AND TURN ON THE LIGHTS. WE HAVE TO PAY THE GRT. SO THAT'S HOW WE ARE SUPPORTING THE INDIGEN POPULATIONS THERE. BUT MANY OF OUR CLINIC ALMOST ALL OF OUR CLINICS STILL HAVE MEDICAID PATIENTS. A PERFECT EXAMPLE THAT I GAVE TO YOU IN MY TESTIMONY AND MAYBE DR. BERG MISSED IT IS THAT DURING TYPHOON MAWAR GMH WASN'T THERE OR PUBLIC HEALTH WASN'T THERE WITH THEIR DOCTORS HELPING THE PEOPLE IN THE RED CROSS SHELTERS. IT WAS THE PRIVATE SECTOR THAT ACTUALLY GONE OUT THERE AND HELPED THE MAWAR VICTIMS IN THE RED CROSS SHELTER. I WAS THE ONE THAT WILL BE IN PRIVATE PRACTICE TO HELP THE A GMH DOCTOR THAT WENT THERE. THEY CALLED ME TO GO THERE TO HELP THE PRIVATE SECTOR. THEY COULDN'T FIND ANYBODY AND THAT WOMAN'S LIFE WAS SAVED AND THAT BABY'S LIFE WAS SAVED

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BECAUSE OF THE PRIVATE SECTOR. AND AGAIN, I GO BACK TO THE PANDEMIC AS WELL. YOU LEARNED DON'T CRITICIZE THE PRIVATE SECTOR FOR NOT ABLE TO ACCEPT ALL PATIENT. WE WANT TO BE ABLE TO ACCEPT ALL PATIENTS BUT THE REALITY IS THAT WE ARE UNABLE TO OKAY BUT WE CONTRIBUTE IN OTHER WAYS TO SUPPORT GMH MYSELF INCLUDED OKAY AS FAR AS THE ISSUE ABOUT DR. BERG MENTIONED THE FEDERATION OF MEDICAL BOARDS. OH THEY CARE ABOUT GUAM SO MUCH THAT THEY CAME TO GUAM TO SEE HOW THINGS ARE GOING. WELL, THE QUESTION IS THEY DIDN'T TALK TO US. WE WEREN'T INVITED TO THE TABLE TO TALK TO THE FEDERATION OF MEDICAL BOARDS. IF THEY CARE SO MUCH, WHY DON'T THEY TALK TO THE COMMUNITY OF DOCTORS? WE NEVER GOT ONE CALL. NEVER GOT ONE INVITATION TO SAY, "HEY, WE'RE HERE. LET'S CHAT. LET'S TALK ABOUT WHAT'S GOING ON IN THE ISLAND OF GUAM." THE ISLAND IS NOT THAT BIG. FOR GOD'S SAKES, THE ISLAND IS SMALL. 160,000 POPULATION. AND RESPECTFULLY, I KNOW DR. BALLINGER AS WELL. I'VE BEEN HERE FOR 30 YEARS. I KNOW DR. EUSEBIO AS WELL. DR. BALLINGER'S TIME, WE ONLY HAVE ONE GMH. THERE'S A BIG DIFFERENCE NOW BECAUSE NOW YOU HAVE GRMC. OKAY? THERE'S A BIG DIFFERENCE BETWEEN THAT TIME AND NOW. OKAY? SO, WE'RE NOT JUST ASKING FOR GMH, WHAT CAN YOU RECRUIT FOR US? WE GOT TO ALSO ASK GRMC, WHAT CAN THEY DO FOR THE ISLAND AS WELL? THERE'S TWO ENTITIES RIGHT NOW. OKAY. CAN THE ISLAND OF GUAM DO WITHOUT THE PRIVATE HOSPITAL? CAN WE? I DON'T THINK SO. I DON'T THINK SO. RIGHT. CANNOT. SO AS FAR AS THE ISSUE ABOUT WHETHER OR NOT THE INVESTMENT VALUE THE INVESTMENT VALUE YOU WANT TO GET THE INVESTMENT BACK WELL YOU KNOW THE PRIVATE SECTOR WE ALSO INVEST INTO GUAM WITH TAXATION OR INVESTMENT INFRASTRUCTURE WE PAY INTO GOVGUAM SYSTEM WE SUPPORT GMH DON'T TELL US WE DON'T SUPPORT GMH BECAUSE WE DO WE DO BECAUSE WHEN I HEAR SOMEBODY TELLS THAT OH GMH IS HOSPITAL THAT SAID, "WELL, YOU GUYS DON'T." THAT'S RIDICULOUS. WE SUPPORT GMH IN WAYS THAT YOU CANNOT EVER IMAGINE. WE SUPPORT THE GOVERNMENT OF GUAM TO HELP YOU SURVIVE. THERE'S OTHER THINGS I WANT TO SAY ON THIS, BUT I GO BACK TO THAT ONE ORIGINAL QUESTION THAT I START BEFORE MY TESTIMONY, AND THAT WAS DURING THE PANDEMIC, WE MUST LEARN FROM THAT. CAN THE GOVERNMENT OF GUAM HANDLE THE ISLAND, THE ENTIRE ISLAND'S HEALTH CARE SYSTEM? CAN YOU? IF YOU CAN SAID TELL ME YES, I WILL LEAVE TOMORROW BECAUSE SOON YOU CAN CALL ME DR. BALLINGER IF YOU WANT BECAUSE I'LL BE THE ONLY STANDING OBGYN THAT'S BOARD CERTIFIED THAT'S STANDING HERE IN THE PRIVATE SECTOR AND I CAN'T SEE EVERYBODY. THAT'S A FACT. OKAY. WHAT OBGYN IS A CONTINUITY OF CARE. IT'S NOT JUST YOU SHOW UP AT GMH AND WE'LL DELIVER YOU. WHO'S GOING TO TAKE CARE OF THAT BABY 9 MONTHS FROM NOW? PUBLIC HEALTH CAN'T HANDLE IT. THEY CANNOT. THEY DEPEND ON THE PRIVATE SECTOR. OKAY? WOMEN AND CHILDREN. IF ANYBODY CARES ABOUT WOMEN AND CHILDREN, IT'S GOT TO BE THE SENATORS HERE. I KNOW YOU DO. OKAY? SO, WE GOT TO MAKE SURE WE INCLUDE THE PRIVATE SECTOR. AND YOU KNOW WHAT? I WROTE THE LETTER WHEN THE LEGISLATURE LOST CONFIDENCE IN DR. BERG AS THE BOARD CHAIR. I CAME OUT AND IN FRONT AND I WROTE A LETTER TO THE LEGISLATURE FOR IN SUPPORT OF HIS CONFIRMATION AND I STILL DO. I THINK DR. BERG IS A GREAT GUY. WE GET ALONG JUST FINE. MY

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WIFE SEES HIM. HIS WIFE SEES ME. YOU KNOW, WE LOVE EACH OTHER. BUT ON THIS ONE ASPECT OF IT, I'D LIKE DR. BERG TO ALSO UNDERSTAND THAT IF THE FEDERATION OF MEDICAL BOARD CARES SO MUCH WHEN THEY CAME TO GUAM, THEY SHOULD HAVE REACHED OUT TO US. WE WOULDN'T BE HERE TODAY TALKING ABOUT THIS IF THERE WAS MORE TRANSPARENCY IN THE SYSTEM. THANK YOU.

SENATOR MATANANE

THANK YOU, DR. SHIEH JUST FOR TRANSPARENCY, I DID REQUEST FROM THE DEPARTMENT OF PUBLIC HEALTH WHEN WE RECEIVED THEIR TESTIMONY REGARDING ADDITIONAL COSTS FOR HPLO OPERATIONS AND I DID GET A BREAKDOWN OF THOSE COSTS WHICH WE WILL INCLUDE IN THE COMMITTEE REPORT. BUT FOR TWO FULL-TIME EMPLOYEE LICENSING PROGRAM COORDINATOR ONES 82,744 PERSONAL BENEFITS \$46,110 RULEMAKING LEGAL SUPPORT. THIS IS THE COST FOR GBME TO RESOURCES TO DRAFT THE NEW RULES, RAGS, AND FORMS REQUIRED FOR EXPANDED MEDICAL GRADUATE PATHWAYS. \$10,000 IT SYSTEM UPGRADE DATABASE LICENSE SOFTWARE AND DATABASE MODULES TO TRACK LICENSURE STATUS AND MULTI-YEAR SERVICE COMMITMENT COMPLIANCE 25,000. CREDENTIAL VERIFICATION FEES. ESTIMATED COSTS FOR THIRD-PARTY VERIFICATION SERVICES. ECFMG FOR APPROXIMATELY 50 APPLICANTS PER YEAR. \$400 PER APPLICANT 20,000 \$20,000. GENERAL OFFICE SUPPLIES AND INCIDENTALS. SUPPLIES, PRINTING, AND COMMUNICATION NECESSARY FOR INCREASED WORKLOAD \$5,000. ESTIMATED COST FOR YEAR 188,854. AND AGAIN, THAT WAS IN RESPONSE TO QUESTIONS THAT I HAD FOR HPLO WITHIN THE DEPARTMENT OF PUBLIC WORKS.

DR. SHIEH

TO THAT POINT. YOU KNOW, AS FAR AS THE COST GOES, THAT'S PROBABLY AN HONEST ESTIMATE OF WHAT, YOU KNOW, BRI NEEDS AT THE YOU KNOW, I'VE BEEN HERE 30 YEARS. THEY'VE ALWAYS BEEN SHORT. THEY'RE NOT SHORT JUST BECAUSE, OH, WE'RE TRYING TO DO THIS THAT ISSUES HERE. THEY ALWAYS BEEN SHORT. FOR EVERY TIME I RENEW MY LICENSE, THEY'VE ALWAYS BEEN SHORT. THIS IS NOT THE FIRST TIME THAT THIS IS HAPPENING. IT'S ECHOES. GOVERNMENT GUAM SYSTEM IS SO MESSED UP THAT THEY NEVER FIX THINGS, RIGHT? PERHAPS THAT SHOULD HAVE BEEN DONE BEFORE THE BILL WAS EVEN PASSED. I DON'T KNOW WHAT THE RUSH WAS. I DON'T KNOW WHAT'S THE RUSH WAS WITH THIS ADMINISTRATION THAT DOESN'T PROVIDE US A SAY. WE GOT TO DO BETTER. I THINK WE HAVE TO DO BETTER BECAUSE ULTIMATELY WHEN WE TALK ABOUT INVESTMENT, GMH IS SO AFRAID OF LOSING DOCTORS OR THE PRIVATE SECTOR. I SAID, "DON'T WORRY ABOUT THAT BECAUSE WHY?" LET ME TELL YOU WHY. DR. EUSEBIO AND I CAME WITH THE UNITED STATES NAVY. OKAY? THE NAVY INVESTED IN US, INVESTED IN ME, INVESTED IN HIM. THEY BROUGHT US TO GUAM. OKAY? BUT WE CAME OUT IN THE PRIVATE SECTOR. WHO BENEFITED IN THE PRIVATE SECTOR? THE PEOPLE OF GUAM. SO EVEN IF GMH

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HAD ITP AND THEY LEFT GMH AND COME OUT TO THE PRIVATE SECTOR, THE PEOPLE OF GUAM HAS BENEFITED. SO THAT'S THE INVESTMENT VALUE. AND DON'T BE AFRAID OF THAT.

SENATOR MATANANE

THANK YOU, DR. SHIEH. WE HAVE DR. BERG WHO WOULD LIKE TO CHIME IN AND PERHAPS MAYBE EVEN RESPOND TO SOME OF YOUR COMMENTS. DR. BERG.

DR. BERG

YEAH, I THINK OKAY. SO, FIRST IT IS TRUE THAT DR. WYN, DR. THORP AND I, AND DR. SHIEH, EVEN I SHOULD SAY EVEN DR. SHIEH, WE DO GET ALONG. THAT'S NOT AN ISSUE, BUT WE CLEARLY DISAGREE ON THE APPROACH HERE. AND I THINK THE WE HAVE TO FOCUS BACK ON PATIENT SAFETY HERE AND THE FACT THAT WE IF AND I ALSO MIGHT SAY MADAM CHAIRWOMAN, I APPRECIATE THE EXTRA FUNDING FOR THE HBL. WE'RE GOING TO NEED THAT JUST TO BE ABLE TO MONITOR WHAT'S GOING ON AT GMH AND EVENTUALLY ARE CLEARLY GOING TO NEED THAT WHEN WE HAVE THE WHEN WE ARRIVE AT THE SAME GOAL, WHICH WE BOTH SHARE, WHICH IS TO EVENTUALLY HAVE THIS BE AVAILABLE TO THE PUBLIC. BUT I THINK WE'RE PUTTING THE CART BEFORE THE HORSE. WE MUST HAVE A SYSTEM WHERE WE I AND I DON'T WANT TO GO BACK AND JUST REHASH WHAT I SAID, BUT THE POINT IS WE ALL WANT TO GET TO THAT POINT WHERE WE CAN WELCOME PEOPLE IN AND HAVE A NICE SUPERVISED SYSTEM AND AN ISLANDWIDE SYSTEM WHERE THERE IS A BASIS BY WHICH THE GOVERNMENT BECAUSE WE LICENSE PEOPLE BY WHICH THE GOVERNMENT CAN ENSURE THAT PHYSICIANS CAN COME AND START DIRECTLY INTO PRIVATE PRACTICE. BUT WE'RE NOT THERE YET. WE NEED TIME TO HAVE I'M JUST GOING TO SAY ONE LAST TIME IS WE NEED TO HAVE THE GUAM BOARD HAVE READY ACCESS TO EVERYTHING. THE INDIVIDUAL PHYSICIANS HAVE TO HAVE OVERSIGHT INTERNALLY WITH A DEPARTMENT WITH A HEAD OF THE MEDICAL OF THE OF THE PHYSICIANS. THAT'S THE MEDICAL PRACTICE WITHIN THE PHYSICIAN COMMUNITY. THAT'S THE PRESIDENT OF THE MEDICAL STAFF TO HAVE AN ADMINISTRATIVE PHYSICIAN THAT THEY CAN TALK TO WHICH IS THE MEDICAL DIRECTOR AND A CHIEF EXECUTIVE OFFICER. ALL OF WHOM ARE INVOLVED IN ENSURING THAT THIS PROGRAM GOES WELL ALONG WITH LEGISLATIVE ABILITY TO HOLD THE HOSPITAL ACCOUNTABLE AND THE TRAINING PROGRAM ACCOUNTABLE AS WELL AS THE EXECUTIVE BRANCH'S ABILITY TO ACT RAPIDLY IF THINGS AREN'T GOING CORRECTLY. AND NONE OF THOSE ARE DEPENDENT UPON WHO SITS IN THE LEGISLATURE, WHO SITS AT THE CHAIR OR AS A MEMBER OF THE BOARD BECAUSE THE FOUNDATION WILL BE THERE. I DON'T THINK THAT THE NEXT BOARD OF MEDICAL EXAMINERS IS GOING TO LICENSE PEOPLE WHO AREN'T APPROPRIATELY QUALIFIED. I DON'T HAVE FEAR FOR THAT. WE HAVE A GOOD SYSTEM IN PLACE. BUT WE HAVE TO LOOK AT OUR REALITY. AND INDEED THE FSMB AND AMA SAY USE YOU MUST HAVE A

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SYSTEMIC APPROACH TO THIS AND YOU MUST USE THE RESOURCES THAT YOU CURRENTLY HAVE NOT COUNT ON RESOURCES THAT ARE GOING TO BE COMING DOWN THE ROAD. SO AS MUCH AS I APPRECIATE YOUR FUNDING ADDITIONAL PEOPLE AND I GENUINELY DO. I REALLY THANK YOU FOR THAT. IT'LL TAKE TIME FOR THEM TO GET TRAINED. IT'LL TAKE TIME TO THEM GET EXPERIENCE. IF WE CAN HIRE THEM NOW AND HAVE THEM BE INVOLVED IN THE SUPERVISION OF THE PROCESS AT GMH, WHICH IS A SLOWER PROCESS. GRANTED, I'D LOVE TO GO MUCH FASTER, BUT WE SHOULDN'T. IT'S A SLOWER PROCESS. THESE ARE PEOPLE WHO HAVE LEARNERS PERMITS. THEY UM ARE NOT FULL-FLEDGED DRIVERS AS OF YET. I THINK GUAM WOULD BE, YOU KNOW, WITH SO MUCH BENEFIT THE ENTIRE COMMUNITY. ALL THE OTHER ARGUMENTS HAVE BEEN SAID. I DON'T WANT TO ARGUE SAY THEM ALL AGAIN, BUT I THINK THAT'S THE FUNDAMENTAL ARGUMENT IS APPROPRIATE GROWTH IN THIS ARENA WITHOUT PUTTING OURSELVES IN DANGER. AND WE WOULD BE THERE'S NO QUESTION IF WE DON'T HAVE TREMENDOUS LEVELS OF OVERSIGHT. SO, IT'S THAT'S REALLY ALL I HAD TO SAY IS I DON'T WANT TO GO TOO FAST WITH THIS, IT'S DANGEROUS. AND THAT'S AGAIN I'M KEEPING WITH MY FUN MY PRINCIPLES WHICH ARE PROTECT THE PUBLIC AND I WOULD FEEL I WOULDN'T BE DOING THAT IF I ALLOWED IF NOT ME THAT I'D ALLOW BUT MY OPINION IS THAT ALLOWING THAT TO HAPPEN WOULD NOT ALLOW ADEQUATE OVERSIGHT. GIVE US A COUPLE YEARS TO DEAL WITH THIS. THEN I'LL BE RIGHT BACK HERE SAYING THANK YOU FOR ALLOWING US TO HAVE PEOPLE AT HPLO. WE'VE WELL TRAINED THEM. THEY UNDERSTAND THE PROCESS. WE HAVE A NICE SYSTEM IN PLACE. WE WILL PROMULGATE OUR RULES AND REGULATIONS FOR THE BOARD SO THAT WE CAN SEE DO OVERSIGHT BUT WE JUST CAN'T DO IT IMMEDIATELY NOT RIGHT OUT OF THE GATE SO TO SPEAK. GIVE US TWO YEARS I THINK IS REASONABLE AND THEN WE REVISIT AND SAY CAN WE NOW EXPAND THIS INTO THE PUBLIC ARENA. I HOPE SO. I THINK IF WE IF WE DO THIS CAREFULLY WE SHOULD BE ABLE TO DO THIS. YEAH. BUT LET'S START OUT AT THE PROPER PACE, I GUESS. THANK YOU VERY MUCH. I DON'T HAVE A WHOLE LOT ELSE TO SAY, BUT I'LL AGAIN IF THERE ARE QUESTIONS FROM UH THE SENATORS, I'LL REMAIN.

SENATOR MATANANE

THANK YOU, DR. BERG. I HAVE TO SAY, THOUGH, WHAT IS DANGEROUS IS HOW THIS BILL, THIS ITP PATHWAY BECAME LAW. IT WAS INSERTED INTO ANOTHER BILL WHICH DID HAVE A PUBLIC HEARING, BUT THIS ITP PATHWAY DID NOT. IT WAS NOT VETTED. MEDICAL COMMUNITY DIDN'T HAVE INPUT. THEY DIDN'T HAVE A SAY. SO, I TEND TO DISAGREE WITH YOU IN TERMS OF WHEN WE'RE TALKING ABOUT DANGER AND WE'RE TALKING ABOUT PUTTING THE CART BEFORE THE HORSE BECAUSE WE SURE DID WHEN THIS LAW OR THIS BILL WAS ENACTED INTO LAW. DR. EDISON, YOU WANTED TO MAKE A COMMENT REGARDING MTALA.

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DR. EDISON

OH, YEAH. JUST YOU KNOW WE AS A CMS CERTIFIED FACILITY WE ARE BOUND BY FEDERAL LAW WHICH IS MTALA. WE CANNOT JUST TO CLARIFY WE DO NOT TURN AWAY PATIENTS WHO COME TO OUR EMERGENCY ROOM. WE STABILIZE WE PROVIDE THE APPROPRIATE CARE. WE DRAW FROM THE SAME POPULATION AS OUR BROTHERS AT GMH ON ISLAND. WE HAVE AN UNINSURED RATE THAT HOVERS BETWEEN 9 TO 12%. AND THAT SAME UNINSURED RATE MIRRORS OUR PATIENT MIX. THOSE ARE THE SAME PATIENTS THAT ALSO COME INTO US OUR DOORS. WE ALSO HAVE LONG STAY PATIENTS WHICH IS DEFINED BY MEDICARE AS A PATIENT STAYING MORE THAN SIX 6 MONTHS IN A HOSPITAL. WE HAVE THOSE PATIENTS AS WELL. WE TRY TO FIND SOLUTIONS FOR THEM. WE TRY TO FIND ALTERNATIVE HOUSING ANY WAY THAT WE CAN TO HELP THE PATIENTS. WE SEEK THE SAME GOVERNMENT SERVICES THROUGH THE OFFICE OF THE PUBLIC GUARDIAN. WE TAP OUR, YOU KNOW, OUR LOCAL RESOURCES WITH ST. DOMINIC'S TRYING TO FIND PLACEMENTS FOR THESE PATIENTS. AND IN CERTAIN CIRCUMSTANCES WHERE THE PATIENT REALLY DOES NOT HAVE THE RESOURCES TO BE ABLE TO AFFORD IT, WE PAY FOR THEIR CARE TO BE DONE AT ST. DOMINIC'S. MEANING THAT WE CUT THE CHECK TO BE TO ENSURE THAT THESE PATIENTS ARE TAKEN CARE OF BECAUSE THERE ARE ALSO DANGERS WITH HAVING PATIENTS WHO DO NOT NEED TO BE IN A HOSPITAL IN AN ACUTE CARE SETTING. RIGHT? SO IT'S A CHALLENGE. I THINK THAT IT'S THE REALITY OF PRACTICING AND HAVING OPERATIONS ON GUAM. SO, I MEAN, IT'S SOMETHING THAT'S UNIQUE. IT'S SOMETHING THAT'S CHALLENGING, BUT IT'S SOMETHING THAT WE ALL SHARE IN TERMS OF THE RESPONSIBILITY.

DR .SHIEH

YEAH. JUST ONE MORE POINT ADDRESSING DR. BERG'S QUESTION. YOU KNOW, ME AND DR. BERG, WE CAN TALK ALL DAY. OKAY. ONE THING ABOUT DR. BERG'S POINT ABOUT THE PRIVATE SECTOR LACKS OVERSIGHT. THAT'S TOTALLY UNTRUE. YOU KNOW, IN ORDER TO BE AN SOCIAL PROFESSOR, A CLINICAL PROFESSOR FOR THE UNIVERSITY OF HAWAII, JAPAN, FOR EXAMPLE, WHICH I AM, THEY OVERSIGHT, THEY I HAVE TO TURN IN CLINICAL CASES FOR THEM TO REVIEW. I HAVE TO DO A LOT OF THINGS IN ORDER FOR ME TO BE ABLE TO REMAIN AS A PROFESSOR OF A TRAINING CENTER. THE SAME IS TRUE WITH BOARD CERTIFICATION. SAME TRUE WITH BOARD CERTIFICATION. OKAY. THE OVERSIGHT FOR GRMC JOINT COMMISSION. THEY HAVE TO RESPOND TO JOINT COMMISSION. GH IS NOT ACCREDITED. WE'RE TRYING TO GET SOME ACCREDITATION BUT WE'RE NOT GOING FOR JOINT COMMISSION BECAUSE I DON'T THINK WE'RE READY YET. BUT WE WILL TRY TO WE WILL GET THAT ACCREDITATION AND I'M HELPING THEM. I'VE BEEN THERE FOR ACCREDITATION FOR THE NAVAL HOSPITAL. DR. BERG WAS THERE. YOU KNOW, I'VE BEEN THERE FOR ACCREDITED THE LAST ACCREDITATION FOR THE GMH WHEN DR. MIKE CRUZ WAS THERE UNDER THE CAMACHO ADMINISTRATION, YOU KNOW, SO I KNOW WHAT ACCREDITATION TAKES AND I'M GOING TO HELP GMH GET ACCREDITED, BUT DON'T EVER PUT DOWN

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THE PRIVATE SECTOR AGAIN. I DON'T KNOW WHY WE KEEP PUTTING DOWN THE PRIVATE SECTOR AND IT JUST DOESN'T MAKE SENSE. WE'RE HERE TO HELP YOU. DOES CAN GUAM SURVIVE WITHOUT DR. BERG'S CLINIC? I DON'T THINK SO. CAN GUAM SURVIVE WITHOUT DR. SHIEH'S CLINIC? MAYBE, BUT I DON'T THINK SO. YOU KNOW, WE'RE ALL HERE TOGETHER, ONE COMMUNITY, AND I UNDERSTAND THE SAFETY FACTOR WHAT DR. BERG HAS MENTIONED. OKAY, I DON'T WANT PHYSICIANS OUT HERE PRACTICING THAT'S UNSAFE. BUT IF YOU LOOK AT THE STATISTIC, LOOK AT THE DATA ON THE COMMUNITY OF GUAM PROBABLY GMH PROBABLY AND UNFORTUNATELY THAT THEY PROBABLY HAD THE MOST QUOTE UNQUOTE LIABILITY CASES. OKAY. UNFORTUNATELY, SO IF WE TALK ABOUT SAFETY AND OVERSIGHT, I'M NOT SURE IF YOU CAN COMPARE THAT TO THE PRIVATE SECTOR WHERE WE HAVE OVERSIGHT AS WELL. AND THEN ONE BOARD CAN SET UP A SYSTEM WHERE WE HAVE TO MAKE SURE THAT WE CROSS THE DOTS AND CHECK OFF THE BOXES. I KNOW THAT SYSTEM. I READ IT. I READ EXACTLY WHAT'S REQUIRED AND WHAT'S RECOMMENDED BY THE FEDERATION OF STATE MEDICAL BOARDS. AND I SO WISH THE STATE OF MEDICAL BOARDS WAS HERE, DR. BERG AND REACHED OUT TO ME THE PRESIDENT OF GUAM MEDICAL ASSOCIATION SO THAT WE CAN HAVE A PO WOW IN A ROUND TABLE BUT INSTEAD WE'RE UP TO THIS POINT AND WE'RE TALKING ABOUT THIS DISAGREEMENT YOU DISAGREE WITH ME DISAGREE WITH APPROACH I SURE WISH THAT WE HAD SAT IN A IN A ROOM A PRIVATE ROOM AND TALK ABOUT THIS BEFORE IT WAS SHOVED DOWN THE THROATS OF THE LEGISLATURE AND I DON'T KNOW THE OUTLOOP HAS SAID IT BEFORE RIGHT BASICALLY WE HAVE NO SAY UNFORTUNATELY THAT'S THE CASE AND I CAN'T WAIT FOR THE NEXT ELECTION.

SENATOR MATANANE

THANK YOU, DR. SHIEH WE'RE GOING TO OPEN IT UP TO ALLOW MY COLLEAGUES TO ASK QUESTIONS. AND WE'LL BEGIN WITH THE AUTHOR OF BILL 303, SENATOR TAITAGUE

SENATOR TAITAGUE

WILL I BE ABLE TO CLOSE TOO AS WELL AFTER THE QUESTIONS?

SENATOR MATANANE

YES.

SENATOR TAITAGUE

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OKAY. OKAY. FIRST, THANK YOU SO MUCH EVERYONE FOR BEING HERE. I THINK IT WAS CLEAR WHEN DR. EUSEBIO MENTIONED THE ISSUE ABOUT GUAM MEMORIAL HOSPITAL, ABOUT PUBLIC HEALTH, ABOUT OUR GOVERNMENT OF GUAM FACILITIES. AND IF ANYBODY IS, YOU KNOW, BAD MOUTHING PRIVATE SECTOR, I DON'T THINK THAT'S THE CASE. I THINK IT'S PRIVATE SECTOR BAD MOUTHING GUAM MEMORIAL HOSPITAL AND ALL THE OTHER PRIVATE PUBLIC I'M SORRY, PUBLIC FACILITIES ON THIS ISLAND. AND WHY DO YOU THINK THEY'RE TRYING SO HARD RIGHT NOW TO BETTER THEMSELVES TO FIND WAYS TO COVER IT? DR. EUSEBIO HIT IT ON THE NOSE WHEN HE SAID THAT WE CAN'T EVEN GET \$30 MILLION, YOU KNOW, TO FIX ALL THE OTHER FACILITIES AND A FACILITY THAT IS REQUIRED, DR. SHIEH, ARE YOU REQUIRED OR ARE YOU YEAH. REQUIRED TO TAKE ANY PATIENT THAT COMES INTO YOUR INTO YOUR CLINIC. ARE YOU REQUIRED?

DR. SHIEH

THAT QUESTION WAS ALREADY ANSWERED.

SENATOR TAITAGUE

I AND I'M GOING TO ASK YOU AGAIN.

DR. SHIEH

NO, WE'RE NOT REQUIRED TO DO THAT.

SENATOR TAITAGUE

SO, DO YOU THINK THAT THE MAJORITY OF PEOPLE ON THIS ISLAND CAN AFFORD PRIVATE DOCTORS OR PRIVATE CLINICS?

DR. SHIEH

YES.

SENATOR TAITAGUE

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YOU THINK THE MAJORITY OF PEOPLE ON THIS ISLAND CAN AFFORD THAT?

DR. SHIEH

YES.

SENTAOR TAITAGUE

OKAY. WELL, YOU ARE COLORFUL AT MAKING YOUR COMMENTS. YOU KNOW, I DON'T

DR. SHIEH

OH, I WOULDN'T SAY I'M COLORFUL.

SENATOR TAITAGUE

I'M ASKING THE QUESTIONS HERE.

DR. SHIEH

I'M ANSWERING YOUR QUESTION.

SENATOR TAITAGUE

AND ANOTHER QUESTION I HAVE FOR YOU, TOO.

DR. SHIEH

LET ME FINISH THE QUESTION YOU ASKED.

SENATOR TAITAGUE

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IN THE PUBLIC LAW THAT WAS PASSED IN 206, IS THERE ANY POSSIBILITY FOR ANY FOREIGN DOCTOR TO WORK AT A PRIVATE CLINIC? THE PUBLIC LAW THAT WAS RECENTLY PASSED IN 206. IS THERE ANY FOREIGN DOCTOR THAT CAN WORK?

DR. SHIEH

NOT UNDER THE ITP SECTION WHICH YOU INSERTED.

SENATOR TAITAGUE

NO. I ASKED YOU A QUESTION. THE LAW THAT WAS PASSED.

DR. SHIEH

I'M ANSWERING YOUR QUESTION.

SENATOR TAITAGUE

IS THERE AN OPPORTUNITY FOR A DOCTOR TO WORK AT A PRIVATE CLINIC?

DR. SHIEH

THE LAW IN 206 ALLOWING PEOPLE TO WORK IN A PRIVATE SECTION. THERE'S TWO PATHWAYS. OKAY.

SENATOR TAITAGUE

EXACTLY. ALLOWS FOR PRIVATE.

DR. SHIEH

LET ME ANSWER YOUR QUESTION. CAN I ANSWER YOUR QUESTION?

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SENATOR TAITAGUE

OH, YOU DID. YOU DID.

DR. SHIEH

I DIDN'T. I DIDN'T.

SENATOR TAITAGUE

NO, I HEARD YOU. YOU SAID THE ANSWER IS THIS.

DR. SHIEH

THE ANSWER IS THE SECTION THE PATHWAY THAT YOU SAY YOU PASS UNDER THE CONRAD 30 SYSTEM. THAT'S A REALLY FEDERAL LAW. IT DOESN'T MAKE NO DIFFERENCE. THE DIFFERENCE IS HERE UNDER THE ITP PATHWAY CREATES A DOUBLE STANDARD OF CARE AND THAT PATHWAY DOES NOT ALLOW THE PRIVATE SECTOR TO HIRE ITPS.

SENATOR TAITAGUE

SO THERE IS AN OPPORTUNITY FOR DOCTORS TO WORK IN THE PRIVATE SECTOR UNDER THE J1 THE CONRAD 30 LIKE MR. MALO HAD MENTIONED EARLIER OR DR. MANALOTO RIGHT

DR. MANALOTO

DR. MANALOTO

SENATOR TAITAGUE

DR. MANALOTO. SORRY I APOLOGIZE. SO THERE IS A PATHWAY FOR THAT FOR THESE DOCTORS AND IT'S ULTIMATELY UP TO THESE DOCTORS WHO ANSWER THE CALL. AND IF I'M NOT MISTAKEN I KNOW THAT

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DR. BERG AND THE QUESTION I HAVE FOR DR. BERG HAVE YOU RECEIVED ANY DOCTORS WHO ARE INTERESTED IN EITHER OF THE PATHWAYS THROUGH THE ITP OR THE FOREIGN MEDICAL?

DR. BERG

THAT'S FOR WE HAVE THERE IS A PHYSICIAN WELL QUALIFIED PHYSICIAN WHO IS PRACTICED IN THE PHILIPPINES FOR I THINK 10 YEARS 10 NO MAYBE CLOSER TO 20 YEARS WHO HAS A REASON THAT SHE WANTS TO BE HERE APPARENTLY HER COMES TO GUAM FREQUENTLY HER SON IS HERE AND SO SHE WANTS TO RELOCATE HERE AND I HAVEN'T LOOKED AT ANYTHING OTHER THAN HER RESUME OR CV AND SHE LOOKS VERY QUALIFIED AND I THINK THERE ALREADY BEEN SOME OTHERS. I THINK MAYBE EVEN YOUR OFFICE RECEIVED SOME.

SENATOR TAITAGUE

YES, WE RECEIVED YEAH, WE RECEIVED TWO DOCTORS QUESTIONING ON THAT. SO, DR. BERG, HAS SHE DECIDED WHETHER TO GO TO THE ITP OR THE UM FMGS, THE FOREIGN MEDICAL GRADUATES?

DR. BERG

ITP BECAUSE THEY'VE BEEN IN PRACTICE FOR A LONG PERIOD OF TIME. I MIGHT ADD, SENATOR, THEY ULTIMATELY YOUR BILL REQUIRES THAT THEY PASS ALL THREE STEPS OF USMLE. THE ADVANTAGE AND THE FSNB FOLKS MENTIONED THIS IS THAT WE SMARTLY SAID YOU DON'T HAVE TO PASS STEPS ONE AND TWO TO GET HERE. YOU HAVE TO PASS THEM, BUT YOU DON'T HAVE TO PASS THEM BEFORE YOU GET HERE. SO THOSE HIGHLY EXPERIENCED DOCTORS CAN COME IN AND GET STARTED RIGHT AWAY UH AND GET MONITORED VERY CLOSELY WHILE THEY'RE GETTING READY TO TAKES ONE, ONE, AND TWO. AND EVENTUALLY THEY MUST PASS TYPE STEP THREE AFTER I THINK IT'S THREE YEARS IF I RECALL AFTER THREE YEARS THEY MUST PASS IT. SO THE ANSWER IS YES AND THEY'RE AWARE OF THAT NEED TO DO THAT.

SENATOR TAITAGUE

DR. BERG IS THE ITPS MUCH MORE STRINGENT THAN THE FMG.

DR. BERG

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TO A CERTAIN EXTENT YES IN THAT THE LICENSURES FOR THE FMGS WHO CAN COME OUT THE CONRAD 30S ARE COMPLETELY UNRESTRICTED AND WHICH IS YOU KNOW MAYBE A BIG BENEFIT FOR PRIVATE SECTOR BUT I MYSELF WE'VE HIRED SEVERAL AND BEEN VERY HAPPY WITH IT THERE THEY ARE THERE YOU CAN GET THEM THERE I LIKE THE FACT THAT WE'VE NOW DEFINED THE SEPARATE PATHWAYS YES, ONE IS A FEDERAL PROGRAM, BUT WE'VE DEFINED HOW IT WORKS ON GUAM AND IT AND YOU'VE MADE A POINT OF SAYING IT'S AVAILABLE FOR PRIVATE PRACTICE AND YEAH, IT'S I THINK WE'RE ALL GOING TO BE FACED WITH THIS CHALLENGE OF THE \$100,000 FEE, BUT I IT WOULD SEEM TO ME IN MY READING THAT THAT PROBABLY PHYSICIANS WILL BE EXEMPT FROM THAT IN THE NEAR FUTURE. SO YES, BOTH PATHWAYS ARE GOOD FOR GUAM. BUT ONE HAVE ALREADY PASSED ALL OF THEIR RESIDENCY PROGRAMS. THAT'S WHY WE DON'T OPPOSE IT. THEY PASSED THEIR RESIDENCY PROGRAM, THE SAME TYPE OF RESIDENCY PROGRAMS THAT I PASSED. SOME HAVE BEEN THROUGH EXTRAORDINARY PROGRAMS. WE HAVE ONE PHYSICIAN WHO WENT THROUGH FOUR FELLOWSHIPS AT THE UNIVERSITY OF WASHINGTON. HE'S EXTRAORDINARILY WELL QUALIFIED AND I THINK EXTREMELY HIGHLY RESPECTED. HE DIDN'T NEED ANY SUPERVISION. ALREADY WAS BOARD CERTIFIED HAVING PASSED BUT DID NEED TO BE AS AN IMG GO THROUGH THE CONRAD 30 PROGRAM. SO IT'S OUT THERE BUT THAT'S NOT GOING TO SERVE THE NEEDS OF THE PUBLIC TO FILL THE GAPS THAT WE HAVE AT BALTIMORE HOSPITAL.

DR. SHIEH

DR. BERG, CAN I ASK YOU A QUESTION?

SENATOR TAITAGUE

SO EXCUSE ME, MADAM CHAIR. HE'S INTERRUPTING.

SENATOR MATANANE

IF YOU COULD HOLD OFF YOU CAN ALLOW HIM TO SPEAK. I'LL ALLOW HIM TO SPEAK.

SENATOR TAITAGUE

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YEP. SO I I'LL LET YOU KNOW IF I YOU KNOW IT'S I HAVE THE MIC SO IF I HAVE A QUESTION I WILL ASK HIM BUT YOU KNOW YOU'RE WELCOME AFTER I'M DONE TO SPEAK SOMETHING THAT YOU KNOW THESE DOCTORS WEREN'T ALLOWED IT'S MY TIME MADAM CHAIR I AMING THE TIME RIGHT I HAVE 2 MINUTES AND 47 MINUTES AND I WANT TO GET MY QUESTION I DON'T WANT TO BE BROKEN TO RESPOND IT'S MY TURN TO ASK THE QUESTIONS IF YOU WANT TO SIT THERE AND TRY AND CONTAIN OH, I'M SUPPOSED TO ASK

SENATOR MATANANE

DR. SHIEH YOU MAY PROCEEDS

DR. SHIEH

I WILL MAKE IT SHORT. OKAY.

SENATOR TAITAGUE

UNBELIEVABLE.

SENATOR MATANANE

YOU MAY PROCEED.

DR. SHIEH

YEAH. WITHOUT BILL 206 PASSING INTO PUBLIC LAW RIGHT NOW. EVEN GMH CAN HIRE FOREIGN DOCTORS. IT'S NOT JUST A PRIVATE EXTRA. YOU DON'T NEED BILL 206 TO 38 AND INSERT ATP. IF YOU WANT TO HIRE THE QUESTION IS BETTER ASKED, CAN GMH HIRE FOREIGN DOCTORS WITHOUT THE PASSAGE OF THAT BILL 206 THAT HAD THE PUBLIC HEARING UNDER CONRAD 30. THAT'S FEDERAL LAW. YOU DON'T EVEN NEED THAT BILL TO HIRE FOREIGN DOCTORS. SO THE QUESTION IS EVEN DR. BERG KNOWS THIS. OKAY. EVEN DR. MANALOTO WOULD TELL YOU CONRAD 30 IS A MORE STRICT SYSTEM IS A MORE RIGENT BECAUSE YOU HAVE TO PASS THE USMLE. YOU HAVE TO HAVE THE TRAINING SYSTEM THERE. BUT YOU DON'T NEED THAT BILL 206. AND I SAID IN MY TESTIMONY, GMH DOES NOT NEED THAT 206 BILL TO PASS NEW LAW TO HIRE FOREIGN DOCTORS. WE BOTH CAN. THE PROBLEM THAT I HAVE IS

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THAT THE INSERTION OF THE LANGUAGE FROM 294, THE BILL FROM ADELUP WITHOUT A PUBLIC HEARING, BYPASSING THAT DEMOCRATIC PROCESS OF THE PEOPLE OF GUAM SO DESIRE. IF YOU'RE GOING TO ASK US TO TRUST THE GUAM MEDICAL BOARD, THE GUAM MEDICAL BOARD MEMBERS SHOULD SAY THAT WAS WRONG WHAT THEY DID. THEY SHOULD HAVE HAD THAT PUBLIC HEARING AND THAT BILL SHOULD NOT HAVE BEEN PASSED BY INSERTION THAT WAY BECAUSE YOU SHOULD ALLOW THE PEOPLE OF GUAM TO ALLOW THE COMMUNITY DOCTORS TO HAVE A SAY AND THAT DID NOT HAPPEN. OKAY? AND YOU'RE GOING TO ASK US TO TRUST THE GUAM MEDICAL BOARD WHEN THEY KNOW FOR A FACT THAT THAT WAS INSERTED WITHOUT A PUBLIC HEARING. WHERE IS THE ACCOUNTABILITY AND THE OVERSIGHT FOR THE GUAM MEDICAL BOARDS? THE FEDERATION OF STATE MEDICAL BOARDS DIDN'T EVEN UPDATE DIDN'T EVEN UPDATE THEIR WEBSITE AS OF APRIL, JUST LAST WEEK WHEN I DOWNLOADED THE WEBSITE THAT SAYS THAT PARTICULAR LAW THAT HAD THE PUBLIC HEARING IS ON THEIR WEBSITE. I SURE WISH I CAN TALK TO THE GUAM FEDERATION MEDICAL BOARDS AND TESTIFY IN FRONT OF THEM AND SEE WHAT THIS BOARD HAS DONE. IS IT INAPPROPRIATE TO INSERT SUCH A LANGUAGE INTO A BILL WITHOUT A PUBLIC HEARING?

SENATOR TAITAGUE

THANK YOU, MR. SHIEH OR DR. SHIEH. AND NUMBER ONE, THIS BODY IS THE ONE THAT APPOINTS THE MEDICAL BOARD. SO IF THERE'S TRUST, WELL, IT HAS TO BE VOTED ON. SECOND, IF THE PRIVATE SECTOR WANTED TO HIRE FOREIGN MEDICAL DOCTORS, ABSOLUTELY. WHAT BILL 206 DID IT PROVIDED A PATHWAY AND IT STAYED THAT PATHWAY. THAT'S WHY IT WAS GERMAINE TO THE BILL. I DIDN'T ONLY JUST PUT ONE OPPORTUNITY ON A PATHWAY. I PUT TWO OPPORTUNITIES IN PATHWAY. ONE THAT IS CODIFIED, WHICH WE USUALLY DO WHEN IT COMES TO FEDERAL LAWS. SOMETIMES WE CODIFY IT IN THE GUAM LAW. WHAT WE DID, WHY DID THE QUESTION IS THEN IF IT'S SO AN OPTION OUT THERE, THEN WHY HASN'T THE PRIVATE SECTOR GONE AFTER THE J1 VISA CONRAD OPPORTUNITY AND NOW THAT WELL I'M JUST SAYING YOU ASK ME.

DR. SHIEH

A QUESTION WHY IS NO YOU ASKED ME A QUESTION WHY LET ME ANSWER THAT. YOU SAID WHY WE DIDN'T. I HIRED A J1. I GONE THROUGH THE CONRAD. AND I TESTIFIED, BUT YOU SAID WHY WE DIDN'T.

SENATOR TAITAGUE

NO, I'M TALKING ABOUT THE OTHER PRIVATE

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DR. SHIEH

SENATOR. YOU HAVE NO CLUE ON HEALTHCARE LEGISLATION.

SENATOR TAITAGUE

WAIT A MINUTE. WAIT A MR. DR. SHIEH.

SENATOR MATANANE

LET'S CALM DOWN AND REFRAIN FROM INSULTS.

SENATOR TAITAGUE

BECAUSE YOU KNOW YOU HAVE THE OPPORTUNITY IN THAT ROUTE. I MEAN DR. FROM GMRC HAD THAT OPPORTUNITY AS WELL TO GO DOWN THAT ROUTE. SO NOTHING STOPS THE PRIVATE SECTOR FROM LOOKING AT FOREIGN MEDICAL DOCTORS. NOW YOU HAVE TO REMEMBER THESE FOREIGN MEDICAL DOCTORS, THEY'RE GOING TO DECIDE THEMSELVES WHICH ONE THEY WANT TO GO. THEY WANT TO GO TO THE PRIVATE SECTOR, THEY GO UNDER THE FMG. IF THEY WANT TO GO ON TO WORK FOR THE PUBLIC SECTOR, THEY CAN GO TO THE ITP. BUT WHAT THIS BILL DOES ON 302, IT ACTUALLY TAKES SOME OF THE SAFETY MECHANISM THAT'S IN HERE TO PROTECT THIS COMMUNITY AND THE FSME. YOU HAVE EVERY OPPORTUNITY TO GIVE THEM A CALL. DR. SHIEH, SINCE YOU KNOW THEM SO WELL, YOU CAN GIVE THEM A CALL AND ASK THEM WHY DID THEY SUPPORT THE ITP? WHY DID THEY PROVIDE OPPORTUNITIES FOR FOREIGN MEDICAL DOCTORS TO FOLLOW THE SAME CONSTRINGENT THAT GRC IS SO PROUD OF TODAY THAT THEY CAN BE CERTIFIED AND ACCREDITED BECAUSE OF THE QUALIFICATIONS FOR THESE DOCTORS THAT THEY HAVE TO YOUR AMENDMENTS HERE WHICH BY THE WAY DR. SHIEH I MEAN DR. BERG HAVE YOU SEEN DR. SHIEH'S AMENDMENTS. WHAT ARE DR. SHEH'S AMENDMENTS? SENATOR TELO.

SENATOR TAITAGUE

I WAS JUST WONDERING IF YOU SAW HIS TESTIMONY, HIS TESTIMONY. HAVE YOU SEEN THAT, DR. BERG?

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DR. BERG

I HAVE.

SENATOR TAITAGUE

YOU'VE SEEN YOU'VE SEEN WHAT HE'S THE RECOMMENDATIONS HE'S MAKING?

DR. BERG

I RESPECTFULLY DISAGREE WITH THEM.

SENATOR TAITAGUE

IS THERE ANYTHING IN HERE THAT TAKES AWAY THE SAFETY OF YOU KNOW THESE DOCTORS THAT WE BRING TO GUAM AS FAR AS LIKE QUALIFICATIONS THAT THEY NEED?

DR. BERG

I THINK IF YOU'RE BRINGING IN A TOTALLY NEW SYSTEM OF INTERNATIONALLY TRAINED PHYSICIANS WHO HAVE NOT GONE THROUGH US RESIDENCIES YOU REMOVE THE SAFETY IF YOU PUT THEM OUT INTO PRIVATE PRACTICE. YES. AND THE PARODY IS REAL IF YOU WANT IN THAT THEY CAN RIGHT NOW THEY HAVE PARODY THEY CAN HIRE INTERNATIONAL GRADUATES WHO'VE ALREADY BEEN VETTED THROUGH RESIDENCY PROGRAMS GMH HAS THE UNIQUE AS DR. EUSEBIO MENTIONED THE UNIQUE OBLIGATION I APPRECIATE DR. MANALOTO RECOMMEND SAYING THAT THEY BY BEING A HOSPITAL THEY HAVE TO TAKE PATIENTS IN WHOEVER COMES INTO THE ER BUT IT'S NOT QUITE THE SAME. THEY CAN TURN PATIENTS AWAY EXCEPT IN THAT EMERGENCY ROOM SETTING THEY DON'T HAVE TO KEEP PATIENTS IN. THEY DO AND THEY ACT AS A SOLID MEMBER OF THE COMMUNITY THAT I'M NOT I HAVE NOTHING NEGATIVE TO SAY IN THAT ZERO. BUT THE REALITY IS THEY'RE NOT UNDER THE OBLIGATION TO TAKE IN ANYBODY, TREAT ANYBODY ON ELECTIVE FOR ELECTIVE SURGERIES AND THINGS OF THAT NATURE. I THINK THEY MAKE AN EFFORT TO DO SO, TO BE A GOOD, MEMBER OF THE COMMUNITY. I MEAN, THEY MAKE AN EXCELLENT EFFORT TO DO SO, MORE SO THAN THE VAST MAJORITY OF PRIVATE FACILITIES. BUT IT'S NOT THE SAME IN BECAUSE I AGAIN I COULD BRAG AND RIGHTFULLY SO THAT WE SEE A HUGE NUMBER OF PATIENTS WHO CAN'T PAY. WE SEE A HUGE NUMBER OF PATIENTS WHO CAN

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ONLY PARTLY PAY. WE DO IT WE NEVER MAKE THEM FEEL BAD. WE DON'T WE DO EVERYTHING WE CAN TO NEVER TURN THEM AWAY. BUT WE'RE NOT LEGALLY OBLIGATED TO. WE ARE NOT THE LAST REFUGE. OUR DOORS CAN CLOSE. BOTH OF THEM COULD CLOSE. WE COULD CHANGE THE POLICY. GMH CAN'T CHANGE THAT POLICY. THAT'S THE REAL DIFFERENCE.

SENATOR TAITAGUE

THANK YOU, DR. BERG. I'M LOOKING FORWARD TO HEARING YOUR COMMENTS, BOTH FROM ESPECIALLY DR. THORP BECAUSE, YOU KNOW, I'VE WORKED WITH HIM ON THE LAST BILL. HE HAD SOME COMMENTS AND SUGGESTIONS THAT I'M ACTUALLY GOING TO, YOU KNOW, LOOK THROUGH THOROUGHLY ON IT. BUT I'D ALSO LIKE TO HAVE YOU LOOK AT DR. SHIEH'S COMMENTS HE MADE BECAUSE SOME OF THESE ARE I MEAN HE GOES SUPER FAST BECAUSE MAYBE HE DOESN'T WANT ME TO OR WANT US TO ASK ANY QUESTIONS OR YOU KNOW SO FAST THAT HE CAN SAY WHATEVER HE WANTS TO SAY BUT WE CAN LOOK AT THE VIDEOTAPE ALSO YOU KNOW DR. SHIEH YOU CONSTANTLY SAYING THAT IT'S NOT A DEMOCRACY TO LET THIS BILL GO THROUGH OR TWO SIX TO GO THROUGH AND YOU'RE SAYING HOW IT SHOULD HAVE HAD THE AN OPPORTUNITY TO HAVE A PUBLIC HEARING ON IT. IT'S THE SAME PATHWAY AS I MENTIONED, BUT THEN DR. SHIEH, YOU TEXT ME AND I'VE SENT IT. I'VE SENT THIS TEXT TO OTHER PEOPLE TO SHOW THAT YOU ACTUALLY SAID YES, LET IT GO THROUGH. THAT WAS YOUR COMMENT TO MY TEXT.

DR. SHIEH

DO YOU WANT ME TO DO YOU WANT ME TO EXPLAIN THAT TEXT?

SENATOR TAITAGUE

OH, IT WAS EASY. THE TEXT CLEARLY SAID, "LET IT GO THROUGH AFTER WE TALKED.

DR. SHIEH

NO, THE COMMENT SAYS THE COMMENT I TELL YOU THIS, OKAY? I ALREADY GAVE YOU MY OPINION. IF YOU WANT TO MAKE IT GO THROUGH, THAT'S UP TO YOU. THAT'S EXACTLY WHAT I I ALREADY GAVE YOU MY OPINION AND I SAID YOU SHOULD DEFER IT, TAKE IT BACK TO COMMITTEE AND LET'S GET IT ALL TOGETHER BECAUSE IT SHOULD BE RIVETED AND HAVE A PUBLIC HEARING.

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SENATOR TAITAGUE

LET IT GO THROUGH. IT'S FINE. I GAVE MY INPUT. I GAVE MY INPUT.

DR. SHIEH

THAT'S UP TO YOU. THAT'S WHAT I SAID.

SENATOR TAITAGUE

YOU MADE IT CLEAR THAT WE CAN GET IT THROUGH AND THEN MAKE ANY CHANGES. BUT THE WHOLE POINT IS THAT WE CAN'T DELAY. WE'VE GOT DOCTORS ALREADY KNOCKING ON OUR DOOR WANTING TO COME IN HERE. OF COURSE, THEY HAVE TO GO THROUGH THE VISA PROGRAM FIRST IN ORDER TO GO THROUGH HERE. BUT WE'VE GOT DOCTORS READY TO COME.

DR. SHIEH

THEY DON'T NEED A BILL TO COME HERE.

SENATOR TAITAGUE

THE WAY THE BILL IS WRITTEN OR THE WAY THE LAW IS WRITTEN TODAY, WE'VE GOT DOCTORS WHO ARE ALREADY ANSWERING THE CALL. SO DELAYING IS JUST RIDICULOUS. IT'S JUST ANOTHER TACTIC TO DELAY.

DR. SHIEH

THERE'S NO TACTIC TO DELAY.

SENATOR MATANANE

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SENATOR GUMATAOTAO

SENATOR GUMATAOTAO

BEFORE YOU TURN THE CLOCK ON, SO ARE WE ABLE TO ASK QUESTIONS ON BOTH BILLS RIGHT NOW, CHAIR?

SENATOR MATANANE

YES.

SENATOR GUMATAOTAO

OKAY. THANK YOU SO MUCH. I'M GOING TO START ON THE FIRST ONE IF I CAN. DR. BERG, CAN YOU PLEASE TELL US FOR THE RECORD HOW MANY PHYSICIANS HOLD VALID MEDICAL LICENSES IN GUAM?

SENATOR GUMATAOTAO

YEAH, I SUPPOSE I CAN. IT'S SOMEWHERE AROUND BETWEEN 6 AND 700 AT ANY GIVEN TIME BUT SENATOR IT THE MAN I WOULD SAY AND THERE ARE PEOPLE FROM THE HPLO OFFICE THERE SOMEWHERE BETWEEN 30 AND 50% DON'T PRACTICE ON THEY'RE JUST TELLY PHYSICIANS WHO YOU KNOW THAT YOU'VE READ ABOUT IF MAYBE EVEN USED THESE SERVICES WHERE YOU CAN SEE SOMEBODY ONLINE THEY GET LICENSED IN EVERY JURISDICTION SO ACTIVELY PRACTICING IS SOMEWHERE PROBABLY CLOSER TO 400 PHYSICIANS, SOMETHING LIKE THAT.

SENATOR GUMATAOTAO

DR. BERG, THIS IS NOT AN OVERSIGHT HEARING, BUT QUITE FRANKLY, THAT'S AN UNACCEPTABLE ANSWER. WHY I'M GETTING TO THIS POINT, IF YOU COULD TELL US HOW MANY, IF IT'S 400 DOCTORS, IT'LL GET ME TO MY NEXT QUESTION. I'M SO SORRY THAT BRIANNA HAD TO LEAVE.

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DR. BERG

YEAH, BUT YOU OKAY. SO, BUT THE THING IS I'M NOT OUT THERE WATCHING EVERY DOCTOR AND SEEING ARE THEY REALLY PRACTICING ON GUAM OR NOT AND HOW DOES ONE DEFINE PRACTICING ON GUAM BECAUSE YOU ASK ME HOW MANY PRACTICING PHYSICIANS LICENSED IS AROUND 675. I DON'T HAVE THE NUMBER RIGHT NOW BECAUSE PEOPLE TURN THEM IN, PEOPLE APPLY AND THEY GET LICENSES THROUGH THE INTERSTATE MEDICAL LICENSURE COMPACT AND WE DON'T NECESSARILY SO THEY ARE RECIPROCITY TYPE PROGRAM. SO WE DON'T EVEN SEE THEM AND I SO I DON'T KEEP TRACK OF THE EXACT NUMBERS. I ASSURE YOU I CAN GET YOU THAT NUMBER WITHIN AN HOUR OF ONCE THE HPLO STAFF GOES BACK. THEY'LL HAVE THAT NUMBER AND THEY MAY KNOW IT IN THEIR HEAD. BUT THE QUESTION IT BECOMES VERY DIFFICULT TO KNOW WHEN YOU SAY ACTIVELY PRACTICING BECAUSE DOES THAT INCLUDE SOMEBODY WHO SAW A PATIENT FROM GUAM ON A ONE TELE VISIT IN A YEAR? I DON'T I I DON'T KNOW THE ANSWER TO THAT. I SUPPOSE IT DOES BUT WE DON'T HAVE A MECHANISM. THERE'S NO MECHANISM IN THIS TIME TO KNOW WHETHER THAT HAS HAPPENED OR NOT. OR DO THEY JUST THEY'RE PART OF YOU KNOW TELDOC USA AND THEY HAVE A LICENSE IN GUAM BUT THEY'VE NEVER SEEN ANYBODY

SENATOR GUMATAOTAO

DR. BERG LET ME INTERRUPT I'M NOT I'M NOT TRYING TO GET YOU AT A GOTCHA MOMENT.

HOLD ON LET ME JUST FINISH MY THOUGHT HERE DR. BERG IS I'M JUST TRYING TO GET AN ANSWER BECAUSE FOR US WE'RE TRYING TO CHANGE AND BRING MORE DOCTORS. SO I'M JUST TRYING TO GET AN EXACT NUMBER FOR AND I'M HOPING THAT YOU'RE THAT THE GROUP CAN SEND A NOTE BACK TO THE COMMITTEE FOR THE PRECISE NUMBER OF VALID MEDICAL LICENSES IN GUAM THAT ARE THAT ARE ADMINISTERED BY THE ORGANIZATION YOU CHAIR.

DR. BERG

SURE. BUT CAN I ANSWER ONE PART OF THAT WHICH IS THE HEALTH AND HUMAN SERVICES DOES A MORE IN-DEPTH BECAUSE THEY HAVE THE CAPABILITIES OF SEEING WHERE PEOPLE ARE ACTIVELY PRACTICING AND FORTUNATELY GUAM USED TO BE CONSIDERED FOR PRIMARY CARE A HEALTH PHYSICIAN SHORTAGE AREA WE OR HIPSA AS IT'S OFTEN CALLED WE ARE NO LONGER. SO I CAN THE THAT'S WHERE I GOT THE 400 NUMBER WAS I THOUGHT THAT WE SHOULDN'T BE THERE. I'M LOOKING NOW AND IT IS ACTUALLY 572 ACTIVE LICENSES, RIGHT? SO, I CAN GET THE NUMBER, BUT THAT DOESN'T TELL YOU HOW MANY ARE REALLY PRACTICING HERE. HHS, HEALTH AND HUMAN SERVICES, DOES A LITTLE BETTER JOB BECAUSE THEY CAN SEE WHAT BILLINGS COME FROM VARIOUS

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JURISDICTIONS. SO, SOMEBODY COULD BE LICENSED IN IN GUAM FOR 20 YEARS AND NEVER SEE A PATIENT. IS THAT ACTIVELY PRACTICING? HHS TELLS US IT'S MORE IN THE IN THE SOMEWHERE BETWEEN 400 450 IN THAT RANGE. AROUND 450 WAS THE LAST THE LAST TIME AND THAT'S WHEN THEY SAID SO WE'RE NO LONGER GOING TO COUNT YOU AS A HEALTH PHYSICIAN SHORTAGE AREA. THOSE ARE PEOPLE ARE ACTIVELY PRACTICING. THEY JUST DON'T TELL US HOW MANY ARE TELLY. SO 572 IS A SPECIFIC NUMBER BUT IT'S NOT THE WHOLE ANSWER.

SENATOR GUMATAOTAO

AGAIN, THIS MEDICAL COMMUNITY ON GUAM IS SMALL AND TIGHTLY CONNECTED. AND SO IF THE PRACTICING PHYSICIANS, BOTH PUBLIC AND PRIVATE, HOSPITAL ADMINISTRATORS AND THE GBME WERE NOT MEANINGFULLY CONSULTED BEFORE THE PASSAGE OF PUBLIC LAW 38107, THEN WHAT WE'RE HEARING TODAY IS BEGINNING TO MAKE A LOT OF SENSE TO ME. IT REALLY IS. WE'RE TRYING TO HELP, BUT WE NEED THE NUMBER. NOW, ACKNOWLEDGING THE GOVERNOR THROUGH HER MESSAGE APPROVING THE POLICY ALLOWING ELIGIBLE INTERNATIONALLY TRAINED PHYSICIANS TO WORK IN GUAM, SHE CAUTIONED AGAINST OPENING UNRESTRICTED MEDICAL PRACTICE. SO I'M I HOPING MADAM CHAIR THAT FOR THE RECORD THAT THE BOARD WILL BE ABLE TO GIVE US AN ANSWER. HOW DOES THE CHIEF EXECUTIVE APPROACH HER APPROACH TO ADDRESSING THE CRITICAL PHYSICIAN SHORTAGES RECONCILE WITH REALITY INCLUDING CALLS BY NON-GOVERNMENT PHYSICIANS FOR THE RECRUITMENT OF MORE SPECIALISTS? WE HEARD IT FROM DR. SCOTT TODAY AND AGAIN WE HEARD THIS CONFLICT ON RELATIVE TO SALARIES WHICH IS I GUESS AS ACCORDING TO DR. WYN A MYTH. I'M LOOKING FOR SPECIFICS RIGHT NOW TO HELP ME AND PASS A BILL AND I'M NEEDING ALL OF THIS COMMUNITY'S HELP. SEVEN DOCTORS ARE IN THE ROOM AND IF IT'S ONLY 400 OF YOU, IT'S A VERY SMALL PERCENTAGE, BUT WE NEED ALL OF YOUR HELP TO ANSWER THE QUESTIONS TO HELP US PASS PUBLIC POLICY. THE BILL PROPOSES A STRUCTURED SUPERVISION PROTOCOL. WHO ON GUAM IS QUALIFIED AND AVAILABLE TO SERVE AS A SUPERVISING PHYSICIAN UNDER THE FRAMEWORK THAT'S OUTLINED IN BILL 306, SORRY, 302, EXCUSE ME. IS THERE ENOUGH DOCTORS TO SUPERVISE UNDER THIS PUBLIC POLICY? MAYBE FOR THE BOARD, DR. BERG, ANYONE SITTING AT THE PANEL?

DR. BERG

SURE. I CAN TELL YOU THAT WE ARE NOT GOING TO ACCEPT APPLICATIONS FOR THE PROGRAM AND I THINK DR. EUSEBIO CAN TESTIFY TO THIS. THE INTENT IS THAT WE WILL NOT ACCEPT PEOPLE UNLESS WE HAVE ADEQUATE SUPERVISION AND MULTI-LAYERED. SO YOU CAN'T HAVE ONE SPECIALIST IN THE WE WANT TO START WITH UH PRIMARY CARE BY THE WAY ONLY AND THEN EXPAND IT AFTER WE GET OUR FEET WET AND THE PROGRAM IS UP AND RUNNING AND TESTED. BUT WE'RE NOT THE INTENT AND

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I THINK DR. EUSEBIO CAN SPEAK A LITTLE BIT MORE TO THIS BECAUSE THAT'S HIS PART HIS SIDE OF THIS IS WE MUST HAVE A MULTI-LAYERED SUPERVISION IN PLACE BEFORE ANYBODY STARTS. SO BUT I WOULD TURN THAT DISCUSSION OVER TO DR. EUSEBIO. THAT'S MORE OF HIS AREA.

SENATOR GUMATAOTAO

DR. EUSEBIO, HOW MANY DOCTORS DO YOU THINK WE NEED FOR THIS?

DR. EUSEBIO

IT WOULD BE DIFFICULT TO SAY SPECIFICALLY. THERE'S 192 PHYSICIANS AT GMH. ALL OF THEM HAVE DIFFERENT SPECIALTIES. THERE ARE DIFFERENT SPECIALTY NEEDS THAT GUAM REQUIRE OF WHICH THERE ARE MANY SPECIALTIES THAT ARE LET'S SAY EMPTY OR VACANT BECAUSE WE DON'T HAVE THE MEANS OR WHETHER IT'S SPECIALIZED EQUIPMENT OR SPECIFICALLY THE PATIENT POPULATION. LET ME EXPLAIN. SOME OF THE PROCEDURES THAT ARE DONE OFF ISLAND, LET'S SAY, ARE BEST DONE OFF ISLAND. AND BECAUSE THERE ARE THINGS THAT WE HAVE THAT ARE DESIGNED SPECIFICALLY FOR PATIENTS THAT YOU JUST CAN'T TAKE OFF THE SHELF. SO IF THERE'S NOT ENOUGH PATIENT POPULATION, YOU CAN'T EMPLOY THAT PHYSICIAN. LET ME BE SPECIFIC. FOR MANY YEARS, WE WANTED A CARDIAC SURGEON AND WE HAD WE HAD ONE OVER AT GRMC. THAT SURGEON ALTHOUGH HE WANTED TO DO AS MANY CARDIAC SURGERIES AS POSSIBLE DIDN'T HAVE ENOUGH CASES TO DO IT. THAT'S SEPARATE FROM DOING ANGIOGRAMS AND ANGIOPLASTIES WHICH WILL WHICH YOU HAVE MORE PATIENT POPULATION OF BECAUSE THERE'S ONLY A SUBSET OF THOSE PATIENTS THAT YOU'RE DOING ANGIOPLASTIES THAT WILL REQUIRE SURGERY. SO A LOT OF TIMES THESE SPECIALISTS WILL BE SITTING AROUND OF WHICH YOU ARE PAYING THEIR SALARIES. SO IT'S BETTER FOR PATIENTS TO GO OFF ISLAND FOR THOSE SPECIFIC THINGS. SO FOR SOME SPECIALISTS WE DON'T REALLY NEED THEM IN GUAM AND WE CAN SEND THEM OFF ISLAND. HOWEVER, ONE OF THE THINGS THAT HAS HELPED US WHICH IS IMPORTANT TO CONSIDER IS THAT BECAUSE OF TELE MEDICINE WE'RE ABLE TO DELIVER THE CARE THAT WE COULDN'T DO BEFORE AND IT'S NOT COSTING US AS MUCH WHICH IS WHAT WE ARE INVESTING IN AT GMH AND GRMC IS DOING THE SAME THING AS WELL BUT FOR OUR SITUATION HERE IN GUAM IT IS MORE EFFICIENT MORE COST EFFECTIVE FOR US TO DO IT THAT WAY. SO THAT WHEN YOU SAY HOW MANY PHYSICIANS DO WE NEED IN GUAM DEPENDS WHAT SPECIALTIES ARE YOU TALKING ABOUT. DO WE NEED PRIMARY CARE PHYSICIANS? THE ONES THAT NEED TO TAKE CARE OF PATIENTS LIKE PEDIATRICIANS, LIKE INTERNIST, FAMILY PRACTICE. YES, WE DO. A LOT OF THOSE PATIENTS, A LOT OF THOSE PHYSICIANS CAN BE HIRED AT THE PRIVATE CLINICS, CAN BE HIRED AT GMH. AT GMH, WE'RE LOOKING FOR PEDIATRICIANS, WE'RE LOOKING FOR OBSTETRICIANS, WE'RE LOOKING FOR INTERNISTS, HOSPITALISTS IN ORDER TO PROVIDE PRIMARY CARE SERVICE, NOT NECESSARILY SPECIALTY CARE.

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CERTAINLY, WE NEED MORE SURGEONS, BUT NOT AS IN DEMAND AS THE PRIMARY CARE PATIENTS. SO, WITH 192 PHYSICIANS, MY GUESS WOULD BE THAT WE PROBABLY NEED 20 MORE PRIMARY CARE PHYSICIANS. THAT'S HOW I WOULD ANSWER THAT QUESTION.

DR. NGUYEN

SENATOR GUMATAOTAO. CAN I CHIME IN?

SENATOR GUMATAOTAO

YES, YOU CAN, DR. NGUYEN THANK YOU.

DR. NGUYEN

YEAH. SO TO ANSWER YOUR QUESTION, HOW MANY SUPERVISED PHYSICIAN THAT YOU GOING TO NEED TO FOR THIS ITP? I WOULD SAY THAT NOT ALL PHYSICIAN WANT TO BE SUPERVISED A SUPERVISOR TO ANOTHER PHYSICIAN. I TELL YOU THAT I HAVE ABOUT 20 PHYSICIAN IN MY PRACTICE AND ABOUT 18 OF THEM WILL SUPERVISE BUT TWO OR THREE WILL SAY ABSOLUTELY NOT I DON'T HAVE THE TIME TO DO THAT. SO IT'S VERY CHALLENGING. I THINK THAT FOR IT'S EASIER FOR THE PRIVATE CLINIC TO HAVE PHYSICIAN TO STEP UP FOR SUPERVISING ROLE. IT'S GOING TO BE A VERY CHALLENGING FOR THE PUBLIC HEALTH SYSTEM TO HAVE A PHYSICIAN THAT VOLUNTEER TO SAY I WILL BE THE SUPERVISOR ROLE JUST BECAUSE THEY'RE OLD ON SATURDAY THEY WANT TO GO HOME AFTERWARDS AND IT'S REALLY THEY THEY NOT REALLY COMMITTED TO THE PRACTICE. SO IT'S VERY HARD ON THE PUBLIC SIDE, PUBLIC HEALTH SIDE OR GMA SIDE TO HAVE SOMEONE REALLY WANT TO STEP UP AS SUPERVISOR AND SPEND MORE TIME TO WRITE UP AN ITP OR NOT. SO IT IS GOING TO BE A VERY CHALLENGING FOR THE BOARD TO HAVE A SUPERVISOR TO SAY THAT I WILL BE SUPERVISED AS ITP AND AGAIN LIKE DR. EUSEBIO SAY IF YOU DON'T HAVE THE SPECIALTY THEN YOU CANNOT HAVE THAT SPECIALTY TO COME IN TO ONE BECAUSE THERE NO SUPERVISOR TO UH SUPERVISE THAT SPECIALTY. SO IT HAVE TO BE THE SAME SPECIALTY. SO I THINK THE PROGRAM I AGREE WILL BE PRIMARILY FOR THE PRIMARY CARE SIDE THE HOUSE UH THE PEDIATRICIAN THE FAMILY PRACTICE AND TO MEDICINE BUT FOR OTHER SPECIALISTS IT'S GOING TO BE VERY CHALLENGING TO HAVE SOMEONE STEP UP TO THE ROLE TO BE SUPERVISED. SO IT'S GOING THAT THAT'S SOMETHING HAVE TO BE DEFINED BY THE BOARD TO SEE WHO ARE CAPABLE TO BE THE SUPERVISOR.

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DR. SHIEH

YEAH. YOU KNOW LET ME LET ME TELL YOU SOMETHING. YOU KNOW WE THE BOARD THE GUAM MEDICAL BOARD IS RESPONSIBLE FOR THE ENTIRE ISLAND RIGHT THE WHOLE PEOPLE OF GUAM. IT SEEMS LIKE TO ME THAT THE BOARD IS WORKING FOR GOV GUAM AND FOR THAT POPULATION ONLY. WE TEND TO FORGET THAT THE PRIVATE SECTOR IF WE SEE 20 PATIENTS IN THE CLINIC THAT HELPS THE HOSPITAL OUT WE ALLEVIATE THAT TRAFFIC INTO THE EMERGENCY ROOM HELP ALLEVIATE THE WAITING TIME. SO I DON'T UNDERSTAND THE ISSUE WITH THE PRIVATE SECTOR NOT BEING INVOLVED. AGAIN I GO BACK TO THE SAME QUESTION. DO WE NEED THE PRIVATE SECTOR? I ASSUME THAT WE DO BECAUSE I'M STILL HERE. I'M HOPING THE DAY THAT COME THAT MAYBE WE DON'T NEED WE DON'T NEED IT. BUT TO ANSWER YOUR QUESTION AS FAR AS SUPERVISOR'S ROLE, YOU KNOW, I WANT TO ASK DR. BERG. DR. BERG, DO YOU THINK I'M QUALIFIED TO BE A SUPERVISOR?

DR. BERG

SURE, WHY NOT?

DR. SHIEH

WELL, THERE YOU GO. THERE YOU GOT YOUR ANSWER, RIGHT? BUT I'M UNABLE TO ACCESS ITP. SO, HOW DOES THAT BENEFIT THE PEOPLE OF GUAM? SO, HERE'S MY POINT, RIGHT? MY POINT IS THIS, RIGHT? I'M BOARD CERTIFIED OBGYN. I'M PROBABLY THE LAST DINOSAUR LEFT ON GUAM FOR 30 YEARS. I'M HEADING OUT INTO MY SUNSET. I COULD LEAVE TOMORROW IF I WANT. OKAY. LIKE I SAID, CHANGE MY NAME TO DR. BALLINGER. WHAT DR. EUSEBIO HAS SAID. THE WOMEN AND CHILDREN IN GUAM IS NOT BASED ON YOU GO AND SEE AN ACUTE CARE FOR ONE VISIT. THAT'S IT. DONE. OKAY. IT'S NOT THAT SIMPLE. IS NINE MONTHS OF TAKING CARE OF THE WOMB AND THE BABY THAT CONTINUES TO GROW INSIDE THE MOM. IT'S NINE MONTHS OF CONTINUOUS CARE. A HOSPITAL-BASED PRACTICE WHEN YOU TRAIN THEM IN THE HOSPITAL ENVIRONMENT, EVEN A PUBLIC HEALTH, THEY CAN'T DO IT, OKAY, IS INTERRUPTED CARE. WHEN YOU DO THAT, THE WHOLE POINT OF THE ITP ACCESS, EVEN THE FEDERATION OF MEDICAL BOARDS HAS SAID THAT YOU WANT TO TRAIN THEM TO THE POINT WHERE THEY'RE SAFE TO COME OUT IN PUBLIC, BUT YOU'RE PUTTING THEM IN A SITUATION WHERE THEY'RE NOT GOING TO HAVE THE ABILITY TO SEE THAT CONTINUITY OF CARE IN THE PRIVATE PRACTICE SIDE. SO, THEY REALLY CAN'T COME OUT IN PUBLIC REALLY. BUT IF THAT'S THE INTENT OF THE BILL, THEN SAY SO THAT YOU DON'T WANT EVER LET ITP TO COME OUT IN PUBLIC.

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SENATOR GUMATAOTAO

OKAY. SO, LET ME LET ME JUST MOVE ON TO ONE LAST QUESTION ON THIS BILL 302. DR. BERG, CAN YOU TELL US WHAT'S THE CURRENT BACKLOG FOR LICENSING APPLICATIONS AT THE GUAM BOARD OF MEDICAL EXAMINERS?

DR. BERG

TEMPORARY LICENSES, THE BACKLOG IS EXTREMELY LONG, 2 DAYS. OKAY. PERMANENT LICENSES, FOUR WEEKS. IF YOU APPLY THE DAY AFTER A MEETING, YOU CAN APPLY UP TO 5 DAYS BEFORE. SO, THERE IS IN ESSENCE ZERO BACKLOG.

SENATOR GUMATAOTAO

SO YOU SAID YOU SAID IT IN DAYS, BUT HOW WHAT'S THE NUMBER TOTAL AMOUNT OF LICENSES?

DR. BERG

ZERO RIGHT NOW. ZERO.

DR. SHIEH

BUT YOU KNOW THAT'S VERY EFFICIENT, RIGHT?

SENATOR GUMATAOTAO

HOLD ON. SO YOU'RE SAYING THERE'S NO BACKLOG ON THE RECORD ON AT THE GBME

DR. BERG

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ZERO.

SENATOR GUMATAOTAO

THANK YOU, MADAM CHAIR. I HAVE ONE ONLY ONE QUESTION IF I CAN.

SENATOR MATANANE

DR. EUSEBIO WANTED TO RESPOND TO SOMETHING THAT YOU WERE I JUST WANTED TO HELP ANSWER THAT QUESTION IN REGARD TO SUPERVISION. EVERY PHYSICIAN THAT COMES IN THE HOSPITAL IS SUPERVISED INITIALLY REGARDLESS OF WHO HE IS BECAUSE WE NEED TO DEEM HIM AS SAFE. ONCE HE IS SUPERVISED INITIALLY AND I'M TALKING ABOUT WHETHER FOREIGN LICENSURE I DON'T CARE IF HE CAME FROM HARVARD OR WHATEVER DOESN'T MATTER EVERYONE IS SUPERVISED INITIALLY TO DETERMINE WHETHER THEY ARE SAFE OR NOT SAFE. ONCE THAT DETERMINATION HAS BEEN MADE AND THE DEPARTMENT TAKES YOU OFF THE SUPERVISORY POSITION OR ROLE, THEN YOU'RE FREE TO GO.

SENATOR GUMATAOTAO

OKAY. THANK YOU, DOC. THIS IS MY ONLY QUESTION, MADAM CHAIR, ON BILL 303. UH BECAUSE THE BILL INTENDS TO ENSURE THAT THE PUBLIC LAW 38107 IS IMPLEMENTED WITH FURTHER PUBLIC INPUT WITHOUT DELAY AND IT DELIVERS RESULTS FOR THE PEOPLE OF GUAM. WHAT RESOURCES AND TENTATIVE RULEMAKING SCHEDULE, DR. BERG HAD BEEN PUT FORWARD BY THE GUAM BOARD OF MEDICAL EXAMINERS SINCE THE PASSAGE OF THIS BILL ON APRIL 7TH, 2026. RECOGNIZING THAT RULES AND REGULATIONS FOR OTHER POLICIES, THE APPRENTICESHIP PROGRAM, THE PREGNANT WORKER FAIRNESS ACT, THE BODYWV CAMERAS, FIREARM SILENCERS HAVE EITHER TAKEN MANY YEARS OR HAVE YET TO BE DEVELOPED.

DR. BERG

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WELL, WE HAVE A 90-DAY LIMIT RIGHT NOW TO DEVELOP OUR RULES AND REGULATIONS. I WILL SAY THAT THE RULES AND REGULATIONS AT THE GUAM BOARD OF MEDICAL EXAMINERS DO CHANGE, BUT TO GET THIS INITIALLY STARTED, WE HAVE A 90-DAY LIMIT. AND THE INTENT, WE HAVE TWO NEW MEMBERS OF THE BOARD IS TO AND FOR DR. BORDALLO WILL BE ATTENDING THE NEXT ONE, AND WE HAD TWO THREE MEMBERS THAT WERE NOT THERE AT THE LAST MEETING FOR VARIOUS REASONS. BUT THE INTENT IS THAT AT THE NEXT MEETING WHICH IS IN MAY THAT WE ARE GOING TO DIVVY UP THE DUTIES AND WE'LL GET IT DONE. IF IT IF WE HAVE TO GET IT DONE IN 60 DAYS WE'LL DO IT. I'D RATHER HAVE 90. I'D RATHER HAVE 120 BUT I DON'T MIND HAVING A LIMIT. I THINK IT'S SENATOR I'M HAPPY WITH A LIMIT. WHATEVER THAT LIMIT IS 120 WOULD GIVE US TIME TO REALLY THINK IT THROUGH BUT WHATEVER IT IS WE'LL GET IT DONE IN TIME. ALL RIGHT. THANK YOU DR. BERG. THANK YOU MADAM CHAIR.

DR. SHIEH

YOU KNOW I WANT ONE COMMENT RIGHT DR. BERG, WHAT'S YOUR SOLUTION? I MEAN, YOU KNOW, PEOPLE HAVE CRITICIZED ME THAT I DON'T WANT COMPETITION IN THE PRIVATE SECTOR. YOU KNOW, I WANT COMPETITION. I WANT THE ITP TO BE ABLE TO COME OUT AND PRACTICE TO SERVE THE COMMUNITY. AND I KNOW THAT YOU MENTIONED THAT THE SAFETY, YOU KNOW, THEY'RE NOT QUESTIONABLE, YOU KNOW, COULD COME OUT UNTIL THEY'RE SUPERVISED. I CAN UNDERSTAND THAT POINT, BUT WHAT CAN THE BOARD HELP THE PRIVATE SECTOR? HOW CAN YOU HELP US DEVELOP THAT RELATIONSHIP WITH YOU SO THAT WE CAN BE ABLE TO RECRUIT

DR. BERG

IF YOU WANT. I MEAN, I CAN TELL YOU THAT THE BOARD MY I THINK I'M A RATHER THICK-SKINNED PERSON, SO I DIDN'T RESPOND TO THE ACCUSATION THAT WE'RE HERE TO SOMEHOW SERVE GOV GUAM. BY NO MEANS. WE'RE HERE TO PROTECT THE PUBLIC. THAT MEANS THAT WE TRY TO EXPEDITE OUR LICENSING PROCESS. SO, AS SENATOR GUMATAOTO QUESTIONED AS TO WHETHER WE HAVE A BACKLOG, WE WORK INCREDIBLY DILIGENTLY TO HAVE NONE AND LOOK AT THE BEST PRACTICES. SO, WE COPIED NEW HAMPSHIRE WHO FIGURED OUT A WAY TO GET IT DONE IN TWO DAYS FOR TEMPORARY LICENSES AND THAT'S HOW WE ON AVERAGE IS 48 HOURS. WE WANT EVERYBODY TO BE ABLE TO GET THEIR LICENSE APPROVED THE FIRST MONTH THAT THEY APPLY APPROVED. OF COURSE, THERE ARE SOME THAT WE HAVE QUESTIONS ABOUT, RIGHT? BUT, I THINK THAT'S OUR PART OF OUR EFFORT TO ENSURE THAT APPLICANTS GET THEIR LICENSES FAST. AND I WOULD EVEN CHALLENGE TO SAY IF YOU ASK ANYBODY WHO HAS HIRED PHYSICIANS IN THE LAST FEW YEARS, WERE THERE DELAYS IN GETTING LICENSES THAT WERE SOMEHOW DUE TO THE BOARD'S INACTION? I HOPE NOT. MAYBE

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THERE'S ONE WHERE SOMEHOW GOT, YOU KNOW, FELL OFF THE TABLE, BUT THAT I DON'T KNOW ABOUT, BUT BY AND LARGE, I WOULD SAY WE'RE WAY OVER 95% ARE HANDLED EXTREMELY EXPEDITIOUSLY. I THINK THAT HELPS SERVE THE COMMUNITY. I THINK WE HAVE LOOKED AT MECHANISMS OF BETTER SCRUTINIZING PEOPLE WHO MIGHT NOT WELL SERVE THIS COMMUNITY. ALSO, I MEAN I COULD GO THROUGH LIST. I DON'T THINK THAT WHAT THIS IS HERE AND I APOLOGIZE.

SENATOR MATANANE

THANK YOU, DR. SHIEH WE NEED TO LET MY COLLEAGUES, THEY HAVE QUESTIONS AS WELL. I'VE ALLOWED YOU A LOT OF LEEWAY IN TERMS OF YOUR PRESENTATIONS. SENATOR DUENAS

SENATOR DUENAS

SI YUUS MAASE MADAM CHAIR YOU KNOW CUT TO THE CHASE IT'S VERY CLEAR WITH PUBLIC LAW 38107 AND THIS EXCHANGE THAT WE'VE BEEN HAVING SURELY SHOWS THAT WE SHOULD HAVE HAD A PUBLIC HEARING ON THE AMENDED VERSION OF THE BILL THAT BECAME THIS LAW BUT THAT'S DONE WE'RE HERE. NOW, I HAVE SOME MAJOR CONCERNS FROM WHAT I'VE BEEN HEARING AND I'M GOING TO EXPRESS TWO CONCERNS AND THEN ASK QUESTIONS. ONE IS I DON'T THINK ANYBODY KNEW THAT THEY WERE VOTING ON BASICALLY WHAT BY THE REPRESENTATION OF DR. EUSEBIO, DR. BERG, AND PUBLIC HEALTH UNFORTUNATELY WHO LEFT THAT THIS BASICALLY IS A GOVERNMENT PHYSICIAN BILL AND THE PRIVATE SECTOR RIGHT NOW IS EXCLUDED. YOU CANNOT THAT'S UNEQUIVOCAL AT THIS POINT FROM EVERYTHING THAT I'VE HEARD. SO, DR. SHIEH AND ALL THE PRIVATE SECTOR SIDE AND I'M SORRY DR. MANALOTO HAD TO LEAVE. I'M SURE HE HAS THE SAME FEELING THOUGH. CAN YOU PLEASE LET ME KNOW? DID YOU DID ANYONE THINK IN THE MEDICAL COMMUNITY THAT WE WERE GOING TO END UP WITH BASICALLY A GOVERNMENT-ON SERVED EXPANSION OF PHYSICIAN CARE ON GUAM?

DR. SHIEH

NO, ABSOLUTELY NOT. WE ALL CAUGHT BY SURPRISE. I ONLY GOT A CALL WAS FROM SENATOR TELO ABOUT THE BILL AND INTROJECTION. I DON'T WANT TO READ WHAT SHE MESSAGED ME COMPLETELY BECAUSE YOU KNOW SHE SENT ME THE MESSAGE FROM DR. BERG AND IT'S LIKE FOUR OR FIVE PARAGRAPHS AND I GAVE HER MY POINT THERE AND I GAVE MY OPINIONS ON THERE I SAID THAT'S DISCRIMINATORY I WOULDN'T DO THAT AND YOU KNOW THE POINT HERE IS THAT THIS BILL IS UNDER THIS EVERYBODY THIS BILL IS UNDER THE GOVERNOR OF GUAM ONLY BILL SO YOU KNOW IT'S NOT TRANSPARENT SEE EVEN MY COMMENT IS THIS OKAY I GET ALONG WITH DR. NUMBER. I GET ON WITH

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DR. EUSEBIO, THEY HAVE MY PHONE NUMBER. YOU KNOW, A PHONE CALL WOULD HAVE MADE A HUGE DIFFERENCE AND SAY, "HEY, WE WANT TO CREATE A BILL TO HELP GMH. WE WANT TO CREATE A BILL TO HELP PUBLIC HEALTH." THEN WE CAN WORK TOGETHER AND MAKE IT A SYSTEM THAT'S WORKABLE. THAT BILL THAT THE ADELUP HAS INTRODUCED SHOULD HAVE HAD A PUBLIC HEARING. AND THAT BILL TO INTROJECT INTO THE BILL ORIGINAL BILL 206 WILL WE TESTIFY HAD NOTHING OF ITP OF THIS MAGNITUDE THAT'S IN THERE. AND LIKE I SAID IF YOU CAN ANSWER THE QUESTION I SAID YOU KNOW CAN GOVERNOR OF GUAM HANDLE THE ENTIRE POPULATION UNDER HEALTHCARE WITHIN THE GOVERNMENT OF GUAM. IF THE ANSWER IS YES THEN HEY WHY ARE WE DOING HERE? WE DON'T EVEN NEED TO BE PART OF THIS. BUT IF THE ANSWER IS NO WE NEED THE PRIVATE SECTOR'S HELP. OKAY, THEN WORK WITH US, INCLUDE US INTO THIS LEGISLATION. DON'T EXCLUDE THE PRIVATE SECTOR, YOU KNOW, AND I HAVE, YOU KNOW, I DON'T NEED TO BE ON GUAM. I'M HERE BECAUSE I LOVE THE PATIENTS THAT I CARE FOR. I LOVE DELIVERING BABIES. I THINK THEY'RE THE NEXT GENERATION OF YOUR LEADERSHIP. THE BABIES I'VE DELIVERED, THE 11,000 NEAR 12,000 BABIES THAT DELIVER COULD BE SITTING UP THERE MAKING LAWS, COULD BE THE NEXT GOVERNOR OF GUAM. OKAY, I LOVE THIS ISLAND. I WANT TO STAY HERE. AND THE REASON I KEEP COMING BACK HERE IS BECAUSE I LOVE THE PEOPLE. I ALWAYS TELL PEOPLE, OKAY, THE BEST PART ABOUT GUAM IS NOT THE FOOD. IT'S NOT THE BEACHES. IT'S NOT THE SUNSHINE. IT'S THE PEOPLE. WE ARE ONE COMMUNITY, ONE GUAM, AND WE HAVE ONE MEDICAL COMMUNITY, NOT JUST GOV GUAM.

SENATOR DUENAS

DR. NGUYEN WERE YOU AWARE THAT BASICALLY WE WERE GOING TO GET TO THE POLICY OF A GOVERNMENT DOCTOR SYSTEM? THAT IS WHAT WE WERE ADDRESSING.

DR. NGUYEN

NO, NO, I'M UM CAN YOU HEAR ME?

SENATOR DUENAS

YES.

DR. NGUYEN

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YEAH. YEAH. I DON'T HAVE ANYTHING REGARDING THIS BILL AT ALL. REGARDING THAT DAY THE LEGISLATURE AGAIN SENATOR TAITAGUE AND ASKED TO REVIEW THAT BILL THE SAME THAT MORNING AND I DON'T HAVE TIME TO DO THAT YOU KNOW SO WE DIDN'T KNOW THAT THE BILL STRICTLY RESTRICT ONLY TO THE PUBLIC AND THERE NO PRIVATE SIDE INVOLVED WITH THIS INTERNATIONAL TRAINED PHYSICIAN

SENATOR DUENAS

SO LET ME ASK THIS AND DR. SCOTT, I'D LIKE YOU TO JUMP IN ON THIS. I KEEP HEARING ALL THIS, YOU KNOW, SAFETY ISSUE, BILL 302, AS IT GOES FORWARD. I'M REALLY CONFUSED ABOUT WHAT WE'RE TALKING ABOUT HERE, BECAUSE WE'RE TALKING ABOUT ACCESS TO CARE. AND THAT'S WHAT WE WERE SOLD THAT WE WERE GOING TO PASS A LAW THAT'S GOING TO GIVE ACCESS TO CARE. AND I NEVER EVER HEARD THAT IT WAS GOING TO BE ACCESS TO GOVERNMENT CARE, NOT ACCESS TO PRIVATE CARE. CUZ I THINK IT'S ONE SYSTEM, ISN'T IT? SHOULDN'T IT BE ONE SYSTEM? AND SO MY QUESTION TO YOU IN THE PRIVATE SIDE IS HOW DOES 302 IN YOUR VIEW BECOME UNSAFE GIVEN THE FACT THAT SHOULDN'T WE HAVE A UNIVERSAL SYSTEM OF ACCESS?

DR. SCOTT

WELL, I THINK THAT THE IDEA OF HAVING ACCESS WOULD BE HELPFUL. I THINK IT WOULD ALSO BE HELPFUL IF WE ALLOWED THE PRIVATE SECTOR TO PARTICIPATE BECAUSE THERE ARE CERTAIN PROGRAMS STROKE BEING ONE OF THEM THAT THE PRIVATE SECTOR HAPPENS TO HAVE A GREATER IMPACT AND IT'S A STROKE YOU KNOW A SYSTEM ACROSS ALL COMMUNITIES A STROKE ALERT COMES TO GRMC WE DON'T HAVE A STROKE ALERT GO TO GMH BECAUSE THEY DON'T HAVE THE FACILITIES TO TAKE CARE OF THE PATIENT. WE'VE ALREADY DECIDED AS A COMMUNITY THAT WE WANT THE PUBLIC AND PRIVATE SECTOR TO WORK TOGETHER. I AS A NEUROSURGEON SEE A HUGE NUMBER OF HEMORRHAGIC STROKES ON THE ISLAND MUCH MORE THAN I SAW IN JOHNSON CITY, TENNESSEE OR MINNESOTA WHERE I USED TO WORK BECAUSE OF THE POPULATION OF THE PEOPLE HERE HAVING THESE HIGH RISK OF BLEEDING STROKES. WE NEED NEUROSURGEONS TO HELP TAKE CARE OF THEM. I WOULD LIKE TO BE A SUPERVISING PHYSICIAN FOR THAT. WE DON'T I'M DON'T KNOW ANY WAY TO DO THAT UNDER THIS RULES WITHOUT THE AMENDMENTS.

SENATOR DUENAS

DR. SHIEH?

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DR. SHIEH

SORRY, CAN YOU REPEAT THE ONE QUESTION?

SENATOR DUENAS

YEAH. SO, MY WHOLE THING IS WE KEEP HEARING THIS. NOBODY REALIZED THAT WHAT WE WERE ACTUALLY PASSING AND WHAT ACTUALLY BECAME LAW IS BASICALLY ACCESS FOR THE GOVERNMENT HOSPITAL AND THE GOVERNMENT PUBLIC HEALTH SYSTEM TO ACCESS PHYSICIANS. WE'RE TRYING TO MAKE IT EQUITABLE BY INCLUDING THE PRIVATE SECTOR. DO YOU SEE THE SAME SAFETY ISSUES THAT ARE BEING DISCUSSED BY THE CHAIR OF THE GBME AND CAN WE SHOULD WE BUILD THIS SYSTEM AT ONE TIME?

DR. SHIEH

I THINK WE WANT A UNIFORM LICENSURE, UNIFORM MEANING THAT NON-DISCRIMINATORY. I KNOW DR. BERG SAYS DISCRIMINATORY NOT DISCRIMINATORY BUT I THINK IT IS DISCRIMINATORY WHEN YOU CREATE DOUBLE STANDARDS OF CARE. I THINK WHAT WE NEED TO DO IN 302, YOU'VE ADDRESSED THAT. YOU KNOW, THERE'S CERTAIN STANDARDIZED TESTING THAT NEEDS TO BE DONE. YOU ALL GMH CAN STILL HIRE FOREIGN DOCTORS. YOU KNOW, EVEN IF YOU PUT THOSE NATIONAL STANDARDS IN THERE, THEY CAN STILL HIRE. IT DOESN'T MEAN THAT THEY CAN'T. EVEN TODAY WITHOUT THE LEGISLATION, EVERYBODY CAN STILL HIRE FOREIGN DOCTORS. I ENCOURAGE THAT. THE PROBLEM I HAVE IS YOU I' I'VE SAID THIS, WE HAVE A CRISIS FOR WOMEN'S HEALTH, RIGHT? WE DO. THERE'S REALLY ONLY A WHAT ME AND ONE OTHER DR. MILLER SHE'S ALREADY LIMITING HER PRACTICE. I TRY TO TAKE AS MANY PATIENTS AS I CAN BUT OVER 30 YEARS IT'S I GET TIRED MY BODY IS ACHING AT THE END OF THE DAY I'VE BEEN UP 24 HOURS I ONLY GET TWO THREE HOURS OF SLEEP A DAY AND THAT'S THE TRUTHFULNESS OF THIS OKAY AND YOU KNOW THERE'S ONLY SO MUCH THAT I CAN HANDLE AND I'M ASKING FOR HELP NOT FOR ME BUT FOR THE POPULATION OF GUAM ESPECIALLY FOR WOMEN AND CHILDREN. NOW ONE CAN ARGUE THAT OH THE HOSPITAL WILL HIRE THE OBESE BUT THERE'S A DIFFERENCE BETWEEN HOSPITAL CARE OBESE IN ACUTE SITUATIONS VERSUS OUT IN THE COMMUNITY. THE OTHER ARGUMENT IS THIS. OH, PUBLIC HEALTH CAN DO PRENATAL CARE. WELL, NOT THE PRIVATE SECTOR, NOT ALL POPULATION WILL WANT TO GO PUBLIC HEALTH AND THEY CAN'T HANDLE EVERYTHING, RIGHT? BUT YOU WANT TO BE ABLE TO HAVE ACCESS FOR EVERYBODY ON GUAM. AND WHY NOT OPEN IT UP TO GUAM? IF YOU'RE

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CONCERNED ABOUT THE SAFETY ISSUE, I DON'T SEE 302 AS CREATING A SAFETY ISSUE IF THAT LAW IS PASSED. IN FACT, 302 MAKES EVEN SAFER.

DR. NGUYEN

SENATOR DUENAS?,

SENATOR DUENAS

YEAH, GO AHEAD.

DR. NGUYEN

YOU KNOW, REGARDING THE SAFETY ISSUE, I CAN SPEAK BOTH IN THE PUBLIC AND THE PRIVATE, RIGHT? AS CHIEF OF STAFF FOR GMH FOR I THINK FOR TWO CONSECUTIVE TERM. YOU KNOW, THE DOCTOR IS CORRECT. YOU HAVE THE DEPARTMENT CHAIR, YOU HAVE THE CHIEF OF STAFF, YOU HAVE A MEDICAL DIRECTOR, YOU HAVE A LOT OF LAYER THERE AT GMH AND IT CAN BE PRETTY INTIMIDATING FOR AN ITP TO PRACTICE IN A TYPE ENVIRONMENT BECAUSE THERE'S A LOT OF YOU KNOW PRESSURE ON ITP. ON THE PRIVATE PART YOU KNOW WE REALLY PAY A LOT OF ATTENTION ON LIABILITY AND THIS A HUGE PART AND THAT'S ANOTHER ISSUE RIGHT THERE'S A DIFFERENT LIABILITY WITH THE PRIVATE OR PUBLIC IN THE DIFFERENT SIDE ON THE PRIVATE SIDE LIABILITY IS A BIG PART AND WE DO IN THE PAST THAT HIRE PHYSICIAN WE LET THEM GO WITHIN TWO TO THREE MONTHS BECAUSE WE SEE THAT TOO MANY MISTAKE YOU KNOW UH SO ON THE PRIVATE SIDE SAFETY PART. YEAH, I'M TELLING YOU AND I KNOW DR. BERG THE SAME HE HAVE HIS OWN PRIVATE PRACTICE BUT IF RE RADIOLOGIST KEEP MAKING MISTAKE HE GOING TO LET THEM GO REALLY QUICK YOU KNOW WE AS A PRIVATE OWNER OF ENTITY I'M TELLING YOU LIABILITY THE BIGGEST PART I'M NOT THE GOVERNMENT I'M NOT GMH I'M NOT YOU KNOW PUBLIC HEALTH WE OUR LIABILITY IS OUT OF THE ROOF SO FOR SAFETY AND FOR SUPERVISORY PART I THINK ON THE PRIVATE SIDE WOULD BE MUCH MORE STRICT BECAUSE WE DON'T WANT TOOK CARE OF THE LIABILITY AT ALL.

SENATOR DUENAS

YOU KNOW, DR. BERG, I AM A CHAMPION FOR GUAM MEMORIAL HOSPITAL. ALL THE IMPROVEMENTS THAT ARE GOING ON OUT THERE RIGHT NOW HAS BEEN THROUGH THE EFFORTS OF A LOT OF US GETTING MILLIONS AND MILLIONS OF DOLLARS INTO THAT HOSPITAL TO FIX ITSELF AND TO BE ABLE TO

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BE A PROPER FACILITY FOR PATIENT CARE AND SERVICES. I'M CONCERNED THAT WHAT WAS DISCUSSED AND SOLD WHEN THIS MEASURE THAT BECAME BILL 38107 NOW WAS ACCESS TO CARE FOR AN UNDERSERVED POPULATION IN UNISON. EVERYBODY WAS TALKING ABOUT WE NEED MORE DOCTORS. WE NEED MORE DOCTORS. WE NEED MORE SERVICES TO OUR PEOPLE. AND NOW WE'RE TRYING TO MAKE SURE THAT IT'S EQUITABLE ON THE PRIVATE AND PUBLIC SIDE. YET YOU'RE SAYING THAT IT CANNOT HAPPEN AND IT HAS TO HAPPEN JUST ON THE GOVERNMENT SIDE. I NEED YOU TO ELABORATE ON THAT.

DR. BERG

SURE. WELL, THANK YOU, SENATOR DUENAS. SO, I GUESS WHAT I'M SAYING IS I TOO WOULD LIKE THIS TO BE ABLE TO BE AVAILABLE OUT IN THE PRIVATE SECTOR, BUT IT HAS TO START SOMEWHERE. AND I MIGHT ADD BY THE WAY THAT IN OKAY SO I DON'T WORK I'M NOT EMPLOYED BY GMH BUT IN THE DISCUSSIONS THAT WE HAD THERE'S A CLEAR INTENT TO HAVE PEOPLE BE WORKING IN THE OUTPATIENT FACILITIES AT GMH AND I ALSO WANT TO SAY THAT I THINK IT'S REALLY NOT RIGHT TO SAY THAT YOU MUST HAVE PRIVATE SECTOR EXPOSURE AS A PROVIDER TO BE READY TO PRACTICE IN THE YES. THERE ARE I MANY ACADEMIC PHYSICIANS WHO STAYED IN ACADEMIA WHO TRAINED AT HARVARD AND STAYED AT HARVARD AND THEN WORKED IN PUBLIC HEALTH AND THEY DON'T THEY'RE NOT BAD PHYSICIANS BECAUSE THEY NEVER WORKED IN THE PRIVATE SECTOR. A HUGE NUMBER OF PHYSICIANS NEVER WORK IN THE PRIVATE SECTOR YET CONTRIBUTE TREMENDOUSLY TO UH THE WELL-BEING OF THE PEOPLE OF GUAM. NOW, SO WHAT I AND I'M NOT SURE I WAS INCREDIBLY CLEAR, WE WANT THIS TO GO OUT, BUT WE WANT TO HAVE IT START IN A SETTING WHERE AND I THINK MAYBE I'M NOT SAYING IT CORRECTLY, SENATOR, IS EVERYBODY CAN GO TO GMH. THERE'S NO OTHER FACILITY ON GUAM WHERE EVERY SINGLE PERSON CAN GO. SO, IT'S THE BEST PLACE TO START. IT'S ONLY A START. AND SO, THE IDEA WASN'T TO RESTRICT IT TO THE GOVERNMENT. IT WAS TO PUT THE ITP PROGRAM, THE INTERNATIONAL TRAIN PROGRAM IN A SITUATION WHERE IT COULD BE WELL MONITORED AND DEVELOPED SO THAT IT CAN THEN IT WILL SERVE EVERYBODY BECAUSE EVERYBODY CAN GET TO GMH. SO IT'S A PLACE TO START EVERYBODY CAN AVAIL THEMSELVES OF THESE PHYSICIANS. SO IT DOES EXPAND AVAILABILITY IN THE COMMUNITY AND THAT IN DUE COURSE AS I SAID IF I'M OPTIMISTIC MAYBE IN TWO YEARS WE CAN SAY OKAY WE'VE PRETTY MUCH MASTERED THIS. WE HAVE THE PEOPLE, THANKS TO SENATOR MATANANE, WE HAVE THE PEOPLE WHO CAN GET TRAINED ON HOW TO MONITOR IT WITHIN THE PRIVATE SECTOR. WE CAN GET THERE. AND SO I THINK THE BILL YOU VOTED ON IS ONE THAT DOES INTEND TO SERVE EVERY MEMBER OF OUR COMMUNITY FROM THE GET-GO THAT YOU BUT IT'LL BE AT GMH UNTIL WE GET A NICE SYSTEM DOWN. AND I AM CONCERNED ABOUT OVERSIGHT AS DR. HOA MENTIONED THIS LAYERED APPROACH OF OVERSIGHT DEPARTMENTS. I'M NOT GOING TO GO THROUGH THE WHOLE THING, BUT THAT WE HAVE THIS MULTI-LEVEL ABILITY TO SCRUTINIZE THE PROGRAM AND MAKE SURE IT'S THAT WE HAVE A REALLY GOOD ONE IN PLACE BEFORE

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WE TAKE RISKS AND I THINK WE WOULD BE TAKING RISKS IF WE GOT THERE THAT I MEAN THAT IS I RESPECT YOUR OPINION AND I KNOW YOU I CAN FEEL THE PASSION SAYING I WANT EVERYBODY TO BENEFIT FROM THIS. I SHARE THAT PASSION. I JUST WANT

TO MY JOB IS TO KEEP IT SAFE AT FIRST AND THEN LET IT MOVE INTO A POINT WHERE WE CAN MONITOR EVERYTHING AND EVERY SINGLE PERSON BENEFITS FROM DAY ONE BUT MORE AND MORE AND MORE PEOPLE WILL BENEFIT. THAT'S THE INTENT.

SENATOR DUENAS

YEAH, DOC, I JUST HAVE TO RESPECTFULLY DISAGREE WITH THE POSITION THAT YOU TAKE THOUGH ON THE FACT THAT IT EVERYBODY CAN ACCESS GMH. THAT'S ABSOLUTELY TRUE. THERE'S NO QUESTION ABOUT THAT. I THINK THE THING IS THAT NOT EVERYBODY CAN AVAIL OF THE DOCTORS OUTSIDE OF GMH. NOW BECAUSE THE WAY THE PROGRAM'S SET UP, IT'S NOT SET UP TO DO THAT. IT'S NOT SET UP UNDER THE CURRENT PUBLIC LAW TO DO THAT. SO, I WANTED TO HEAR DR. SCOTT'S POSITION ON THAT. I THINK HE HAD AN OPINION AS WELL. TURN ON YOUR MIC, PLEASE.

DR. SCOTT

IT APPEARS AS IF, YOU KNOW, GMH IS A DIFFERENT CLASS OF PLACE THAN GRMC, BUT GRMC HAS THE SAME DEPARTMENT LEVEL CERTIFICATION AND SO FORTH. IF YOU'RE ON STAFF AT A MAJOR HOSPITAL IN GUAM, YOU'RE ALL UNDER THOSE SAME SUPERVISIONS TO KEEP YOUR PRIVILEGES. EVERYTHING IS THE SAME. THAT IT WOULD JUST MAKE SENSE THAT YOU WOULD BE ABLE TO USE WHICHEVER HOSPITAL HAS A PROGRAM FOR INSTANCE TO TAKE CARE OF STROKE. I'D LIKE TO BE ABLE TO GET A PERSON IN. I DON'T REALLY WANT TO WAIT TWO MORE YEARS TO THEN SAY, "OH, LET'S START TO GO LOOK." I THINK IT WOULD MAKE SENSE IF YOU'RE GOING TO BE A SUPERVISING PHYSICIAN, YOU SHOULD BE ABLE TO DO IT SOONER. EVEN THOUGH YES, IT WOULD BE NICE TO HAVE THE MONITORING PROGRAM, BUT THE MONITORING PROGRAM BETWEEN GMH AND GRMC, I THINK, ARE EFFECTIVELY THE SAME.

DR. SHIEH

ACTUALLY, ACTUALLY I WOULD DISAGREE WITH THAT. I THINK GRMC IS ACTUALLY HIGHER OVERSIGHT BECAUSE THE JOINT COMMISSION ACCREDITED. THE REASON WHY THAT IS THE CASE BECAUSE IF THEY'RE NOT FOLLOWING CERTAIN STANDARDS, I DISAGREE WITH YOU. WELL, WE ALL DISAGREEING WITH EVERYTHING HERE.

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DR. EUSEBIO

BUT WHAT I THINK THAT'S AN INAPPROPRIATE STATEMENT AND I THINK THAT YOU SHOULD TAKE IT BACK.

DR. SHIEH

OKAY, I'LL TAKE IT BACK. BUT HERE'S THE THING, RIGHT? WHAT I'M TALKING ABOUT IS OVERSIGHT, RIGHT? IF YOU REALLY THINK ABOUT IT, IF DR. BERG REALLY CARES AND HE SAYS ABOUT SAFETY ISSUES, RIGHT, WHY NOT ALLOW GRMC TO HAVE ITPS BECAUSE THEY'RE PERFECTLY CAPABLE OF SUPERVISING, RIGHT? AND I AND I THINK WE HAVE TO TAKE A STEP BACK AND LOOK AT THIS AND LIKE I SAID IF THE ORIGINAL IF THAT LAW WAS ACTUALLY VETTED OUT AND I HAVE APPROPRIATE I DON'T KNOW MAYBE DR. BERG LIKED IT WHEN WE DIDN'T HAVE A PUBLIC HEARING ON THAT BILL AND JUST INSERTED IT JUST LIKE THAT. AGAIN I HAVE TO GO BACK IF YOU WANT US TO TRUST THE BOARD IF YOU WANT TO TRUST THE GOVERNMENT YOU HAVE TO MAKE SURE THAT WE HAVE A PUBLIC SAY. THAT'S HOW THE LAWS ARE BUILT IS TO HAVE PUBLIC INPUT, BUT THAT NEVER HAD THAT PUBLIC INPUT IN THAT PARTICULAR SECTION OF THE LAW.

SENATOR DUENAS

DR. BERG, YOU'RE THE GATEKEEPER. I MEAN, RIGHT NOW YOU'RE THE CHAIR, YOU HAVE YOUR BOARD MEMBERS. WE JUST CONFIRMED ANOTHER ONE. I'M CONCERNED BECAUSE YOUR EXPRESSION TODAY SEEMS TO ALLUDE TO THE FACT THAT IF WE IF WE MADE IT, IF WE OPENED IT UP AS OPPOSED TO HOW IT'S APPEARS TO BE NOW, THAT IT'S CLOSED, IT'S FOR GMH, IT'S FOR PUBLIC HEALTH. AND IT'S BECAUSE THE SYSTEM SAYS PUBLIC HEALTH SAYS THEY CAN'T DO IT. THE LICENSURE BOARD SAYS THEY CAN'T DO IT. THEY CAN ONLY PROVIDE THE LICENSES AND THE SUPERVISION AND THE PHYSICIANS WITHIN THE GOVERNMENT SYSTEM. AREN'T YOU THE SAME GATEKEEPER WHETHER IT'S LOCKED DOWN TO THE GOVERNMENT OR OPEN ON BOTH SIDES?

DR. BERG

YES AND NO. I THINK EVENTUALLY YES. I'D SAY AT THIS POINT FOR EXAMPLE YOURSELF YOU DON'T YOU WOULD NOT BE ABLE TO CALL A LEGISLATIVE OVERSIGHT HEARING AND DEMAND THAT PEOPLE FROM GRMC SHOW UP WHEREAS IF YOU CALLED MY OFFICE OR YOU CALL GMH WE HAVE TO SHOW UP THE

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SO YOU DON'T HAVE THAT ASPECT OF IT AND IF YOU WERE TO HAVE A MAGIC CRYSTAL BALL AND SAY GMH BURN TO THE GROUND TOMORROW AND YOU SAID CAN WE DESIGN A PROGRAM COULD WE HYPOTHETICALLY DESIGN A PROGRAM THAT WORKED AT JRMC SO LONG AS JRMC DIDN'T TURN ANY PATIENTS AWAY SO THAT EVERYBODY BENEFITED FROM THIS PROGRAM. YEAH, I SUPPOSE WE COULD BUT WE ARE USING THE RESOURCES WE CURRENTLY HAVE. SO WE HAVE THOSE RESOURCES IN THE RELATIONSHIP BETWEEN THE GBME AND GMH ARE SUCH THAT WE CAN BASICALLY CALL ON THEM TO GIVE US ANY INFORMATION WE WANT AT ANY TIME. THE LEGISLATURE CAN DO THAT. IF YOU FOUND THAT THE PROGRAM WAS NOT SERVING AGAIN THERE WHEN YOU SAID PEOPLE CAN'T SEE PATIENTS, THERE'S GOING TO BE AN OUTPATIENT COMPONENT TO THIS. SO YOU CAN SEE THE DOCTORS. WE WANT THOSE DOCTORS TO GET AN OUTPATIENT TO GET OUTPATIENT EXPERIENCE BY THE WAY SO THAT EVENTUALLY THEY CAN WORK OUT IN PRIVATE PRACTICE. SO THEY ARE NOT JUST HOSPITAL-BASED. BUT THE ABILITY TO SCRUTINIZE AT ALL LEVELS AGAIN INCLUDING YOUR OWN BODY AS WELL AS OURS AS WELL AS THE EXECUTIVE BRANCH. IF WE COULD BUILD SOMETHING THAT COULD DO THAT AT JRMC, I HAVE NO ISSUES WITH THEIR ABILITY TO BE IN THAT PROGRAM. BUT WE DON'T HAVE THOSE RESOURCES QUITE YET. IF YOU WANT TO WORK WITH ME TO EXPEDITE A PROCESS, I'M HAPPY TO DO IT. I MEAN, TRUTHFULLY, AND I SAY THAT WITH SINCERITY, I WANT THIS TO BE FOR EVERYBODY. I JUST WANT TO USE THE RESOURCES WE HAVE RIGHT NOW TO GET IT STARTED WHILE WE CAN WHILE THERE'S A LARGE REDUNDANCY OF OVERSIGHT AND THEN QUICKLY IT WOULD SEEM IF THERE'S A DEMAND TO EXPAND IT VERY QUICKLY INTO THE PRIVATE SECTOR THEN WE DO IT BUT HELP US GET STARTED NOW WITH THE RESOURCES THAT WE HAVE RATHER THAN TRYING TO INVENT IT AND THEN TEST IT.

SENATOR DUENAS

YEAH. BUT DR. BERG, WE CAN CALL YOU. WE CAN CALL THE BOARD DOWN AND SAY

DR. BERG

I DON'T HAVE THE AUTHORITY TO I MEAN WE COULD POTENTIALLY YOU COULD IN AND GIVE ME THAT AUTHORITY. BUT RIGHT NOW WITH GMH I CAN GO THERE AND SAY LET ME SEE THE RECORDS. WE ARE BOTH PART OF GOV GUAM. I CAN'T I DON'T HAVE THAT AUTHORITY. I WILL TELL YOU WE RECENTLY REQUESTED RECORDS FROM GMH FROM GRMC AND THEY GOT A LAWYER AND SAID NO. I DON'T WANT TO BRING THAT UP, BUT THAT I'M JUST TELLING YOU, WE ASKED FOR RECORDS AND WE'RE TOLD NO. WE EVENTUALLY HAD TO HIRE A LAWYER. IT TOOK MONTHS AND MONTHS. THAT'S NOT WHAT WE WANT TO START WITH. YOU WANT TO GIVE ME THE LEGAL AUTHORITY TO SAY IF YOU PARTICIPATE IN THIS PROGRAM AND THE GUAM BOARD OF MEDICAL EXAMINERS AND ASK FOR DOCUMENTS, YOU

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DELIVER THEM WITHIN 48 HOURS. OKAY, THERE'S A START. I DON'T EVEN THINK THEY WOULD OPPOSE IT IF THEY WANTED TO PARTICIPATE IN IT. I JUST I DON'T WANT TO BE CRITICAL OF PRIVATE PRACTICE BECAUSE I'M NOT. I JUST WANT TO BUILD A SYSTEM THAT I FEEL I CAN DO MY JOB OF OVER OF MAKING SURE THAT THE PUBLIC IS SAFE WITH ALL THE PRACTICING PHYSICIANS ON GUAM THAT WE DO GIVE LICENSES TO.

DR. SHIEH

YEAH. BUT CAN'T YOU UNDER THE GUAM BOARD YOU HAVE THE AUTHORITY TO CREATE AND THIS IS WHY WE HAD WE HAD TO TALK. WE SHOULD HAVE TALKED BEFORE YOU MYSELF DR. EUSEBIO AND OTHER MEMBERS BECAUSE WE CAN HELP YOU CREATE THE SYSTEM. YOU COULD CREATE A RULES UNDER THE ITP PROGRAM TO ALLOW THE PRIVATE SECTOR TO PARTICIPATE AND YOU CAN PUT IN A STIPULATION THAT YOU HAVE TO HAVE ACCESS TO WHAT YOU WANT TO SEE UNDER THE ITP SETTING. YOU COULD DO THAT.

DR. BERG

DR. SHAY, I'M GOING TO READ BACK TO YOU ONE OF YOUR SLIDES. IN THE ABSENCE OF A CENTRALIZED SYSTEM OF ASSESSMENT, YOU UNDERLINED THAT. AND SUPERVISION OF ITP. STATE MEDICAL BOARDS, EMPLOYERS, AND OTHER PARTIES MUST RELY ON, AND YOU UNDERLINED THIS, EXISTING RESOURCES TO ENSURE THAT THEIR LIFE.

DR. SHIEH

YOU NEED YOU NEED SUPERVISORS. YOU NEED SUPERVISORS. I AM YOUR EXISTING RESOURCE.

DR. BERG

TOM, I'M TELLING YOU RIGHT HERE, WE YOU HAVE TO RELY ON EXISTING RESOURCES. WE DON'T HAVE THOSE RESOURCES RIGHT NOW. I'M SUPER PLEASED THAT WE'RE GOING TO GET THEM. I'M CRAZY HAPPY.

DR. SHIEH

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DON'T YOU? BUT THE THING IS I AGREE WITH YOU ON THE RESOURCES.

DR. BERG

HOLD ON A SECOND, TOM. I'M SAYING I'M CRAZY HAPPY TO WORK TO DEVELOP THOSE RESOURCES. I DON'T KNOW A SINGLE MEMBER OF THE MAYBE 20 30 PEOPLE WHO WERE INVOLVED IN THIS. OKAY, YOU SAY WE COULD HAVE INVOLVED EVERYBODY. YOU ALWAYS COULD INVOLVE MORE PEOPLE, BUT OF THE 20 OR 30 PEOPLE, THERE'S NOT A SINGLE ONE OF THEM WHO WOULD SAY THERE ISN'T A GOAL TO HAVE THIS TO BE AVAILABLE TO THE PRIVATE SECTOR. THE ISSUE IS WHAT ARE OUR CURRENT RESOURCES AND HOW TO BEST UTILIZE THEM. AND SENATOR DUENAS WE WANT THAT. IT'S JUST GOT TO GET STARTED SOMEWHERE WHERE WE FEEL SAFE WHILE WE DEVELOP THAT PROGRAM.

DR. SHIEH

WELL, YOU KNOW, HERE'S MY POINT, RIGHT,

SENATOR MATANANE

DR. SHIEH, IF YOU COULD PLEASE REFRAIN. I'M SURE THAT YOU GUYS CAN HOLD YOUR OWN SEPARATE MEETINGS TO DISCUSS THE ISSUES THAT YOU HAVE WITH PUBLIC LAW 38107. SENATOR DUENAS.

SENATOR DUENAS

YEAH. I'LL ASK YOU TO EXPAND DR. SHIEH AND I'M NOT TRYING TO GET INTO A BACK AND FORTH HERE. I'M TRYING TO GET TO THE FACTS BECAUSE AS YOU SAY THIS DR. BERG

3:32:14

3 HOURS, 32 MINUTES, 14 SECONDS

MY CONCERN IS ONCE AGAIN YOU SAY ACCESS TO OUTPATIENT SERVICES DONE BY THE GOVERNMENT OUTPATIENT SERVICES FROM THE

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3:32:22

3 HOURS, 32 MINUTES, 22 SECONDS

HOSPITAL OUTPATIENT SERVICES MAYBE THAT PUBLIC HEALTH IS GOING TO FACILITATE BUT STILL I CAN'T RECONCILE THE FACT THAT THERE'S CLEAR DISCRIMINATORY PRACTICE

3:32:31

3 HOURS, 32 MINUTES, 31 SECONDS

HERE AND I'M FOR THE GOVERNMENT BELIEVE ME I WANT THE GOVERNMENT TO SUCCEED BUT I WANT THE PRIVATE SECTOR TO SUCCEED AS WELL. DR. SHIEH, YOU COULD BUILD THIS SYSTEM IF BILL 302 PASSES. CORRECT.

DR. SHIEH

YES, WE HAVE A SYSTEM BUILT UP. I'M ALREADY A PROFESSOR IN A UNIVERSITY, THE STATE SYSTEM. WE HAVE A SYSTEM OF OVERSIGHT.

SENATOR DUENAS

I'M JUST GOING TO CLOSE WITH THIS. I'M GOING TO HAVE A HARD TIME. AND IT'S VERY CLEAR WE NOW HAVE TWO

3:33:00

3 HOURS, 33 MINUTES

OPERATIONAL SYSTEMS THAT WE'RE DISCUSSING. AND I THINK THAT'S WRONG. I THINK OUR MEDICAL COMMUNITY, IF ANYTHING WE HAVE TO DO IS COME TOGETHER AS ONE

3:33:08

3 HOURS, 33 MINUTES, 8 SECONDS

AND DO PUBLIC POLICY THAT EXISTS FOR THE PRIVATE AND THE PUBLIC AND IF AND THE GOVERNMENT HAS TO BE ABLE TO BUILD IT IF IT'S REQUIRED. THANK YOU, MADAM CHAIR.

SENATOR MATANANE

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THANK YOU, SENATOR DUENAS, SENATOR LUJAN.

SENATOR LUJAN

THANK YOU VERY MUCH. MADAM CHAIR, YOU KNOW, BUDGET HEARINGS, WE START OFF WITH SWEARING IN EVERYTHING LIKE THAT.

3:33:27

3 HOURS, 33 MINUTES, 27 SECONDS

AND I THINK WE SHOULD HAVE STARTED OFF WITH WHAT YOU GUYS DO HUNDREDS TIMES A DAY LIKE TAKE A DEEP BREATH, EXHALE. WITH THAT BEING SAID, THANK YOU AGAIN VERY MUCH. YOU KNOW, DOCTORS AGAIN THANK YOU VERY MUCH FOR TAKING TIME OUT OF YOUR BUSY SCHEDULES AND BEING AWAY FROM YOUR PATIENTS TO BE WITH US TODAY. THERE'S DEFINITELY ROOM FOR IMPROVEMENT AND THERE'S TWO SIDES TO THIS EQUATION AND MORE EDUCATED NOW THAN BEFORE AND THANK YOU VERY MUCH FOR ALL OF YOU AS WELL RIGHT YOU KNOW AGAIN WE NEED TO COME TOGETHER WITH THIS BECAUSE I TELL THE CHALLENGES YOU KNOW OUR PEOPLE CONTINUE TO FACE AND AGAIN TOO OFTEN OUR FOLKS HERE IN GUAM HAVE TO LEAVE GUAM FOR MEDICAL CARE OFF ISLAND, RIGHT? AND CARING FOR THEM. YOU KNOW, ONLY WAY NOT ONLY THEIR ILLNESS, BUT ALSO THE HEAVY BURDEN ON THEIR TRAVEL AND

3:34:30

3 HOURS, 34 MINUTES, 30 SECONDS

EXPENSES AND THINGS OF THAT NATURE. AND ESPECIALLY IF THEY'RE NOT RELOCATING, THEY'RE HAVING TO ALSO SPEND

3:34:37

3 HOURS, 34 MINUTES, 37 SECONDS

OR WORRY ABOUT A PLACE TO COME BACK HOME TO. SO THEY NEED TO STILL PAY FOR RENT AND THEIR BILLS HERE IN GUAM WHILE

3:34:46

3 HOURS, 34 MINUTES, 46 SECONDS

THEY SPEND FOR THEIR MEDICAL CARE AND A PLACE TO LIVE WHEREVER THEY'RE AT FOR MEDICAL EXPENSES. SO AND SOMEONE VERY CLOSE TO ME RIGHT NOW IS

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3:34:54

3 HOURS, 34 MINUTES, 54 SECONDS

GOING THROUGH THAT RIGHT NOW AS WE SPEAK. SO YOU KNOW WITH THE

3:35:00

3 HOURS, 35 MINUTES

BURDEN OF THEIR ILLNESS AND HAVING TO PAY FOR BOTH PLACES, BOTH HOMES BASICALLY THE TIME THEY'RE THAT THAT

3:35:08

3 HOURS, 35 MINUTES, 8 SECONDS

THEY'RE GONE. IT'S A HEAVY BURDEN ON THE FAMILY AND A OF COURSE THE PATIENTS AND

3:35:16

3 HOURS, 35 MINUTES, 16 SECONDS

WE'RE AN AGING COMMUNITY. WE'RE AGING HERE. YOU GUYS ARE AGING AS WELL. YOU GUYS NEED TO BE HAVE YOUR REPLACEMENTS COMING IN AND ALL THAT. BUT WE NEED TO DEFINITELY COME TOGETHER WITH THIS. BUT THANK YOU VERY MUCH. YOU'VE GIVEN ME MORE INFORMATION THAT THAT I DIDN'T PREVIOUSLY HAVE TO BE ABLE TO MOVE FORWARD WITH AGAIN THE THESE BILLS THAT ARE BE ON THE FLOOR. SO, THANK YOU AGAIN VERY MUCH. WE LOVE YOU GUYS ALL. I KNOW YOU GUYS ARE ALL FRIENDS AND ALL THAT, BUT THANK YOU FOR TAKING CARE OF US. SO, AGAIN, INHALE, EXHALE. THANK YOU VERY MUCH, MADAM CHAIR.

SENATOR MATANANE

THANK YOU, SENATOR LUJAN. SPEAKER BLAS.

SPEAKER BLAS

THANK YOU VERY MUCH, MADAM CHAIR, AND TO THE DOCK. THANK YOU ALL. LIKE SENATOR LUJAN, I LEARNED A LOT TODAY, AND I APPRECIATE THE FORTHRIGHTNESS IN THE CANDOR THAT THAT EXISTS. I GUESS THE QUESTION I WOULD HAVE IS FOR DR. EUSEBIO AND I APPRECIATE, YOU KNOW, AGAIN WANTING TO BE ABLE TO WANT TO FIRST STUDY HOW TO PUT THIS PROGRAM TOGETHER WITHIN THE

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HOSPITAL BEFORE WE IS THAT AM I GETTING BEFORE WE MOVE IT OUT INTO THE INTO THE BROADER COMMUNITY? IS THAT WHAT YOU'RE

DR. EUSEBIO

ACTUALLY THE FSNB RECOMMENDED THAT WE HAVE A TRIAL PERIOD SO THAT WE DON'T MAKE THE SAME MISTAKES THAT THE OTHER STATES MADE BECAUSE WHAT HAPPENED WAS WHEN THE LAW WAS IMPLEMENTED RIGHT AWAY, SOME OF THE STATES HAD TO REWRITE THE

3:36:59

3 HOURS, 36 MINUTES, 59 SECONDS

LAWS. AND SO THEIR RECOMMENDATION WAS THAT WE HAVE A PERIOD OF TIME IN

3:37:06

3 HOURS, 37 MINUTES, 6 SECONDS

WHICH WE EVALUATE THE PROGRAM BEFORE WE ACTUALLY IMPLEMENT IT THE WAY WE WANT TO IMPLEMENT IT. SO THAT WAS

3:37:15

3 HOURS, 37 MINUTES, 15 SECONDS

THEIR RECOMMEND. WAS IT WAS ACTUALLY FSMBB THAT THAT RECOMMENDED THAT AND WE DID THAT AND THAT'S PART OF

3:37:22

3 HOURS, 37 MINUTES, 22 SECONDS

THE REASON WHY THERE'S A THERE'S A TIME PERIOD I CAN'T REMEMBER WHAT'S THE TIME PERIOD BUT I BELIEVE IT'S A YEAR IN

3:37:31

3 HOURS, 37 MINUTES, 31 SECONDS

WHICH UH YOU RE-EVALUATE THE PROGRAM AND HOW YOU'RE AND YOUR HOW YOU'RE DOING IT SO THAT YOU DON'T HAVE TO MAKE UH ALL THE NECESSARY CHANGES IN A IN A NEW LAW.

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SPEAKER BLAS

THANK AND I WAS HOPING THAT PUBLIC HEALTH WOULD STICK AROUND TO BE ABLE TO ASK BECAUSE SHE DID MAKE IT IN HER PRESENTATION THAT THERE WAS A DESIRE AND

RECOMMENDATION TO HAVE THIS AS YOU HAD STATED A TRIAL PERIOD. MY CONCERN HERE WAS OKAY IF THERE WAS GOING TO BE A

3:38:05

3 HOURS, 38 MINUTES, 5 SECONDS

COMPROMISE OR IF THERE'S GOING TO BE A DISCUSSION ABOUT THE TRIAL PERIOD, WHAT IS THAT LENGTH OF THE TRIAL PERIOD? I MEAN, I DON'T WANT TO CONTINUE TO KICK

3:38:13

3 HOURS, 38 MINUTES, 13 SECONDS

THIS CAN DOWN THE ROAD IF WE HAVE TO GO DOWN THAT ROAD.

3:38:18

3 HOURS, 38 MINUTES, 18 SECONDS

BUT SO, SO WHAT IS THIS LENGTH OF THE OF THE TRIAL PERIOD AND WHAT IS THIS GOING TO ENTAIL?

DR. EUSEBIO

WELL, THE TRIAL PERIOD IS ONE IN WHICH YOU EVALUATE HOW YOU'RE ASSESSING THE PHYSICIANS, HOW YOU SET UP THE

3:38:35

3 HOURS, 38 MINUTES, 35 SECONDS

PROGRAM TO MAKE SURE THAT THE PHYSICIANS ARE SAFE.

3:38:41

3 HOURS, 38 MINUTES, 41 SECONDS

WHAT WHETHER YOU'RE GOING TO DO IT QUARTERLY OR HOW DO YOU DETERMINE THAT THE PHYSICIANS ARE SAFE? UH THAT'S

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3:38:48

3 HOURS, 38 MINUTES, 48 SECONDS

THE TRIAL PROGRAM BECAUSE OF THE FACT THAT THIS IS NEW TO US AND WE'VE NEVER DONE IT BEFORE. THE TRIAL PERIOD ALLOWS

3:38:56

3 HOURS, 38 MINUTES, 56 SECONDS

US TO MAKE ADJUSTMENTS BASED ON HOW IT APPLIES TO US BECAUSE

3:39:03

3 HOURS, 39 MINUTES, 3 SECONDS

THE BOTTOM LINE IS THAT WHAT SMB TOLD US IS THAT EVERY STATE IS REALLY DIFFERENT AND WHAT YOU NEED TO DO IS I MEAN THEY

3:39:12

3 HOURS, 39 MINUTES, 12 SECONDS

CERTAINLY DIDN'T MANDATE THAT WE HAVE A HAVE A PUBLIC PRIVATE SITUATION THEY DIDN'T MANDATE THAT WHAT THEY SAID WHICH WAS ACTUALLY VERY BENEFICIAL OFFICIAL IS THAT YOU TAKE THE LAW AND APPLY IT TO WHAT YOUR SITUATION IS. THAT WAS THEIR BEST RECOMMENDATION AND SO WE RAN WITH THAT IN TERMS OF HOW WE WROTE IT AND THEN THEY RECOMMENDED LISTEN WHY DON'T YOU GUYS HAVE A TRIAL PERIOD SO THAT YOU

3:39:44

3 HOURS, 39 MINUTES, 44 SECONDS

DON'T BECAUSE I CAN'T REMEMBER WHICH STATE THAT THEY SAID THAT HAD TO GO BACK AND REDO THE LAW THREE TIMES HAVING

3:39:51

3 HOURS, 39 MINUTES, 51 SECONDS

ANOTHER PUBLIC HEARING HAVING TO DO THIS OVER AND OVER AGAIN BECAUSE OF THE CHANGES THAT THEY MADE IN THE SYSTEM AND THEY SAID WHY DON'T YOU JUST DO A TRIAL PERIOD FIRST BEFORE YOU MAKE IT CONCRETE. SO THAT AFTER THAT TRIAL

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3:40:07

3 HOURS, 40 MINUTES, 7 SECONDS

PERIOD AND YOU KNOW HOW EVERYTHING APPLIES TO THEN YOU GO WITH IT AND THAT THAT WAS THEIR RECOMMENDATION WHICH IS PART OF THE REASON WHY WE WROTE THE LAW THAT WAY.

SPEAKER BLAS

OKAY. ARE ALL THE PHYSICIANS THAT WORK WITHIN GMH. I MEAN RESTRICTED TO JUST GMH OR DO YOU CONTRACT WITH PRIVATE PHYSICIANS TO BE ABLE TO PROVIDE SOME OF THE BASIC SERVICES THE SERVICES YOU

DR. EUSEBIO

VERY GOOD POINT WE CONTRACT WITH PRIVATE PHYSICIANS ALL THE TIME AS A MATTER OF FACT I'M A CONTRACT SURGEON DESPITE THE FACT THAT I'M IN THE MEDICAL DIRECTOR. I'M A CONTRACT

3:40:50

3 HOURS, 40 MINUTES, 50 SECONDS

SURGEON. I TAKE CALL IN THE EMERGENCY ROOM AT WHICH THE HOSPITAL PAYS ME TO COVER THE EMERGENCY ROOM SURGICAL SERVICES. WE HAVE AT GMH WE HAVE EMPLOYED PHYSICIANS, WE HAVE CONTRACTED PHYSICIANS. CONTRACTED PHYSICIANS HAVE PRIVATE CLINICS OR WHATEVER DEPENDING UPON WHAT THEIR SITUATION SOME LEAVE AND GO OFF ISLAND. AND THEN WE HAVE OUR EMPLOYED PHYSICIANS THAT SIMPLY WORK AT GMH. UM THE ITP PROGRAM WOULD BE ONE IN WHICH WE WOULD SLIP THOSE PHYSICIANS INTO THE EMPLOYED CATEGORY AND UTILIZE THEM THAT WAY BECAUSE ONE OF THE THINGS THAT WE WERE TRYING TO DO WITH GMH IS WE'RE TRYING TO CREATE MORE HOSPITALISTS BECAUSE WE WANT TO HAVE PHYSICIANS BE AVAILABLE IN THE HOSPITAL TO TAKE CARE OF PATIENTS RATHER THAN THIS IS THE PROBLEM THAT WE HAD IN THE PAST THAT WE DIDN'T HAVE PHYSICIANS STAYING IN THE HOSPITAL. WE DIDN'T HAVE PHYSICIANS THAT WE CAN HIRE SPECIFICALLY JUST TO WORK FOR THE HOSPITAL AND EVERYONE THE MAJORITY OF THE PHYSICIANS MANY YEARS PAST ARE MAINLY CONTRACTED PHYSICIANS. SO THAT WHAT THE DIFFICULTY THAT GMH HAD IS THAT

3:42:15

3 HOURS, 42 MINUTES, 15 SECONDS

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WHEN YOU ARE A CONTRACTED PHYSICIAN YOUR NUMBER ONE FOCUS IS YOUR CLINIC YOUR PLACE. THIS IS A SECONDARY THING.

3:42:28

3 HOURS, 42 MINUTES, 28 SECONDS

AND SO WHAT WE WERE FINDING OURSELVES WAS BEING TREATED AS SECONDARY. AND SO A LOT OF THE PROBLEMS THAT WE HAD WE DIDN'T HAVE PHYSICIAN SUPPORT. BUT NOW MORE AND MORE OF THE PHYSICIANS THAT WE HAVE ARE BECOMING HOSPITALISTS THAT WE HIRE. AND SO THEIR CONCERNS ARE MAINLY WHAT'S GOING ON IN THE HOSPITAL, HOW'S THE HOSPITAL SYSTEM, WHAT'S THE EHR, UM WHAT TYPE ARE WE USING? SO THEY'RE PUTTING IN TO THE SYSTEM TO MAKE THE SYSTEM BETTER.

SPEAKER BLAS

OKAY. HOW WHAT IS THE RATIO OF CONTRACTED PHYSICIANS VERSUS FULL-TIME?

DR. EUSEBIO

I DON'T HAVE THE EXACT NUMBER BUT IF I HAD TO GUESS I WOULD SAY IT IS IN THE RANGE OF 60 40

SPEAKER BLAS

60 40 60 60 BEING WHAT 40 BEING

DR. EUSEBO

60 BEING HOSPITALIST 40 BEING CONTRACTED

SPEAKER BLAS

IS IT VERY SAFE TO SAY THAT MANY OF THE SPECIALTIES THAT YOU NEED TO BE ABLE THAT YOU PROVIDE AT GMH YOU ARE RELYING ON PRIVATE CONTRACT.

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DR. EUSEBIO

YES. CONTRACT

SPEAKER BLAS

AND IT ALSO SAY THAT SOME OF THE SPECIALTIES THAT YOU WANT TO PROVIDE YOU ACTUALLY HAVE A RELATIONSHIP WITH GRMC

3:43:46

3 HOURS, 43 MINUTES, 46 SECONDS

AND VICE VERSA TO BE ABLE TO PROVIDE THESE SERVICES SUCH AS THEY GO AND TAKE CARE OF ALL THE STROKE PATIENTS. YOU TAKE CARE OF ALL THE KIDS AND THE AND THE PEDIATRIC.

DR. EUSEBIO

YES. IT WORKS IN THAT WAY. BUT IT DOESN'T HIS ARGUMENT IS ACTUALLY IN SUPPORTIVE OF WHAT I'M SAYING. THERE'S NO REASON WHY WE CAN'T HAVE OUR OWN STROKE PROGRAM. WHY CAN'T WE? SURE. EXACTLY.

SPEAKER BLAS

AND I CAN SEE WHERE YOU CAN BUILD THE CAPACITY HERE. MY CONCERN NOW IS THAT WHEN YOU WANT TO BE ABLE TO HAVE A SUPERVISOR, I WOULD HOPE THAT MY SUPERVISOR KNOWS A LITTLE BIT MORE ABOUT MY BRAIN THAN OKAY. THAN JUST YOUR INTERN. SO THAT IS TO MY POINT AND SO I'M TRYING TO RECONCILE HOW I MEAN GRANTED WE'VE GOT A VERY UNIQUE SITUATION ON GUAM. OKAY. I MEAN YOU KNOW UNLIKE OTHER AREAS OF WHICH MAYBE SOME OF THE SUGGESTIONS COME FROM THEY TAKE INTO CONSIDERATION THAT YOU KNOW THE OTHER HOSPITAL IS JUST ABOUT A TWO THREE HOUR DRIVE AWAY. WE'RE IT. AND SO THE BEST THAT WE CAN BUILD THE CAPACITY AS A COMMUNITY IT SERVES US EVEN BETTER UNTIL SUCH

3:45:06

3 HOURS, 45 MINUTES, 6 SECONDS

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TIME THAT YOU KNOW THE GUAM MEMORIAL HOSPITAL OR THE DEPARTMENT OF PUBLIC HEALTH DOES NOT NEED TO BE RELIANT AT

3:45:13

3 HOURS, 45 MINUTES, 13 SECONDS

THE POINT OF THE HOW MUCH THEY RELY ON FOR THE ASSISTANCE FROM THE PRIVATE SECTOR AND VICE VERSA THAT THEN I'M JUST TRYING TO FIGURE OUT OKAY IF YOU WERE TO PUT THIS PROGRAM, THIS TRIAL PERIOD PROGRAM, EVENTUALLY IT'S GOING TO SPILL OVER INTO TRYING AND YOU KNOW INTO BRINGING IN SPECIALISTS OF WHICH YOU'RE TRYING TO

3:45:38

3 HOURS, 45 MINUTES, 38 SECONDS

REPLACE YOUR CONTRACT WITH. SO HOW I AGAIN IT'S HOW WOULD

3:45:46

3 HOURS, 45 MINUTES, 46 SECONDS

THIS WORK IN THIS CURRENT SYSTEM? I THINK THAT THERE STILL NEEDS TO BE A LITTLE BIT MORE OF A DISCUSSION AND I CAN ENCOURAGE THE DISCUSSION WITHIN THE MEDICAL COMMUNITY TO FIGURE OUT, OKAY, HOW ARE YOU GUYS GOING TO DO THIS WHEN YOU ALL RELY ON EACH OTHER? YOU ALL DO.

DR. EUSEBIO

YES, IT'S TRUE. IT DOESN'T MEAN THAT WE STOP RELYING ON EACH OTHER. IT JUST MEANS THAT WE CAN SUPPLEMENT BECAUSE EVEN THOUGH WE RELY ON EACH OTHER, THERE'S STILL NOT ENOUGH. AND SO WHAT THE ITP PROGRAM PROVIDES IS ENOUGH SO THAT WE CAN HAVE ADEQUATE COVERAGE OF THE PEOPLE OF GUAM. ADEQUATE COVERAGE IN TERMS OF PRIMARY CARE AND ALSO SPECIALTY CARE. BUT NOBODY IS DISPARAGING THE PRIVATE SECTOR.

SPEAKER BLAS

UNDERSTOOD. UNDERSTOOD. WELL, YOU KNOW, IT'S A I AGREE WITH YOU.

DR. SHIEH

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IT'S A PERCEPTION RIGHT OF DISPARAGEMENT YOU KNOW I AGREE WITH DR. ON ONE POINT THERE. OKAY. RIGHT NOW, GMH CONTRACTS TO HOSPITALISTS AND I AGREE WITH HIM. THE HOSPITALIST SHOULD REMAIN IN-HOUSE, RIGHT, RICK? I MEAN, WE WANT THAT. FOR EXAMPLE, A PATIENT, A MOM WHO COMES IN WITH A URINE RUPTURE, YOU GOT TO RESPOND WITHIN 15 MINUTES OR THE BABY DIES. SO, YOU KNOW, BEING IN-HOUSE, EVEN ANESTHESIOLOGIST, I FEEL LIKE THEY SHOULD BE INHOUSE, BUT, YOU KNOW, WHEN YOU CONTRACT OUT IS A LITTLE DIFFICULT. THAT BEING SAID, YOU KNOW, WORKING WITH THE PRIVATE SECTOR ALSO CAN HELP AS WELL BECAUSE I HAVE A SPECIALTY THAT I FEEL LIKE I CAN HELP BECAUSE I HAVE SO MUCH EXPERIENCE OVER THE THREE DECADES. I'VE SEEN ALMOST EVERY COMPLICATION THAT CAN BE UNDER THE UMBRELLA FOR OBGYN. SO IF I'M IN A PRIVATE SECTOR AND THEY NEED A HELP, SAY, "HEY, TOM, CAN YOU COME IN BECAUSE WE NEED TO DO A CICERIAN HYSTERECTOMY." YOU KNOW ASSISTING HYSTERECTOMY NOW HE'S NOT EVEN TAUGHT REALLY IN

3:47:44

3 HOURS, 47 MINUTES, 44 SECONDS

RESIDENCY PROGRAM THEY HAVE A CALLING GUY UNC BUT IN ORDER TO SAVE THE LIFE OF THE MOM IF DR. EUSEBIO CALLS ME I SAY RICK I'LL BE RIGHT THERE IF I'M ON ISLAND I'LL BE THERE TO HELP AND THAT'S HOW WE ARE IF WE HAD A BABY WHO HAD A THAMOS INTESTINAL PROBLEM I'LL CALL DR.

3:47:59

3 HOURS, 47 MINUTES, 59 SECONDS

YOU SAVIOR SAY HEY RICK YOU KNOW WE NEED TO OPERATE ON THIS BABY THAT WE DELIVER AND THAT WORK PERFECTLY WELL WITH HIM DON'T GET US WRONG NOW AT THE END OF THE

3:48:07

3 HOURS, 48 MINUTES, 7 SECONDS

DAY WE DON'T COMPROMISE PATIENT CARE JUST BECAUSE WE DISAGREE OKAY BUT THE DISAGREEMENT IS ALL FOR THE GOOD OF GUAM

3:48:15

3 HOURS, 48 MINUTES, 15 SECONDS

NOW HE ALSO MENTIONED THAT WE WANT TO PROVIDE THE CARE FOR THE PEOPLE OF GUAM NOT THE PEOPLE OF GOVERNMENT OF GUAM THERE'S A BIG DIFFERENCE THERE IT'S THE PEOPLE OF GUAM AND THE PEOPLE OF GUAM IS OUTSIDE IN A COMMUNITY AND NOT WITHIN THE GUAM MEMORIAL HOSPITAL. BUT IF YOU'RE GOING TO USE ITP TO TAKE IN-HOUSE CALL, SURE, I AGREE WITH THAT. BUT

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THE PROBLEM HERE IS THAT YOU HAVE TO BE ALSO LOOK AT THE PROGRAM HOW IT'S SET UP BECAUSE NOW YOU'RE GOING TO PAY PAYING TWO DOCTORS BEING ON CALL AT THE SAME TIME BECAUSE YOU GOT TO PAY ONE DOCTOR TO SUPERVISE AND ANOTHER DOCTORS TO ITP. IF THAT PROGRAM GOES FOR SIX YEARS, YOU'RE DOUBLE PAYING YOUR BILLS, TOO. SO WHY NOT HAVE A SUPERVISORY ROLE ON THE OUTSIDE WHERE YOU CAN CREATE IT? AND DR. BERG HAS CONTACTED ME BEFORE. I WOULD HAVE SHOWED HIM HOW TO CREATE THE PROGRAM TO MAKE IT ENSURE IT'S SAFE. IF THE ITP WAS TO WORK IN THE PRIVATE

3:49:03

3 HOURS, 49 MINUTES, 3 SECONDS

SECTOR, WE MAKE SURE THAT ITP HAS PRIVILEGES AT THE HOSPITAL AND IT CAN BE SUPERVISED AT THE HOSPITAL WITH THE PRIVATE SECTOR AT THE SAME TIME.

SPEAKER BLAS

I GUESS MY LAST QUESTION, THIS IS FOR DR. EUSEBIO. GRANTED THAT YOU KNOW WHAT THE BILL PROPOSES IS AN ADDITION A

3:49:21

3 HOURS, 49 MINUTES, 21 SECONDS

SUPPLEMENT TO WHAT IS ALREADY EXISTING IN LAW. IS THERE ANYTHING IN THE AMENDMENTS THAT AS PROPOSED

3:49:29

3 HOURS, 49 MINUTES, 29 SECONDS

THAT WOULD HARM THE FULL INTENT OF THE BILL OR THE LAW?

DR. EUSEBIO

LET ME JUST SAY, LET ME EXPLAIN A COUPLE THINGS. THE ROLE OF THE LICENSURE BOARD IS TO PROVIDE A LICENSE. THE ROLE OF THE HOSPITAL IS TO MAKE SURE THAT THE PERSON THAT HAS THE LICENSE IS ABLE TO DO WHAT THEY CAN DO. THE HOSPITAL HAS THE ABILITY TO DETERMINE THAT THROUGH PEER REVIEWS, SEEING THAT THIS DOCTOR CAN ACTUALLY DO THE OPERATION, SEEING THAT THIS DOCTOR CAN ACTUALLY TAKE CARE OF THE PATIENTS. THAT'S DONE BY PEER REVIEW AND AT THE

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END THE HOSPITAL CREDENTIALS THE PERSON TO DO WHAT THEY CAN DO BECAUSE THEY HAVE SEEN THEY BELIEVE THEY CAN PROVE THAT THIS PERSON CAN DO WHAT THEY'RE SUPPOSED TO DO. IT'S DIFFICULT FOR TO DO THAT IN A PRIVATE CLINIC. YOU DON'T HAVE THE PEER REVIEWS. THE INTENT OF THE CLINIC IS TO SURVIVE TO MAKE MONEY TO MAKE SURE THAT THEY HAVE THE CAPABILITY TO GO ON. THE HOSPITAL IS DIFFERENT. THE HOSPITAL HAS ALL THE TOOLS IN ORDER TO MAKE SURE THAT WITH NURSING CARE WITH POLICIES AND PROCEDURES WITH ACCREDITATION ALL THOSE THINGS THAT'S WITHIN THE HOSPITAL TO ENSURE THAT WHAT COMES OUT IS A SAFE DOCTOR. THE INTENT OF THE PRIVATE CLINIC MAY NOT NECESSARILY BE TRUE BECAUSE THERE ARE OTHER FACTORS THAT CAN GO INTO IT THAT CAN INFLUENCE THAT VIEW THEY MAY SAY. AND SO THAT'S WHY IT'S EASIER AND SAFER AND WHEN WE'RE TALKING ABOUT SAFETY TO HAVE THE PERSONS BE WITHIN THE HOSPITAL SYSTEM DEEMED SAFE THEN AFTERWARDS OKAY AND WE CAN GO WHATEVER BUT WE KNOW WE KNOW IN GUAM THAT THIS PERSON IS SAFE.

SPEAKER BLAS

SO THE QUESTION IS WHETHER IT BE EITHER ONE OF THE BILLS, IS THERE ANYTHING IN AS FAR AS THE PROPOSED AMENDMENTS THAT WOULD PREVENT YOU FROM ENSURING THAT THOSE PROCESSES ARE IN PLACE?

DR. EUSEBIO

WELL, THAT'S ONE OF THE THINGS IS THAT THE IN THIS AMENDMENT IS PROPOSING NOT TO GO TO THE HOSPITAL OR NOT TO YOU CAN YOU SOMEBODY CAN APPLY TO THE LICENSURE BOARD AND JUST GO TO A CLINIC.

SPEAKER BLAS

BUT YOU JUST FINISHED SAYING THAT YOU HAVE TO GO THROUGH THE GUAM BOARD OF MEDICAL EXAMINERS.

DR. EUSEBIO

YEAH, THE GUAM BOARD LICENSURE JUST GIVES YOU A LICENSE. IT DOESN'T CREDENTIAL YOU.

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SPEAKER BLAS

BUT CAN THERE IS THERE A PATHWAY THAT CAN BE CREATED? SO THERE'S A WIN-WIN IN THIS.

DR. EUSEBIO

WELL, IT CAN IF THAT WAS MY COMPROMISE AND I WAS SAYING THAT IF EVERYBODY GOES THROUGH GMH THE HOSPITAL SYSTEM TO MAKE SURE THAT THEY GO THROUGH THAT PROCESS AND AFTER A PERIOD OF TIME IF THEY WANT TO GO OUT THEY CAN GO OUT. LOT. BUT I THINK THE GMH HAS TO BE COMPENSATED FOR THAT, FOR THAT TIME PERIOD, FOR THE RECRUITING, FOR ALL THE THINGS THAT THEY'VE DONE TO MAKE SURE THAT PERSON IS SAFE. SO THAT THE RECRUITED PHYSICIAN OR THE RECRUITING PLACE HAS TO HAS TO COMPENSATE GMH FOR THAT.

SPEAKER BLAS

BUT THERE IS NOTHING IN THE BILL THAT PREVENTS THAT.

DR. EUSEBIO

NO, IT'S NOT.

DR. SHIEH

NO, THERE IS A WAY OF TO DO IT. AND THIS IS WHERE THE PRIVATE SECTOR BRAIN COMES IN.

SPEAKER BLAS

OKAY. AND THAT AND THAT'S WHAT I WANT TO ENCOURAGE.

DR. SHIEH

YES. YES. AND THE COMPROMISE IS THIS.

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SPEAKER BLAS

WE'RE NOT THE SUBJECT MATTER EXPERTS UP HERE. YOU ARE.

DR. SHIEH

YEAH. IF THE CONCERN IS IF THE CONCERN IS WHERE THE HOSPITAL DOESN'T HAVE, YOU KNOW, OVERSIGHT AND STUFF, YOU CAN REQUIRE THE ITP. IF A PRIVATE CLINIC IS GOING TO HIRE THE ITP, YOU CAN REQUIRE THAT ITP THROUGH THAT CLINIC THAT THEY HAVE TO HAVE PRIVILEGES AT THE HOSPITAL, BE CREDENTIALLED AT THE HOSPITAL, AND THEN THAT ITP WILL BE IN THE HOSPITAL AND WE'LL HAVE TO HAVE THAT PRE-REVIEW PROCESS.

SPEAKER BLAS

AND I THINK THAT IT'S PREFERABLE THAT'S LIKE A DISCUSSION

DR. SHIEH

THEN AND THAT'S A DECISION AND THAT THAT IS MADE IN YOUR AND THAT IS SOMETHING THAT YOU CAN PUT INTO 302.

SPEAKER BLAS

WE GIVE YOU THE PATHWAY TO BE ABLE TO CREATE IT. OKAY. THANK YOU. MY TIME IS UP MADAM CHAIR. THANK YOU VERY MUCH.

SENATOR MATANANE

THANK YOU SPEAKER BLAS AND THANK YOU TO EVERYBODY THAT PARTICIPATED WHETHER IN PERSON OR IN ZOOM. SENATOR TAITAGUE. YOU MAY CLOSE ON BILL 303.

SENATOR TAITAGUE

THANK YOU, MADAM CHAIR. YOU KNOW, I'M STILL KIND OF FEELING OKAY, EVEN THOUGH IT'S HEATED. YOU KNOW, I'M NOT A VERY BIG FAN WITH OR DOCTORS ARE NOT A

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3:54:23

3 HOURS, 54 MINUTES, 23 SECONDS

VERY BIG FAN OF MYSELF BECAUSE, YOU KNOW, WE WENT THROUGH THAT WHOLE MEDICAL MALPRACTICE SCENARIO, BUT HERE'S AN OPPORTUNITY WHERE WE CAN WORK TOGETHER,

3:54:31

3 HOURS, 54 MINUTES, 31 SECONDS

THE DOCTOR, AS WELL AS, YOU KNOW, HELPING THE PUBLIC OUT. AND WE'RE HERE TODAY AND I'M REALLY GLAD THAT

3:54:38

3 HOURS, 54 MINUTES, 38 SECONDS

10 PEOPLE VOTED ON PASSING THAT BILL WHICH IS NOW WHICH IS NOW PUBLIC LAW 38-107.

3:54:49

3 HOURS, 54 MINUTES, 49 SECONDS

SO WE'RE MOVING FORWARD. WE'RE NOT STOPPING. THERE'S NO DELAY BECAUSE WE ARE LOSING PEOPLE, OUR PEOPLE TO OFF

3:54:58

3 HOURS, 54 MINUTES, 58 SECONDS

ISLAND CARE AND EVEN LOSING FAMILIES WHO ARE RELOCATING JUST BECAUSE THEY DON'T HAVE THE MEDICAL ACCESS THAT THEY NEED. AND THAT IS THE REALITY THAT WE'RE FACING TODAY. THAT'S WHY I FEEL COMFORTABLE KNOWING AT LEAST PUBLIC LAW 38-107 IS IN PLAY RIGHT NOW AND NOTHING'S STOPPING IT FROM MOVING FORWARD. BUT THIS, YOU KNOW, BILL THAT IT'S GOING TO BE DIFFICULT AND WE'RE GOING TO DELAY. AND I'M GOING TO TELL YOU ONE THING, SICKNESS DOES NOT WAIT. WE LOSE OUR PEOPLE EVERY DAY AND MAJORITY OF THEM IS BECAUSE THEY CAN'T LEAVE ISLAND. THEY CAN'T AFFORD TO GO TO A PRIVATE CLINIC. THEY CAN'T AFFORD TO HIRE A DOCTOR TO CARE FOR THEIR CHILDREN. AND THERE ARE QUITE A BIT ON THIS ISLAND WHO CAN'T AFFORD MEDICAL CARE. SO WHERE DO THEY GO? THE GOVERNMENT. THE GOVERNMENT DOES EVERYTHING IT CAN POSSIBLE TO SAVE THAT CHILD, TO SAVE THAT INDIVIDUAL, TO SAVE OUR COMMUNITY. TALK ABOUT BEING ON GUAM FOR A LONG TIME. AND IT'S THE PEOPLE ON THIS ISLAND THAT MAKES IT SO WONDERFUL. IT'S BECAUSE THE PEOPLE ARE KIND-HEARTED PEOPLE. THEY'RE NOT ONE TO BOAST, YOU KNOW, THEIR BUBBLE UP MAKING THEM LOOK LIKE THEY'RE THE GREATEST THING. NO, THEY'RE VERY KIND INDIVIDUALS. IN FACT,

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IT'S VERY RARE THAT YOU SEE OUR LOCAL PEOPLE SUE ANYBODY. PUBLIC LAW 38-107 WAS ENACTED TO ADDRESS THE CRISIS BY BRINGING MORE QUALIFIED DOCTORS TO GUAM IN A WAY THAT IS STRUCTURED, SAFE, AND IS TARGETED. IT CREATES CLEAR PATHWAYS, MAINTAIN STRONG STANDARDS AND DIRECT CARE THAT WE THAT'S WHERE IT'S NEEDED THE MOST. WHERE IT'S NEEDED THE MOST. WE SHOULD NOT BE DISMANTLING OR CONFUSING THE FRAMEWORK BEFORE IT HAS EVEN BEEN IMPLEMENTED. IF WE GET THIS WRONG, WE ARE NOT JUST DEBATING POLICY. WE ARE PROLONGING THE VERY PROBLEM THAT IS DRIVING PEOPLE TO LEAVE OFF ISLAND SEEKING CARE OR THOSE JUST TO SAY GOODBYE TO THEIR LOVED ONES BECAUSE THEY CAN'T GET THE CARE. LET ME BE CLEAR. THIS LAW DOES NOT EXCLUDE THE PRIVATE SECTOR THROUGH THE FMG PATHWAY. IT DOES NOT EXCLUDE THEM. FULLY LICENSED PHYSICIANS CAN PRACTICE IN BOTH PUBLIC AND PRIVATE SETTINGS. THE STRUCTURE ON THE ITP PATHWAY SIMPLY TARGETED TO ADDRESS CRITICAL SHORTAGE IN GOVERNMENT CARE. THE LAW IS CRITICAL. IT IS CLEAR AND IT MUST REMAIN INTACT SO WE CAN MOVE FORWARD AND START DELIVERING RESULTS FOR OUR PEOPLE. IF WE ALTER PUBLIC LAW 38-01, OTHER THAN ADDING 60 DAYS, WHICH I COULD AGREE WITH PUBLIC HEALTH, IF IT'S 120 DAYS THAT THEY'RE ASKING FOR, THEN MADAM CHAIR, I ASK THAT IT BE CHANGED TO 120 DAYS INSTEAD OF 60 TO MAKE THAT AMENDMENT. BUT IF WE ALTER PUBLIC LAW 38107, OTHER THAN THAT, IF WE BLUR THE DISTRACTIONS BETWEEN PATHWAYS AND INTRODUCE LAPPING, INCONSISTENT STANDARDS, WE RISK CREATING SYSTEMS THAT IS DIFFICULT TO UNDERSTAND, DIFFICULT TO IMPLEMENT AND ULTIMATELY INEFFECTIVE AND THAT WILL HAVE THE OPPOSITE EFFECT. WHAT WE INTEND. INSTEAD OF ATTRACTING PHYSICIANS, WE RISK CHASING THEM AWAY BECAUSE THE LAW AND ITS REQUIREMENTS BECOME UNCLEAR AND CONFUSING. DELAY HAS ALWAYS BEEN A TACTIC TO THOSE WHO DON'T WANT TO SEE PROGRESS OR THOSE WHO FEEL INTIMIDATED THAT WHETHER IT BE THAT THEY WEREN'T INVITED TO THE PARTY OR THEY JUST FEEL THAT THEY WANT TO FEEL LIKE THEY'RE THE ONES THAT PUT SOMETHING THAT'S VERY IMPORTANT TO THIS ISLAND THROUGH. IT'S VERY UNFORTUNATE THAT WE HAVE TO SIT HERE AND TALK OVER EACH OTHER WHEN SOMEBODY'S TRYING TO SAY SOMETHING AND TO HAVE THE RESPECT OF THE DECORUM OF THIS PUBLIC HEARING INSTEAD OF TO INTERRUPT. THAT'S NOT THE CHAMORRO PEOPLE THAT YOU TALK ABOUT. YOU WOULD THINK, YOU HAVE LEARNED AFTER HOW MANY YEARS OF LIVING ON THIS ISLAND THAT PEOPLE HAVE RESPECT AND THEY HAVE THE LOVE FOR EACH OTHER, FOR THEMSELVES, THEIR FAMILY, AND THOSE WHO CALL GUAM HOME. SO, IT'S OUR RESPONSIBILITY AS A GOVERNMENT TO PROVIDE THE MOST VULNERABLE WITH THE OPTIONS THAT THOSE WHO ARE ENTITLED GET TO HAVE. I THANK YOU FOR THE OPPORTUNITY TO SPEAK, MADAM CHAIR, AND APPRECIATE WORKING TOGETHER ON BOTH LEGISLATIONS. IF SO BE IT. BUT I THINK, MADAM CHAIR, I ASK THAT YOU AT LEAST ALLOW THIS THIS PUBLIC LAW TO MOVE IN A DIRECTION THAT WAS INTENDED TO. 10 SENATORS VOTED ON THIS BILL ON THE BILL THAT BECAME PUBLIC LAW 107. 10 SENATORS FOR ANYONE TO SAY, "OH, I DIDN'T KNOW WHAT I WAS VOTING ON THEN. WELL, THAT'S ON THEM. BUT TO ME, THEY MADE THE RIGHT DECISION FOR THE PEOPLE OF GUAM. AND THAT'S WHAT MATTERS. NOT PRIVATE. IT'S THE PEOPLE OF GUAM THAT MATTERS FIRST. THANK YOU, MADAM CHAIR.

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SENATOR MATANANE

THANK YOU, SENATOR TAITAGUE. FIRST I WANT TO START BY ACKNOWLEDGING MANY OF THE ISSUES THAT WERE RAISED, THE CONCERNS THAT WERE RAISED DURING THIS PUBLIC HEARING ARE VALID. WE ALL SHARE, AS I MENTIONED BEFORE, THE SAME GOAL AND THAT IS TO BRING MORE DOCTORS TO GUAM WHILE PROTECTING PATIENT SAFETY AND MAINTAINING THE INTEGRITY OF OUR HEALTH CARE SYSTEM. THE CONCERNS WE HEARD TODAY ABOUT SUPERVISION, COMPETENCY, ADMINISTRATIVE CAPACITY, AND WORKFORCE IMPACT ARE EXACTLY THE KINDS OF ISSUES THAT SHOULD HAVE BEEN FULLY DISCUSSED IN A PUBLIC HEARING BEFORE THIS ITP PATHWAY BECAME LAW. AND I'LL REITERATE, THAT'S WHY WE ARE HERE TODAY. PUBLIC HEALTH DESCRIBES PUBLIC LAW 38107 AS A PILOT PROGRAM, A CONTROLLED PATHWAY LIMITED TO GOVERNMENT FACILITIES. I UNDERSTAND THAT APPROACH. BUT EVEN AS A PILOT, THE CURRENT LAW HAS REAL GAPS. IT CONTAINS A TECHNICAL ERROR REFERENCING A SECTION THAT DOES NOT EXIST. IT LACKS CLEARLY DEFINED STRUCTURED SUPERVISION REQUIREMENTS, AND IT LEAVES TOO MUCH DISCRETION WITHOUT CLEAR STANDARDS FOR HOW COMPETENCY IS EVALUATED OVER TIME. BILL 302 IS NOT JUST CHANGING POLICY. IT IS ADDRESSING THOSE GAPS. IT STRENGTHENS THE LAW IN SEVERAL IMPORTANT WAYS. IT CLARIFIES LICENSURE REQUIREMENTS. REINFORCES COMPETENCY EXPECTATIONS, REQUIRES STRUCTURED SUPERVISION, ESTABLISHES PROGRESSIVE RESPONSIBILITY, TIGHTENS SCOPE OF PRACTICE, STRENGTHENS ENFORCEMENT, REQUIRES DATA TRACKING AND REPORTING, SETS TIMELINES WHICH I MENTIONED IN MY OPENING. SO THIS IS NOT ABOUT WEAKENING SAFEGUARDS. IT IS ABOUT MAKING THOSE SAFEGUARDS CLEAR, ENFORCEABLE, AND CONSISTENT WITH NATIONAL EXPECTATIONS. NOW, ON THE ISSUE OF ADMINISTRATIVE CAPACITY, I HEAR THE CONCERN FROM PUBLIC HEALTH. BUT THE ANSWER TO THAT IS NOT TO LEAVE THE SYSTEM VAGUE. THE ANSWER IS TO CREATE CLEARER STRUCTURE, CLEARER RULES, AND CLEARER REPORTING, WHICH IS EXACTLY WHAT BILL 302 DOES ON THE ISSUE OF PROTECTING PUBLIC INVESTMENT AND THE CONCERN ABOUT A REVOLVING DOOR. THAT IS A VALID POLICY CONCERN. BUT WE ALSO HAVE TO ACKNOWLEDGE THAT BILL 302 STILL REQUIRES SUPERVISION, DEMONSTRATED COMPETENCY OVER TIME AND STRUCTURED PROGRESSION BEFORE BROADER PRACTICE. AND IT ADDS A DETERMINATION OF NEED REQUIREMENT WHICH APPLIES EVEN AS THE PATHWAY EXPANDS, ENSURING THAT HIRING DECISIONS ARE JUSTIFIED AND NOT ARBITRARY. SO AGAIN, THIS IS NOT AN UNREGULATED EXPANSION. IT IS A MORE STRUCTURED AND ACCOUNTABLE FRAMEWORK. AND YES, THE BILL DOES EXPAND PRACTICE BEYOND GOVERNMENT FACILITIES. THAT IS A POLICY DECISION. BUT IT IS ONE THAT SHOULD BE OPENLY DEBATED WITH FULL TRANSPARENCY AND WITH INPUT FROM THE PUBLIC AND THE MEDICAL COMMUNITY. BECAUSE THAT EXPANSION HAS REAL IMPLICATIONS, NOT JUST FOR ACCESS TO CARE, BUT FOR THE BALANCE BETWEEN PUBLIC AND PRIVATE HEALTHCARE ON GUAM. AND THAT BRINGS ME BACK TO THE MOST IMPORTANT POINT. PROCESS MATTERS, TRANSPARENCY MATTERS, PUBLIC INPUT MATTERS. SO AGAIN, THIS IS NOT ABOUT STOPPING

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THE PROGRAM, AND IT'S NOT ABOUT DELAYING THE PROGRAM. IT'S ABOUT DOING WHAT SHOULD HAVE BEEN DONE FROM THE BEGINNING, FIXING THE LAW WHERE IT'S FLAWED, STRENGTHENING STANDARDS TO MEET NATIONAL EXPECTATIONS, PUTTING CLEAR TIMELINES AND ACCOUNTABILITY INTO PLACE, AND ENSURING THE PUBLIC HAS HAD A VOICE IN A DECISION THAT AFFECTS THE ENTIRE HEALTH CARE SYSTEM. AGAIN, WE ALL WANT THE SAME OUTCOME. NOW, IT'S OUR RESPONSIBILITY TO MAKE SURE WE GET THERE THE RIGHT WAY. AND BEFORE I CLOSE, I'D LIKE TO ONCE AGAIN THANK THE CO-SPONSORS OF THE BILL, BILL 302, HALF OF WHICH VOTED IN FAVOR OF PUBLIC LAW 38-107, BUT THEY HAVE AGAIN ATTACHED THEIR SIGNATURE AND ARE SUPPORTING THIS LEGISLATION. AND AGAIN THEY ARE SENATORS CHRIS DUENAS SHAWN GUMATAOTAO WILL PARKINSON JESS LUJAN JOE SAN AGUSTIN VICE SPEAKER AND VICE CHAIR OF THE COMMITTEE ON HEALTH TONY ADA SPEAKER FRANK BLAS JR. AND SENATOR VINCE BORJA AND THAT CONCLUDES OUR AGENDA AND THE PUBLIC HEARING BY THE COMMITTEE ON HEALTH AND VETERANS AFFAIRS. THANK YOU ONCE AGAIN FOR TAKING YOUR TIME TO TESTIFY AND COMING DOWN AND PARTICIPATING IN THE PUBLIC HEARING PROCESS. THE TIME IS NOW 5:05 AND WE ARE NOW ADJOURNED. SI YUUS MAASE

The Public Hearing was adjourned at 5:05 P.M.

III. Findings and Recommendations

- Guam has a critical physician shortage, with particular pressure points in primary care and certain specialties (e.g., OB/GYN and neurosurgery/stroke coverage), driving delayed care and off-island referrals.
- Public Law 38-107 created licensure pathways for foreign medical graduates (FMG) and internationally trained physicians (ITP), but the ITP pathway is currently limited to government facilities (e.g., GMH/DPHSS).
- Multiple speakers characterized the ITP pathway's enactment as insufficiently vetted in a dedicated public hearing, raising process and transparency concerns.
- Key implementation concerns include patient safety, adequate and specialty-matched supervision, and HPLO/GBME capacity to track compliance and evaluations (including staffing and IT needs).
- There is disagreement on whether expanding ITP practice settings to private facilities improves access and parity, or increases risk by reducing centralized oversight and weakening the "pilot" structure.

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The Committee on Health and Veterans Affairs hereby reports out on Bill No. 302-38 (COR)- As amended - Sabrina Salas Matanane, Christopher M. Duenas, Shawn Gumataotao, William A. Parkinson, Jesse A. Lujan, Joe S. San Agustin, V. Anthony Ada, Frank F. Blas, Vincent A.V. Borja- AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6, §12206.7(c), AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS. With the recommendation TO REPORT OUT ONLY.

I MINA'TRENTAI OCHO NA LIHESLATURAN GUAHAN
2026 (SECOND) Regular Session

Bill No. 302-38 (COR)

Introduced By:

Sabrina Salas Matanane *Sm*
Christopher M. Duenas *CD*
Shawn Gumataotao *J*
William A. Parkinson *WP*
Jesse A. Lujan *JL*
Joe S. San Agustin *JS*
V. Anthony Ada *VA*
Frank F. Blas *FB*
Vincent A.V. Borja *VB*

AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6 AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

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

2 **Section 1. Legislative Findings and Intent.** *I Mina'trentai Ocho Na*
3 *Liheslaturan Guåhan* finds that Guam continues to face a critical shortage of
4 licensed physicians, particularly in specialized fields of medicine. This shortage
5 disproportionately affects the island's ability to provide timely, high-quality

1 healthcare to its residents, often necessitating off-island referrals that increase costs
2 for families and the government. According to the Association of American Medical
3 Colleges, the United States is projected to face a shortage of up to 86,000 physicians
4 by 2036, a trend that is amplified in isolated jurisdictions like Guam where
5 recruitment and retention of U.S.-trained medical professionals remain persistent
6 challenges.

7 *I Liheslaturan Guåhan* further finds that internationally trained physicians
8 (ITPs) represent a highly skilled and underutilized resource that can significantly
9 alleviate these provider gaps. However, the current regulatory framework for
10 integrating these professionals into Guam's healthcare system requires
11 modernization to ensure both increased access to care and the maintenance of
12 rigorous clinical standards. Research from the Journal of the American Medical
13 Association indicates that patients treated by international medical graduates often
14 have equivalent or superior clinical outcomes compared to those treated by domestic
15 graduates, provided that standardized certification and oversight mechanisms are in
16 place.

17 To ensure the safety and competency of the medical workforce, *I Liheslaturan*
18 *Guåhan* finds it necessary to align Guam's licensure requirements for ITPs with
19 emerging national models. Several states, including Georgia and Tennessee, have
20 recently enacted legislation to create provisional licensure pathways for

1 internationally trained doctors. For instance, Georgia Senate Bill 427 established a
2 limited provisional license for ITPs who have completed substantially similar post-
3 graduate training and maintain active certification from the Educational Commission
4 for Foreign Medical Graduates (ECFMG). By requiring ECFMG certification and
5 the successful passage of the United States Medical Licensing Examination
6 (USMLE), Guam can ensure that all practicing physicians meet a uniform baseline
7 of medical knowledge and clinical skill.

8 *I Liheslaturan Guåhan* also finds that a structured period of supervision is
9 essential for the successful integration of ITPs into the local medical community.
10 Establishing a two-year provisional licensure period allows for continuous
11 observation and progressive assessment by board-certified physicians. This model,
12 supported by the Accreditation Council for Graduate Medical Education (ACGME)
13 standards, ensures that ITPs are evaluated using validated tools before transitioning
14 to full, unrestricted licensure. Furthermore, expanding the scope of practice for ITPs
15 to include both public and private healthcare settings will maximize the impact of
16 this policy, ensuring that all sectors of Guam's healthcare infrastructure benefit from
17 increased provider capacity.

18 It is the intent of *I Liheslaturan Guåhan* to establish a rigorous yet accessible
19 pathway for internationally trained physicians to practice in Guam. This legislation
20 seeks to mandate high standards of education and prior clinical experience, including

1 at least three years of full-time practice in a specific specialty and recent clinical
2 activity. By requiring supervision by Guam-licensed, board-certified physicians in
3 the same specialty, *I Liheslaturan Guåhan* intends to safeguard patient safety while
4 expanding the availability of specialized medical services in both the public and
5 private sectors.

6 References:

7 - Association of American Medical Colleges, "The Complexities of
8 Physician Supply and Demand: Projections From 2021 to 2036," 2024.

9 - Georgia General Assembly, "Senate Bill 427 - Physicians; limited
10 provisional licenses and a pathway to licensure for certain internationally
11 trained physicians," 2024.

12 - Journal of the American Medical Association (JAMA), "Quality of
13 Care Delivered by General Internists Who Graduated From Foreign Medical
14 Schools," 2017.

15 - Tennessee General Assembly, "Public Chapter No. 311 (HB 1312/SB
16 1451) - Relative to the Board of Medical Examiners," 2023.

17 - Educational Commission for Foreign Medical Graduates (ECFMG),
18 "Requirements for Certification for 2024-2025," 2024.

19 - Accreditation Council for Graduate Medical Education (ACGME),
20 "Common Program Requirements," 2023.

1 **Section 2. § 12206.2 of Article 2, Chapter 12, Title 10, Guam Code**

2 **Annotated, is hereby amended to read:**

3 "§12206.2. Internationally-Trained Physicians (ITPs) Interim Provisional
4 License.

5 (a) The Guam Board of Medical Examiners (GBME) may issue an Interim
6 Provisional License, ~~a limited licensed,~~ to an Internationally-Trained
7 Physician (ITPs) to practice medicine ~~to a physician~~ when the Board has
8 received satisfactory verification of all of the following requirements:

9 (1) The applicant has been offered employment as a physician at a
10 government of Guam-funded healthcare facility, such as but not limited
11 to Guam Memorial Hospital Authority (GMHA), Department of Public
12 Health Social Services (DPHSS), Federally Qualified Health Centers
13 (FQHCs), or the Guam Behavioral Health and Wellness Center
14 (GBHWC); as well as any licensed healthcare facility in Guam
15 including private hospitals, private clinics, and private healthcare
16 facilities.

17 (2) The applicant ~~has~~ holds a current and active license in good standing
18 to practice medicine in a foreign country.

19 (3) ~~The applicant previously completed at least one hundred thirty (130)~~
20 ~~weeks of medical education at a medical school listed in the World~~

1 ~~Directory of Medical Schools and is certified by the Educational~~
2 ~~Commission for Foreign Medical Graduates or its Board-approved~~
3 ~~successor(s), or by an equivalent Board-approved entity, and meets one~~
4 ~~of the following requirements:~~

5 ~~(A) The applicant has completed three (3) years of progressive~~
6 ~~postgraduate training in a graduate medical education program~~
7 ~~approved by the applicant's country of licensure;~~

8 The applicant has satisfied all of the following education, certification,
9 and examination requirements:

10 (A) The applicant has graduated from a medical school
11 recognized by the World Directory of Medical Schools
12 (WDMS), having completed at least one hundred thirty (130)
13 weeks of medical education at such institution;

14 (B) The applicant holds a current, valid certification issued by
15 the Educational Commission for Foreign Medical Graduates
16 (ECFMG), or its Board-approved successor or equivalent,
17 which certification shall require passage of all parts of the
18 United States Medical Licensing Examination® (USMLE®);
19 and

1 (C) The applicant has completed at least three (3) years of
2 progressive postgraduate training in a graduate medical
3 education program approved by the applicant's country of
4 licensure.

5 (4) The applicant has demonstrated competency to practice medicine in
6 one of the following ways:

7 (A) Successfully passed each part of the United States Medical
8 Licensing Examination (USMLE); and ~~or an equivalent~~
9 ~~examination recognized by the Board; or~~

10 (B) ~~Successfully passed each part of a nationally recognized~~
11 ~~standard medical licensing examination from a country that is~~
12 ~~Board approved and that meets all of the following~~
13 ~~requirements:~~

14 ~~(i) Tests for the ability to practice medicine;~~

15 ~~(ii) Tests for medical knowledge, skills, and understanding of~~
16 ~~clinical science essential for providing patient care;~~

17 ~~(iii) Tests for communication and interpersonal skills; and~~

18 ~~(iv) Includes an interactive testing component; or~~

19 ~~(C) Received specialty board certification as approved by any of~~
20 ~~the following:~~

- 1 (i) The American Board of Medical Specialties;
- 2 (ii) The Bureau of Osteopathic Specialists of the American
- 3 Osteopathic Association;
- 4 (iii) The Royal College of Physicians and Surgeons of
- 5 Canada; or
- 6 (iv) Any other specialty board recognized pursuant to rules
- 7 adopted by the Board; ~~or~~ and

8 ~~(D) Submits to a comprehensive assessment demonstrating~~

9 ~~clinical competence by a program approved by the Board.~~

10 ~~Alternatively, the Board may waive this requirement and issue a~~

11 ~~temporary license, requiring the applicant to successfully pass a~~

12 ~~Post-Licensure Assessment System, such as the Special Purpose~~

13 ~~Examination (SPEX), within one (1) year from the date of Board~~

14 ~~approval.~~

15 The applicant has demonstrated evidence of substantially similar

16 post-graduate training based on national standards for United

17 States-based Graduate Medical Education (GME), as determined

18 by the Board to be consistent with Accreditation Council for

19 Graduate Medical Education (ACGME) standards.

1 (5) The applicant holds an unrestricted medical license in another
2 country and has completed at least three (3) years of full-time clinical
3 practice in the same specialty in which the physician plans to practice
4 in Guam.

5 ~~(5)~~(6) The applicant has not had a license revoked, suspended,
6 restricted, denied, or otherwise acted against in any jurisdiction and is
7 not the subject of any pending investigations, in whole or in part.

8 ~~(6)~~(7) The applicant does not have any convictions involving violations
9 of medical practice law or a conviction substantially equivalent to a
10 felony. The applicant shall submit to a background check from both the
11 jurisdiction of prior licensure and the Federal Bureau of Investigation
12 (FBI).

13 ~~(7)~~(8) The applicant has demonstrated proficiency in English through a
14 standardized assessment, documentation of medical education
15 completed entirely in English, or other evidence accepted by the Board.

16 ~~(8)~~(9) The applicant is legally authorized to work in the United States.
17 An applicant may apply for an ITP License before receiving federal
18 work authorization, but may not begin employment at government of
19 Guam-funded healthcare facilities or licensed healthcare facilities in

1 Guam until receiving legal work authorization and ~~is issued a License~~
2 ~~by the Board~~ a License is issued by the Board.

3 ~~(9)~~(10) The applicant must submit an application and pay a fee in
4 accordance with rules adopted by the Board.

5 (A) If an applicant has not engaged in clinical practice for a
6 period of twenty-four (24) or more consecutive months at the
7 time the Board receives the application, the applicant shall
8 complete a ~~physical reentry program approved by the Board in~~
9 ~~the United States~~ Board-approved clinical reentry program in the
10 United States that includes supervised clinical training and
11 competency assessment prior to being eligible for an Interim
12 Provisional License under this Article.

13 (11) An ITP licensed under this Section shall practice only within the
14 specialty or subspecialty in which the physician is licensed and
15 certified. An ITP shall not practice in any other specialty or
16 subspecialty. During the Interim Provisional License period, the ITP
17 shall practice under the continuous supervision of a physician who
18 holds a valid, unrestricted license to practice medicine in the United
19 States and who is board-certified in the same specialty as the ITP."

1 **Section 3. § 12206.3 of Article 2, Chapter 12, Title 10, Guam Code**

2 **Annotated, is hereby amended to read:**

3 "§12206.3. Interim Provisional License to Permanent ~~Limited~~ License.

4 (a) An Interim Provisional License holder shall be eligible for a
5 Permanent ~~Limited~~ License, subject to Section (e) and (f) of this
6 §12206.3, after completing at least three (3) years of practice under the
7 Interim Provisional License, if the licensee:

8 (1) Has successfully completed the assessment and evaluation
9 requirements of ~~§12256~~ 12206.2;

10 (2) Has received an attestation from the participating healthcare
11 facility that the licensee has demonstrated competence to practice
12 independently in all the current areas of the general competency
13 domains;

14 ~~(3) Has achieved a passing score on Step 3 of the USMLE within~~
15 ~~three (3) attempts;~~

16 ~~(4)~~(3) Has maintained the Interim Provisional License in good
17 standing with no disciplinary actions;

18 ~~(5)~~(4) Has complied with all terms and conditions of the Interim
19 Provisional License; and

1 ~~(6)~~(5) Has submitted a complete application and paid the
2 applicable fee.

3 (b) A Permanent ~~Limited~~ License issued pursuant to this Section shall
4 authorize the holder to practice medicine with full clinical autonomy,
5 without direct supervision, ~~but only at government of Guam funded~~
6 ~~healthcare facilities approved by the Board~~ at any licensed healthcare
7 facility in Guam, including both public and private healthcare settings,
8 within the specialty or subspecialty in which the physician is licensed
9 and certified.

10 (c) A Permanent ~~Limited~~ License holder shall not be eligible for:

11 ~~(1) Conversion to a full and unrestricted license to practice~~
12 ~~medicine;~~

13 ~~(2) Practice at private hospitals, private clinics, or private~~
14 ~~healthcare facilities;~~

15 ~~(3) Participation in the Interstate Medical Licensure Compact;~~

16 ~~or~~

17 ~~(4) Any other license category that would permit practice outside~~
18 ~~of government of Guam funded healthcare facilities.~~

19 ~~(d)~~(c) The Board may, in its discretion, require additional supervised
20 practice or remediation if the Board determines that the applicant has

1 not demonstrated competence in one or more of the current general
2 competency domains.

3 ~~(e)~~(d) A Permanent ~~Limited~~ License shall be subject to renewal in
4 accordance with the same schedule and requirements applicable to full
5 and unrestricted licenses, provided that the restriction to ~~government of~~
6 ~~Guam-funded healthcare facilities shall remain in effect permanently~~
7 ~~and shall not be removed or modified.~~ the specialty or subspecialty in
8 which the physician is licensed and certified shall remain in effect and
9 shall not be removed or modified except upon application to and
10 approval by the Board.

11 ~~(f)~~(e) During the first two (2) years of the Interim Provisional License
12 period, and before any issuance of a Permanent ~~Limited~~ License
13 pursuant to this Section, an ITP shall practice under the direct
14 supervision of a Guam-licensed, board-certified physician in the same
15 or similar specialty. Supervision shall include ongoing evaluation and
16 progressive responsibility, consistent with the standards established by
17 the Accreditation Council for Graduate Medical Education (ACGME).
18 The supervising physician shall submit written evaluations to the Board
19 at six (6)-month intervals during the supervised period.

1 (g)(f) During the provisional licensure period, and before any issuance
2 of a Permanent License pursuant to this Section, the ITP shall be subject
3 to continuous observation and assessment by board-certified
4 physicians. Such assessment shall utilize tools developed by or
5 consistent with standards of Accreditation Council for Graduate
6 Medical Education (ACGME)-accredited training programs. The
7 Board shall establish, by rule, the specific assessment tools, evaluation
8 criteria, and documentation requirements for the supervised provisional
9 period.

10 (g) At such time that all the requirements as enumerated in this Section
11 are met, The Guam Board of Medical Examiners (GBME) shall issue a
12 Permanent License to an Internationally-Trained Physician (ITP) to
13 practice medicine on Guam within ninety (90) days; such license shall
14 be maintained in good standing pursuant to the Guam Board of Medical
15 Examiners (GBME)."

16 **Section 4. § 12206.4 of Article 2, Chapter 12, Title 10, Guam Code**
17 **Annotated, is hereby amended to read:**

18 "§ 12206.4. Enforcement and Disciplinary Authority.

19 (a) Holders of an Interim Provisional or Permanent ~~Limited~~ License
20 issued pursuant to this Article shall be subject to the same disciplinary

1 authority of the Board as holders of full and unrestricted licenses,
2 including but not limited to suspension, revocation, and imposition of
3 conditions.

4 ~~(b) An Interim Provisional or Permanent Limited License shall be~~
5 ~~automatically suspended if the licensee ceases to be employed by a~~
6 ~~government of Guam funded healthcare facility approved by the Board.~~

7 ~~(e)~~(b) The Board may immediately suspend an Interim Provisional
8 License or Permanent ~~Limited~~ License if the Board determines that
9 continued practice poses an imminent risk to patient safety.

10 ~~(d) The holder of the Interim Provisional License or Permanent Limited~~
11 ~~License shall not practice medicine outside the confines of government~~
12 ~~of Guam funded healthcare facilities. A violation of this provision is~~
13 ~~subject to penalties under Guam law, including fines not to exceed Five~~
14 ~~Hundred Dollars (\$500.00) per offense, and may result in revocation of~~
15 ~~the License by the Board. The Board may, at its discretion, revoke the~~
16 ~~License at any time.~~

17 (c) The holder of an Interim Provisional License or Permanent ~~Limited~~
18 License shall not practice medicine outside the specialty or subspecialty
19 in which the physician is licensed and certified under this Article. A
20 violation of this provision is subject to penalties under Guam law,

1 including fines not to exceed Ten Thousand Dollars (\$10,000.00) per
2 offense, and shall be subject to disciplinary action by the Board,
3 including suspension or revocation of the License. The Board may, at
4 its discretion, impose additional conditions, restrictions, or revoke the
5 License at any time.

6 ~~(e)~~(d) An Interim Provisional License or Permanent ~~Limited~~ License
7 shall become inactive if its holder ~~ceases employment with the~~
8 ~~government of Guam funded healthcare facilities~~ ceases active medical
9 practice in Guam.

10 ~~(f)~~(e) The Board shall retain jurisdiction over the holder of inactive
11 Licenses.

12 ~~(g)~~(f) The Board, in coordination with the DPHSS' Health Professional
13 Licensing Office (HPLO), shall collect and evaluate data on the
14 implementation and success of this pathway to licensure, including, at
15 a minimum:

- 16 (1) The number of applicants for licensure under this Section;
- 17 (2) The number of licenses issued and denied;
- 18 (3) Reasons for denial of applications;
- 19 (4) The applicant's licensing country and medical education
20 background;

1 (5) The number of Interim Provisional and Permanent ~~Limited~~
2 Licenses granted following completion of each pathway;

3 (6) The number of complaints or disciplinary actions involving
4 ITP License holders;

5 (7) The specialties and practice settings of applicants; and

6 (8) The geographic distribution of licensees practicing in Guam.

7 ~~(h)~~(g) On or before December 1 of each year, the Board shall report the
8 information collected pursuant to ~~(g)~~(f) to *I Maga'håga /-Maga'lahi*
9 *Maga'låhen Guåhan* and the Speaker of *I Liheslaturan Guåhan*."

10 **Section 5. § 12206.5 of Article 2, Chapter 12, Title 10, Guam Code**

11 **Annotated, is hereby amended to read:**

12 "§ 12206.5. Determination of Need Requirement.

13 ~~As part of offering employment to an ITP, the hiring authority of the government of~~
14 ~~Guam funded healthcare facility such as the CEO/Administrator of GMH, the~~
15 ~~Director of the DPHSS, the Chief Executive Officer of the FQHCs as applicable, or~~
16 ~~the Director of GBHWC upon receiving approval, as applicable, from their~~
17 ~~respective board or council, shall demonstrate the need to hire an ITP to provide~~
18 ~~adequate coverage in the provision of medical care at their healthcare agency- Any~~
19 ~~healthcare facility, whether public or private, including but not limited to the~~
20 ~~CEO/Administrator of GMH, the Director of the DPHSS, the Chief Executive~~

1 Officer of the FQHCs as applicable, the Director of GBHWC, or the chief executive
2 officer, administrator, or equivalent officer of any private hospital, private clinic, or
3 private healthcare facility, upon receiving approval, as applicable, from their
4 respective board or council, shall demonstrate the need to hire an ITP to provide
5 adequate coverage in the provision of medical care at their healthcare facility to the
6 Board by filing a Determination of Need statement that includes the following
7 attestations:

8 (a) There are not sufficient individuals able, willing, qualified, and available
9 at the location of employment with the ~~government of Guam funded~~
10 healthcare ~~agency~~ facility at the time of the offer; and

11 (b) The employment of the ITP will not adversely affect the wages and
12 working conditions of individuals similarly employed at the qualifying
13 location. A copy of the job offer for employment ~~with the government of~~
14 ~~Guam funded healthcare agency~~ must be submitted to the Board, along with
15 the filing of the Determination of Need statement.”

16 **Section 6. § 12206.6 of Article 2, Chapter 12, Title 10, Guam Code**
17 **Annotated, is hereby *amended* to read:**

18 "§ 12206.6. Rulemaking.

19 (a) The Board shall, within ninety (90) days upon enactment of this
20 Section, adopt rules necessary to issue an ITP License. The Board is

1 authorized to develop the Internationally-Trained Physicians Interim
2 Provisional License and Permanent ~~Limited~~ License pathway, to
3 include, but not limited to, the rules and regulations governing the
4 application, supervision, management, and execution of the
5 Internationally-Trained Physicians program. The Board shall be
6 guided, at a minimum, by the latest Federation of State Medical Boards
7 general competencies endorsed by the Coalition of Physician
8 Accountability.

9 (b) The Board shall provide for the issuance of an ITP Interim
10 Provisional License for a term not to exceed four (4) years from the
11 date of issuance. An ITP may apply for a Permanent ~~Limited~~ License
12 during the third year of the ITP's service. If granted, the Permanent
13 ~~Limited~~ License shall be valid for the remainder of the initial four (4)-
14 year term. It may be extended for one (1) additional term not to exceed
15 two (2) years, for a total period not to exceed six (6) years.

16 ~~(c) The Board shall work with government of Guam funded healthcare~~
17 ~~facilities, starting with GMH and the HPLO of DPHSS, for the first~~
18 ~~eighteen (18) months following the enactment of this provision, to offer~~
19 ~~employment to an ITP at GMH. After the eighteen (18) month period~~
20 ~~has elapsed, the Board shall accept applications from other government~~

1 of ~~Guam-funded healthcare facilities.~~ The Board shall accept
2 applications from all licensed healthcare facilities in Guam, including
3 both government of Guam-funded healthcare facilities and private
4 healthcare facilities, upon the effective date of this Act.

5 (d) The Board shall issue an Interim Provisional License or Permanent
6 ~~Limited~~ License to ITPs who meet the requirements. The Board shall
7 approve and grant exceptions to countries on a case-by-case basis,
8 provided all other requirements are met, and it is evident that the
9 employment of the ITP is to the benefit of the public.

10 (e) The Board shall, within ninety (90) days upon enactment of this
11 Section, adopt rules establishing standards for supervision and
12 progressive assessment of ITPs during the provisional licensure period.
13 Such rules shall, at a minimum, incorporate assessment tools developed
14 by or consistent with the standards of Accreditation Council for
15 Graduate Medical Education (ACGME)-accredited training programs,
16 and shall specify the qualifications required of supervising physicians,
17 the frequency and format of evaluations, and the criteria for advancing
18 an ITP to greater levels of clinical responsibility."

19 **Section 7. § 12207 of Chapter 12, Title 10, Guam Code Annotated, is**

20 **hereby *amended*, to read:**

1 **“§ 12207. Licensure by Endorsement and Temporary and Special**

2 **Licensure.**

3 (a) Licensure Without Examination. The Board is authorized, at its
4 discretion, to issue a license by endorsement to an applicant who:

5 (1) has complied with all current medical licensing requirements save
6 that for examination;

7 (2) has passed a medical licensing examination given in English in
8 another state, the District of Columbia, a territory or possession of the
9 United States or Canada, provided the Board determines that
10 examination was equivalent to its own current examination;

11 (3) has a valid current medical license in another state, the District of
12 Columbia, a territory or possession of the United States or Canada;
13 and

14 (4) Required to take SPEX if last examination was taken more than
15 ten (10) years ago.

16 ~~(5) holds a valid certification issued by the Educational Commission~~
17 ~~for Foreign Medical Graduates (ECFMG) or its Board approved~~
18 ~~successor(s), or by an equivalent Board approved entity; and has~~
19 ~~passed a medical licensing examination comparable to the United~~

1 ~~States Medical Licensing Examination (USMLE), or another~~
2 ~~examination approved by the Board.~~

3 (b) Endorsement for Certified Applicants: The Board is authorized, at its
4 discretion, to issue a license by endorsement to an applicant who:

5 (1) has complied with all current medical licensing requirements save
6 that for examination; and

7 (2) has passed the examination of and been certified by a certifying
8 agency recognized by the Board (e.g., the National Board of Medical
9 Examiners or the National Board of Examiners for Osteopathic
10 Physicians and Surgeons), provided the Board determines that
11 examination was equivalent to its own current examination and was
12 not a specialty board examination.

13 ~~(3) has passed an international medical licensing examination~~
14 ~~comparable to the USMLE, as determined by the Board, and is~~
15 ~~verified by the ECFMG or its Board approved successor(s), or by an~~
16 ~~equivalent Board approved entity.~~

17 (c) Endorsement Examination: Notwithstanding any other provisions of the
18 act, the Board is authorized to require applicants for full and unrestricted
19 medical licensure by endorsement who have not been formally tested by a
20 United States or Canadian medical licensing jurisdiction, or a comparable

1 international medical licensing exam, a Board-approved medical certifying
2 agency or a Board-approved medical specialty board within a specific period
3 of time before application (e.g. eight (8) or ten (10) years to pass a written
4 and/or oral medical examination approved by the Board for that purpose.)

5 ~~(d) Provisional License—Foreign Medical Graduates. Notwithstanding~~
6 ~~subsections (a) and (b), the Board may require an applicant who completed~~
7 ~~postgraduate training outside an Accreditation Council for Graduate Medical~~
8 ~~Education (ACGME) accredited program, to complete a period of~~
9 ~~supervised provisional licensure prior to issuance of unrestricted licensure.~~

10 ~~(1) A provisional license issued pursuant to this subsection shall be~~
11 ~~limited to practice under supervision in an approved facility;~~

12 ~~(2) During the provisional licensure period, the applicant shall not~~
13 ~~engage in independent practice and shall practice only within the~~
14 ~~scope approved by the Board and supervising physician. The Board~~
15 ~~may impose reasonable limitations on clinical privileges, procedural~~
16 ~~authority, prescribing authority, on-call responsibilities, and other~~
17 ~~practice activities as necessary to ensure patient safety;~~

18 ~~(3) The applicant shall submit a Board-approved supervision plan~~
19 ~~identifying the supervising physician(s), scope of practice, and~~

1 ~~evaluation schedule, a method of oversight, including frequency of~~
2 ~~review and documentation requirements;~~

3 ~~(4) The provisional period shall not exceed twelve (12) months,~~
4 ~~renewable once for good cause; and~~

5 ~~(5) Conversion to unrestricted licensure shall require documented~~
6 ~~competency-based evaluations.~~

7 ~~(6) The applicant shall demonstrate not less than three (3) years of~~
8 ~~independent clinical practice experience in the applicant's area of~~
9 ~~specialty, completed after the completion of postgraduate medical~~
10 ~~training. Such experience shall be verified in a manner prescribed by~~
11 ~~the Board. Experience obtained solely as a medical officer, intern, or~~
12 ~~house officer shall not satisfy this requirement unless the Board~~
13 ~~determines that such experience involved independent clinical~~
14 ~~responsibility consistent with specialty practice standards. This~~
15 ~~subsection shall not apply to applicants for, or licenses issued under,~~
16 ~~§§ 12206.2 through 12206.7.~~

17 ~~(7) The applicant shall demonstrate active clinical practice within the~~
18 ~~five (5) years immediately preceding the date of application. The~~
19 ~~Board may, for good cause shown, waive or modify this requirement~~
20 ~~if the applicant demonstrates continued clinical competency through~~

1 ~~additional training, education, or assessment acceptable to the Board.~~

2 ~~This subsection shall not apply to applicants for, or licenses issued~~

3 ~~under, §§ 12206.2 through 12206.7.”~~

4 ~~(e)~~(d) Temporary Licensure. The Board is authorized to establish regulations
5 for issuance of a temporary medical license for the intervals between Board
6 meetings. Such a license should:

7 (1) be granted only to an applicant demonstrably qualified for a full
8 and unrestricted medical license under the requirements set by the
9 Medical Practice Act and the regulations of the Board; and

10 (2) automatically terminate on the date of the next Board meeting at
11 which the holder could be considered for a full and unrestricted
12 medical license.

13 ~~(f)~~(e) Special Purpose License to Practice Medicine Across Guam/State
14 Lines. The Board is authorized, at its discretion, to issue a special purpose
15 license to practice medicine across Guam lines to an applicant who:

16 (1) holds a full and unrestricted license to practice in at least one (1)
17 other state or United States jurisdiction;

18 (2) has not had previous disciplinary or other action taken against him
19 or her by any state or jurisdiction; and

1 (3) must be at least qualified to be licensed in Guam. Exceptions to
2 the special purpose license to practice medicine across Guam lines
3 include the following:

4 (A) the practice of medicine across state lines by a licensed
5 physician on an irregular or infrequent basis, provided such
6 practice occurs less than once a week or involves less than one
7 percent (1%) of the physician's diagnostic or therapeutic
8 practice;

9 (B) the informal practice of medicine by a licensed physician is
10 without compensation or expectation of compensation. (The
11 practice of medicine conducted within the parameters of a
12 contractual relationship shall not be considered informal and
13 shall be subject to regulation by the Guam Board of Medical
14 Examiners.);

15 (C) physician specialist, or field of authority is not available
16 locally; and

17 (D) the practice of medicine in terms of diagnosis and treatment
18 of a patient is under the responsibility of a locally licensed
19 physician.

1 ~~(g)~~(f) Special Licensure. The Board is authorized to issue conditional,
2 restricted or otherwise circumscribed licenses as it determines necessary.

3 ~~(h)~~(g) Military Limited Volunteer Medical License.

4 (1) A physician who practices medicine on Guam under a license
5 issued pursuant to this Subsection may only practice at the
6 Department of Public Health and Social Services, the Guam Memorial
7 Hospital Authority, the Community Health Centers, or a clinic or
8 outreach event that primarily provides services for indigent
9 populations, and the physician shall not receive direct or indirect
10 compensation or payment of anything of monetary value in exchange
11 for the medical services rendered by the physician to the indigent
12 patients.

13 (2) The Board is authorized to issue a Military Limited Volunteer
14 Medical License to an applicant who:

15 (A) is licensed and in good standing as a physician in another
16 state;

17 (B) maintains credentials within the military credentialing
18 system and authorizes the Guam based Military Credentialing
19 Office to provide to the Guam Board of Medical Examiners the

1 required verification documents and military commander's
2 approval; and

3 (C) agrees to be subject to Board rules and regulations,
4 including those regarding disciplinary action, license
5 registration and renewal, and continuing medical education,
6 throughout the duration of the Military Limited Volunteer
7 Medical licensure.

8 (3) A Military Limited Volunteer Medical License shall be issued

9 (A) at no charge to the applicant,

10 (B) be valid for a period of two (2) years, and

11 (C) may be renewed and maintained according to registration
12 requirements as prescribed by the Board.

13 (4) The license shall be in effect upon receipt of the application packet
14 by the Guam Board of Medical Examiners subject to final review.

15 This presumptive eligibility for licensure is contingent upon:

16 (A) the appropriate military commander's authorization
17 allowing the physician to practice in the community, and

18 (B) the appropriate collaborative sharing of information
19 between the Military Credentialing Office and the Guam Board
20 of Medical Examiners."

1 **Section 8. Severability.** If any provision of this Act or its application to any
2 person or circumstance is found to be invalid or inorganic, such invalidity shall not
3 affect other provisions or applications of this Act that can be given effect without the
4 invalid provision or application, and to this end the provisions of this Act are
5 severable.

6 **Section 9. Effective Date.** This Act shall take effect upon enactment.

I MINA'TRENTAI OCHO NA LIHESLATURAN GUAHAN
2026 (SECOND) Regular Session

Bill No. 302-38 (COR)
As amended by the Committee on
Health and Veterans Affairs

Introduced By: Sabrina Salas Matanane
Christopher M. Duenas
Shawn Gumataotao
William A. Parkinson
Jesse A. Lujan
Joe S. San Agustin
V. Anthony Ada
Frank F. Blas
Vincent A.V. Borja

AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6, §12206.7(c), AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

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

2 **Section 1. Legislative Findings and Intent.** *I Mina'trentai Ocho Na*
3 *Liheslaturan Guåhan* finds that Guam continues to face a critical shortage of
4 licensed physicians, particularly in specialized fields of medicine. This shortage
5 disproportionately affects the island's ability to provide timely, high-quality

1 healthcare to its residents, often necessitating off-island referrals that increase costs
2 for families and the government. According to the Association of American Medical
3 Colleges, the United States is projected to face a shortage of up to 86,000 physicians
4 by 2036, a trend that is amplified in isolated jurisdictions like Guam where
5 recruitment and retention of U.S.-trained medical professionals remain persistent
6 challenges.

7 *I Liheslaturan Guåhan* further finds that internationally trained physicians
8 (ITPs) represent a highly skilled and underutilized resource that can significantly
9 alleviate these provider gaps. However, the current regulatory framework for
10 integrating these professionals into Guam's healthcare system requires
11 modernization to ensure both increased access to care and the maintenance of
12 rigorous clinical standards. Research from the Journal of the American Medical
13 Association indicates that patients treated by international medical graduates often
14 have equivalent or superior clinical outcomes compared to those treated by domestic
15 graduates, provided that standardized certification and oversight mechanisms are in
16 place.

17 To ensure the safety and competency of the medical workforce, *I Liheslaturan*
18 *Guåhan* finds it necessary to align Guam's licensure requirements for ITPs with
19 emerging national models. Several states, including Georgia and Tennessee, have
20 recently enacted legislation to create provisional licensure pathways for

1 internationally trained doctors. For instance, Georgia Senate Bill 427 established a
2 limited provisional license for ITPs who have completed substantially similar post-
3 graduate training and maintain active certification from the Educational Commission
4 for Foreign Medical Graduates (ECFMG). By requiring ECFMG certification and
5 the successful passage of the United States Medical Licensing Examination
6 (USMLE), Guam can ensure that all practicing physicians meet a uniform baseline
7 of medical knowledge and clinical skill.

8 *I Liheslaturan Guåhan* also finds that a structured period of supervision is
9 essential for the successful integration of ITPs into the local medical community.
10 Establishing a two-year provisional licensure period allows for continuous
11 observation and progressive assessment by board-certified physicians. This model,
12 supported by the Accreditation Council for Graduate Medical Education (ACGME)
13 standards, ensures that ITPs are evaluated using validated tools before transitioning
14 to full, unrestricted licensure. Furthermore, expanding the scope of practice for ITPs
15 to include both public and private healthcare settings will maximize the impact of
16 this policy, ensuring that all sectors of Guam's healthcare infrastructure benefit from
17 increased provider capacity.

18 It is the intent of *I Liheslaturan Guåhan* to establish a rigorous yet accessible
19 pathway for internationally trained physicians to practice in Guam. This legislation
20 seeks to mandate high standards of education and prior clinical experience, including

1 at least three years of full-time practice in a specific specialty and recent clinical
2 activity. By requiring supervision by Guam-licensed, board-certified physicians in
3 the same specialty, *I Liheslaturan Guåhan* intends to safeguard patient safety while
4 expanding the availability of specialized medical services in both the public and
5 private sectors.

6 References:

7 - Association of American Medical Colleges, "The Complexities of
8 Physician Supply and Demand: Projections From 2021 to 2036," 2024.

9 - Georgia General Assembly, "Senate Bill 427 - Physicians; limited
10 provisional licenses and a pathway to licensure for certain internationally
11 trained physicians," 2024.

12 - Journal of the American Medical Association (JAMA), "Quality of
13 Care Delivered by General Internists Who Graduated From Foreign Medical
14 Schools," 2017.

15 - Tennessee General Assembly, "Public Chapter No. 311 (HB 1312/SB
16 1451) - Relative to the Board of Medical Examiners," 2023.

17 - Educational Commission for Foreign Medical Graduates (ECFMG),
18 "Requirements for Certification for 2024-2025," 2024.

19 - Accreditation Council for Graduate Medical Education (ACGME),
20 "Common Program Requirements," 2023.

1 **Section 2. § 12206.2 of Article 2, Chapter 12, Title 10, Guam Code**

2 **Annotated, is hereby amended to read:**

3 "§12206.2. Internationally-Trained Physicians (ITPs) Interim Provisional
4 License.

5 (a) The Guam Board of Medical Examiners (GBME) may issue an Interim
6 Provisional License, ~~a limited licensed,~~ to an Internationally-Trained
7 Physician (ITPs) to practice medicine ~~to a physician~~ when the Board has
8 received satisfactory verification of all of the following requirements:

9 (1) The applicant has been offered employment as a physician at a
10 government of Guam-funded healthcare facility, such as but not limited
11 to Guam Memorial Hospital Authority (GMHA), Department of Public
12 Health Social Services (DPHSS), Federally Qualified Health Centers
13 (FQHCs), or the Guam Behavioral Health and Wellness Center
14 (GBHWC); as well as any licensed healthcare facility in Guam
15 including private hospitals, private clinics, and private healthcare
16 facilities.

17 (2) The applicant ~~has~~ holds a current and active license in good standing
18 to practice medicine in a foreign country.

19 (3) ~~The applicant previously completed at least one hundred thirty (130)~~
20 ~~weeks of medical education at a medical school listed in the World~~

1 ~~Directory of Medical Schools and is certified by the Educational~~
2 ~~Commission for Foreign Medical Graduates or its Board-approved~~
3 ~~successor(s), or by an equivalent Board-approved entity, and meets one~~
4 ~~of the following requirements:~~

5 ~~(A) The applicant has completed three (3) years of progressive~~
6 ~~postgraduate training in a graduate medical education program~~
7 ~~approved by the applicant's country of licensure;~~

8 The applicant has satisfied all of the following education, certification,
9 and examination requirements:

10 (A) The applicant has graduated from a medical school
11 recognized by the World Directory of Medical Schools
12 (WDMS), having completed at least one hundred thirty (130)
13 weeks of medical education at such institution;

14 (B) The applicant holds a current, valid certification issued by
15 the Educational Commission for Foreign Medical Graduates
16 (ECFMG), or its Board-approved successor or equivalent,
17 which certification shall require passage of all parts of the
18 United States Medical Licensing Examination® (USMLE®);
19 and

1 (C) The applicant has completed at least three (3) years of
2 progressive postgraduate training in a graduate medical
3 education program approved by the applicant's country of
4 licensure.

5 (4) The applicant has demonstrated competency to practice medicine in
6 one of the following ways:

7 (A) Successfully passed each part of the United States Medical
8 Licensing Examination (USMLE); and ~~or an equivalent~~
9 ~~examination recognized by the Board; or~~

10 (B) ~~Successfully passed each part of a nationally recognized~~
11 ~~standard medical licensing examination from a country that is~~
12 ~~Board approved and that meets all of the following~~
13 ~~requirements:~~

14 ~~(i) Tests for the ability to practice medicine;~~

15 ~~(ii) Tests for medical knowledge, skills, and understanding of~~
16 ~~clinical science essential for providing patient care;~~

17 ~~(iii) Tests for communication and interpersonal skills; and~~

18 ~~(iv) Includes an interactive testing component; or~~

19 ~~(C) Received specialty board certification as approved by any of~~
20 ~~the following:~~

- 1 (i) The American Board of Medical Specialties;
- 2 (ii) The Bureau of Osteopathic Specialists of the American
- 3 Osteopathic Association;
- 4 (iii) The Royal College of Physicians and Surgeons of
- 5 Canada; or
- 6 (iv) Any other specialty board recognized pursuant to rules
- 7 adopted by the Board; ~~or~~ and

8 ~~(D) Submits to a comprehensive assessment demonstrating~~

9 ~~clinical competence by a program approved by the Board.~~

10 ~~Alternatively, the Board may waive this requirement and issue a~~

11 ~~temporary license, requiring the applicant to successfully pass a~~

12 ~~Post-Licensure Assessment System, such as the Special Purpose~~

13 ~~Examination (SPEX), within one (1) year from the date of Board~~

14 ~~approval.~~

15 (C) The applicant has demonstrated evidence of substantially

16 similar post-graduate training based on national standards for

17 United States-based Graduate Medical Education (GME), as

18 determined by the Board to be consistent with Accreditation

19 Council for Graduate Medical Education (ACGME) standards.

1 (5) The applicant holds an unrestricted medical license in another
2 country and has completed at least three (3) years of full-time clinical
3 practice in the same specialty in which the physician plans to practice
4 in Guam.

5 ~~(5)~~(6) The applicant has not had a license revoked, suspended,
6 restricted, denied, or otherwise acted against in any jurisdiction and is
7 not the subject of any pending investigations, in whole or in part.

8 ~~(6)~~(7) The applicant does not have any convictions involving violations
9 of medical practice law or a conviction substantially equivalent to a
10 felony. The applicant shall submit to a background check from both the
11 jurisdiction of prior licensure and the Federal Bureau of Investigation
12 (FBI).

13 ~~(7)~~(8) The applicant has demonstrated proficiency in English through a
14 standardized assessment, documentation of medical education
15 completed entirely in English, or other evidence accepted by the Board.

16 ~~(8)~~(9) The applicant is legally authorized to work in the United States.
17 An applicant may apply for an ITP License before receiving federal
18 work authorization, but may not begin employment at government of
19 Guam-funded healthcare facilities or licensed healthcare facilities in

1 Guam until receiving legal work authorization and ~~is issued a License~~
2 ~~by the Board~~ a License is issued by the Board.

3 ~~(9)~~(10) The applicant must submit an application and pay a fee in
4 accordance with rules adopted by the Board.

5 (A) If an applicant has not engaged in clinical practice for a
6 period of twenty-four (24) or more consecutive months at the
7 time the Board receives the application, the applicant shall
8 complete a ~~physical reentry program approved by the Board in~~
9 ~~the United States~~ Board-approved clinical reentry program in the
10 United States that includes supervised clinical training and
11 competency assessment prior to being eligible for an Interim
12 Provisional License under this Article.

13 (11) An ITP licensed under this Section shall practice only within the
14 specialty or subspecialty in which the physician is licensed and
15 certified. An ITP shall not practice in any other specialty or
16 subspecialty. During the Interim Provisional License period, the ITP
17 shall practice under the continuous supervision of a physician who
18 holds a valid, unrestricted license to practice medicine in the United
19 States and who is board-certified in the same specialty as the ITP."

1 **Section 3. § 12206.3 of Article 2, Chapter 12, Title 10, Guam Code**

2 **Annotated, is hereby amended to read:**

3 "§12206.3. Interim Provisional License to Permanent ~~Limited~~ License.

4 (a) An Interim Provisional License holder shall be eligible for a
5 Permanent ~~Limited~~ License, subject to Section (e) and (f) of this
6 §12206.3, after completing at least three (3) years of practice under the
7 Interim Provisional License, if the licensee:

8 (1) Has successfully completed the assessment and evaluation
9 requirements of ~~§12256~~ 12206.2;

10 (2) Has received an attestation from the participating healthcare
11 facility that the licensee has demonstrated competence to practice
12 independently in all the current areas of the general competency
13 domains;

14 ~~(3) Has achieved a passing score on Step 3 of the USMLE within~~
15 ~~three (3) attempts;~~

16 ~~(4)~~(3) Has maintained the Interim Provisional License in good
17 standing with no disciplinary actions;

18 ~~(5)~~(4) Has complied with all terms and conditions of the Interim
19 Provisional License; and

1 ~~(6)~~(5) Has submitted a complete application and paid the
2 applicable fee.

3 (b) A Permanent ~~Limited~~ License issued pursuant to this Section shall
4 authorize the holder to practice medicine with full clinical autonomy,
5 without direct supervision, ~~but only at government of Guam funded~~
6 ~~healthcare facilities approved by the Board~~ at any licensed healthcare
7 facility in Guam, including both public and private healthcare settings,
8 within the specialty or subspecialty in which the physician is licensed
9 and certified.

10 (c) A Permanent ~~Limited~~ License holder shall not be eligible for:

11 ~~(1) Conversion to a full and unrestricted license to practice~~
12 ~~medicine;~~

13 ~~(2) Practice at private hospitals, private clinics, or private~~
14 ~~healthcare facilities;~~

15 ~~(3) Participation in the Interstate Medical Licensure Compact;~~

16 ~~or~~

17 ~~(4) Any other license category that would permit practice outside~~
18 ~~of government of Guam funded healthcare facilities.~~

19 ~~(d)~~(c) The Board may, in its discretion, require additional supervised
20 practice or remediation if the Board determines that the applicant has

1 not demonstrated competence in one or more of the current general
2 competency domains.

3 ~~(e)(d)~~ A Permanent ~~Limited~~ License shall be subject to renewal in
4 accordance with the same schedule and requirements applicable to full
5 and unrestricted licenses, provided that the restriction to ~~government of~~
6 ~~Guam-funded healthcare facilities shall remain in effect permanently~~
7 ~~and shall not be removed or modified.~~ the specialty or subspecialty in
8 which the physician is licensed and certified shall remain in effect and
9 shall not be removed or modified except upon application to and
10 approval by the Board.

11 (e) During the first two (2) years of the Interim Provisional License
12 period, and before any issuance of a Permanent ~~Limited~~ License
13 pursuant to this Section, an ITP shall practice under the direct
14 supervision of a Guam-licensed, board-certified physician in the same
15 or similar specialty. Supervision shall include ongoing evaluation and
16 progressive responsibility, consistent with the standards established by
17 the Accreditation Council for Graduate Medical Education (ACGME).
18 The supervising physician shall submit written evaluations to the Board
19 at six (6)-month intervals during the supervised period.

1 (f) During the provisional licensure period, and before any issuance of
2 a Permanent License pursuant to this Section, the ITP shall be subject
3 to continuous observation and assessment by board-certified
4 physicians. Such assessment shall utilize tools developed by or
5 consistent with standards of Accreditation Council for Graduate
6 Medical Education (ACGME)-accredited training programs. The
7 Board shall establish, by rule, the specific assessment tools, evaluation
8 criteria, and documentation requirements for the supervised provisional
9 period.

10 (g) At such time that all the requirements as enumerated in this Section
11 are met, The Guam Board of Medical Examiners (GBME) shall issue a
12 Permanent License to an Internationally-Trained Physician (ITP) to
13 practice medicine on Guam within ninety (90) days; such license shall
14 be maintained in good standing pursuant to the Guam Board of Medical
15 Examiners (GBME)."

16 **Section 4. § 12206.4 of Article 2, Chapter 12, Title 10, Guam Code**
17 **Annotated, is hereby amended to read:**

18 "§ 12206.4. Enforcement and Disciplinary Authority.

19 (a) Holders of an Interim Provisional or Permanent ~~Limited~~ License
20 issued pursuant to this Article shall be subject to the same disciplinary

1 authority of the Board as holders of full and unrestricted licenses,
2 including but not limited to suspension, revocation, and imposition of
3 conditions.

4 ~~(b) An Interim Provisional or Permanent Limited License shall be~~
5 ~~automatically suspended if the licensee ceases to be employed by a~~
6 ~~government of Guam funded healthcare facility approved by the Board.~~

7 ~~(e)~~(b) The Board may immediately suspend an Interim Provisional
8 License or Permanent ~~Limited~~ License if the Board determines that
9 continued practice poses an imminent risk to patient safety.

10 ~~(d) The holder of the Interim Provisional License or Permanent Limited~~
11 ~~License shall not practice medicine outside the confines of government~~
12 ~~of Guam funded healthcare facilities. A violation of this provision is~~
13 ~~subject to penalties under Guam law, including fines not to exceed Five~~
14 ~~Hundred Dollars (\$500.00) per offense, and may result in revocation of~~
15 ~~the License by the Board. The Board may, at its discretion, revoke the~~
16 ~~License at any time.~~

17 (c) The holder of an Interim Provisional License or Permanent Limited
18 License shall not practice medicine outside the specialty or subspecialty
19 in which the physician is licensed and certified under this Article. A
20 violation of this provision is subject to penalties under Guam law,

1 including fines not to exceed Ten Thousand Dollars (\$10,000.00) per
2 offense, and shall be subject to disciplinary action by the Board,
3 including suspension or revocation of the License. The Board may, at
4 its discretion, impose additional conditions, restrictions, or revoke the
5 License at any time.

6 ~~(e)~~(d) An Interim Provisional License or Permanent ~~Limited~~ License
7 shall become inactive if its holder ~~ceases employment with the~~
8 ~~government of Guam funded healthcare facilities~~ ceases active medical
9 practice in Guam.

10 ~~(f)~~(e) The Board shall retain jurisdiction over the holder of inactive
11 Licenses.

12 ~~(g)~~(f) The Board, in coordination with the DPHSS' Health Professional
13 Licensing Office (HPLO), shall collect and evaluate data on the
14 implementation and success of this pathway to licensure, including, at
15 a minimum:

- 16 (1) The number of applicants for licensure under this Section;
- 17 (2) The number of licenses issued and denied;
- 18 (3) Reasons for denial of applications;
- 19 (4) The applicant's licensing country and medical education
20 background;

1 (5) The number of Interim Provisional and Permanent ~~Limited~~
2 Licenses granted following completion of each pathway;

3 (6) The number of complaints or disciplinary actions involving
4 ITP License holders;

5 (7) The specialties and practice settings of applicants; and

6 (8) The geographic distribution of licensees practicing in Guam.

7 ~~(h)~~(g) On or before December 1 of each year, the Board shall report the
8 information collected pursuant to ~~(g)~~(f) to *I Maga'håga /-Maga'lahi*
9 *Maga'låhen Guåhan* and the Speaker of *I Liheslaturan Guåhan*."

10 **Section 5. § 12206.5 of Article 2, Chapter 12, Title 10, Guam Code**

11 **Annotated, is hereby amended to read:**

12 "§ 12206.5. Determination of Need Requirement.

13 ~~As part of offering employment to an ITP, the hiring authority of the government of~~
14 ~~Guam funded healthcare facility such as the CEO/Administrator of GMH, the~~
15 ~~Director of the DPHSS, the Chief Executive Officer of the FQHCs as applicable, or~~
16 ~~the Director of GBHWC upon receiving approval, as applicable, from their~~
17 ~~respective board or council, shall demonstrate the need to hire an ITP to provide~~
18 ~~adequate coverage in the provision of medical care at their healthcare agency- Any~~
19 ~~healthcare facility, whether public or private, including but not limited to the~~
20 ~~CEO/Administrator of GMH, the Director of the DPHSS, the Chief Executive~~

1 Officer of the FQHCs as applicable, the Director of GBHWC, or the chief executive
2 officer, administrator, or equivalent officer of any private hospital, private clinic, or
3 private healthcare facility, upon receiving approval, as applicable, from their
4 respective board or council, shall demonstrate the need to hire an ITP to provide
5 adequate coverage in the provision of medical care at their healthcare facility to the
6 Board by filing a Determination of Need statement that includes the following
7 attestations:

8 (a) There are not sufficient individuals able, willing, qualified, and available
9 at the location of employment with the ~~government of Guam funded~~
10 ~~healthcare agency facility~~ at the time of the offer; and

11 (b) The employment of the ITP will not adversely affect the wages and
12 working conditions of individuals similarly employed at the qualifying
13 location. A copy of the job offer for employment ~~with the government of~~
14 ~~Guam funded healthcare agency~~ must be submitted to the Board, along with
15 the filing of the Determination of Need statement.”

16 **Section 6. § 12206.6 of Article 2, Chapter 12, Title 10, Guam Code**
17 **Annotated, is hereby *amended* to read:**

18 "§ 12206.6. Rulemaking.

19 (a) The Board shall, within one hundred twenty (120) days upon
20 enactment of this Section, adopt rules necessary to issue an ITP

1 License. The Board is authorized to develop the Internationally-Trained
2 Physicians Interim Provisional License and Permanent ~~Limited~~ License
3 pathway, to include, but not limited to, the rules and regulations
4 governing the application, supervision, management, and execution of
5 the Internationally-Trained Physicians program. The Board shall be
6 guided, at a minimum, by the latest Federation of State Medical Boards
7 general competencies endorsed by the Coalition of Physician
8 Accountability.

9 (b) The Board shall provide for the issuance of an ITP Interim
10 Provisional License for a term not to exceed four (4) years from the
11 date of issuance. An ITP may apply for a Permanent ~~Limited~~ License
12 during the third year of the ITP's service. If granted, the Permanent
13 ~~Limited~~ License shall be valid for the remainder of the initial four (4)-
14 year term. It may be extended for one (1) additional term not to exceed
15 two (2) years, for a total period not to exceed six (6) years.

16 (c) ~~The Board shall work with government of Guam funded healthcare~~
17 ~~facilities, starting with GMH and the HPLO of DPHSS, for the first~~
18 ~~eighteen (18) months following the enactment of this provision, to offer~~
19 ~~employment to an ITP at GMH. After the eighteen (18) month period~~
20 ~~has elapsed, the Board shall accept applications from other government~~

1 of ~~Guam-funded healthcare facilities.~~ The Board shall accept
2 applications from all licensed healthcare facilities in Guam, including
3 both government of Guam-funded healthcare facilities and private
4 healthcare facilities, upon the effective date of this Act.

5 (d) The Board shall issue an Interim Provisional License or Permanent
6 ~~Limited~~ License to ITPs who meet the requirements. The Board shall
7 approve and grant exceptions to countries on a case-by-case basis,
8 provided all other requirements are met, and it is evident that the
9 employment of the ITP is to the benefit of the public.

10 (e) The Board shall, within one hundred twenty (120) days upon
11 enactment of this Section, adopt rules establishing standards for
12 supervision and progressive assessment of ITPs during the provisional
13 licensure period. Such rules shall, at a minimum, incorporate
14 assessment tools developed by or consistent with the standards of
15 Accreditation Council for Graduate Medical Education (ACGME)-
16 accredited training programs, and shall specify the qualifications
17 required of supervising physicians, the frequency and format of
18 evaluations, and the criteria for advancing an ITP to greater levels of
19 clinical responsibility."

1 **Section 7. § 12206.7(c) of Article 2, Chapter 12, Title 10, Guam Code, is**

2 **hereby amended, to read:**

3 ~~(e) No license issued under 12206.6 through 12206.10 shall serve as a~~
4 ~~basis for endorsement, reciprocity, or conversion to a full and~~
5 ~~unrestricted license under this Chapter.~~

6 (c) Nothing in this Article shall be construed to prevent the holder of a
7 license issued pursuant to §§ 12206.2 through 12206.6 from applying
8 for full and unrestricted licensure upon satisfying all requirements
9 applicable to such licensure.

10 **Section 7-8. § 12207 of Chapter 12, Title 10, Guam Code Annotated, is**

11 **hereby amended, to read:**

12 **“§ 12207. Licensure by Endorsement and Temporary and Special**
13 **Licensure.**

14 (a) Licensure Without Examination. The Board is authorized, at its
15 discretion, to issue a license by endorsement to an applicant who:

16 (1) has complied with all current medical licensing requirements save
17 that for examination;

18 (2) has passed a medical licensing examination given in English in
19 another state, the District of Columbia, a territory or possession of the

1 United States or Canada, provided the Board determines that
2 examination was equivalent to its own current examination;

3 (3) has a valid current medical license in another state, the District of
4 Columbia, a territory or possession of the United States or Canada;
5 and

6 (4) Required to take SPEX if last examination was taken more than
7 ten (10) years ago.

8 ~~(5) holds a valid certification issued by the Educational Commission~~
9 ~~for Foreign Medical Graduates (ECFMG) or its Board approved~~
10 ~~successor(s), or by an equivalent Board approved entity; and has~~
11 ~~passed a medical licensing examination comparable to the United~~
12 ~~States Medical Licensing Examination (USMLE), or another~~
13 ~~examination approved by the Board.~~

14 (b) Endorsement for Certified Applicants: The Board is authorized, at its
15 discretion, to issue a license by endorsement to an applicant who:

16 (1) has complied with all current medical licensing requirements save
17 that for examination; and

18 (2) has passed the examination of and been certified by a certifying
19 agency recognized by the Board (e.g., the National Board of Medical
20 Examiners or the National Board of Examiners for Osteopathic

1 Physicians and Surgeons), provided the Board determines that
2 examination was equivalent to its own current examination and was
3 not a specialty board examination.

4 ~~(3) has passed an international medical licensing examination~~
5 ~~comparable to the USMLE, as determined by the Board, and is~~
6 ~~verified by the ECFMG or its Board approved successor(s), or by an~~
7 ~~equivalent Board approved entity.~~

8 (c) Endorsement Examination: Notwithstanding any other provisions of the
9 act, the Board is authorized to require applicants for full and unrestricted
10 medical licensure by endorsement who have not been formally tested by a
11 United States or Canadian medical licensing jurisdiction, or a comparable
12 international medical licensing exam, a Board-approved medical certifying
13 agency or a Board-approved medical specialty board within a specific period
14 of time before application (e.g. eight (8) or ten (10) years to pass a written
15 and/or oral medical examination approved by the Board for that purpose.)

16 ~~(d) Provisional License Foreign Medical Graduates. Notwithstanding~~
17 ~~subsections (a) and (b), the Board may require an applicant who completed~~
18 ~~postgraduate training outside an Accreditation Council for Graduate Medical~~
19 ~~Education (ACGME) accredited program, to complete a period of~~
20 ~~supervised provisional licensure prior to issuance of unrestricted licensure.~~

1 ~~(1) A provisional license issued pursuant to this subsection shall be~~
2 ~~limited to practice under supervision in an approved facility;~~

3 ~~(2) During the provisional licensure period, the applicant shall not~~
4 ~~engage in independent practice and shall practice only within the~~
5 ~~scope approved by the Board and supervising physician. The Board~~
6 ~~may impose reasonable limitations on clinical privileges, procedural~~
7 ~~authority, prescribing authority, on-call responsibilities, and other~~
8 ~~practice activities as necessary to ensure patient safety;~~

9 ~~(3) The applicant shall submit a Board-approved supervision plan~~
10 ~~identifying the supervising physician(s), scope of practice, and~~
11 ~~evaluation schedule, a method of oversight, including frequency of~~
12 ~~review and documentation requirements;~~

13 ~~(4) The provisional period shall not exceed twelve (12) months,~~
14 ~~renewable once for good cause; and~~

15 ~~(5) Conversion to unrestricted licensure shall require documented~~
16 ~~competency-based evaluations.~~

17 ~~(6) The applicant shall demonstrate not less than three (3) years of~~
18 ~~independent clinical practice experience in the applicant's area of~~
19 ~~specialty, completed after the completion of postgraduate medical~~
20 ~~training. Such experience shall be verified in a manner prescribed by~~

1 ~~the Board. Experience obtained solely as a medical officer, intern, or~~
2 ~~house officer shall not satisfy this requirement unless the Board~~
3 ~~determines that such experience involved independent clinical~~
4 ~~responsibility consistent with specialty practice standards. This~~
5 ~~subsection shall not apply to applicants for, or licenses issued under,~~
6 ~~§§ 12206.2 through 12206.7.~~

7 ~~(7) The applicant shall demonstrate active clinical practice within the~~
8 ~~five (5) years immediately preceding the date of application. The~~
9 ~~Board may, for good cause shown, waive or modify this requirement~~
10 ~~if the applicant demonstrates continued clinical competency through~~
11 ~~additional training, education, or assessment acceptable to the Board.~~
12 ~~This subsection shall not apply to applicants for, or licenses issued~~
13 ~~under, §§ 12206.2 through 12206.7.”~~

14 ~~(e)~~(d) Temporary Licensure. The Board is authorized to establish regulations
15 for issuance of a temporary medical license for the intervals between Board
16 meetings. Such a license should:

17 (1) be granted only to an applicant demonstrably qualified for a full
18 and unrestricted medical license under the requirements set by the
19 Medical Practice Act and the regulations of the Board; and

1 (2) automatically terminate on the date of the next Board meeting at
2 which the holder could be considered for a full and unrestricted
3 medical license.

4 ~~(f)~~(e) Special Purpose License to Practice Medicine Across Guam/State
5 Lines. The Board is authorized, at its discretion, to issue a special purpose
6 license to practice medicine across Guam lines to an applicant who:

7 (1) holds a full and unrestricted license to practice in at least one (1)
8 other state or United States jurisdiction;

9 (2) has not had previous disciplinary or other action taken against him
10 or her by any state or jurisdiction; and

11 (3) must be at least qualified to be licensed in Guam. Exceptions to
12 the special purpose license to practice medicine across Guam lines
13 include the following:

14 (A) the practice of medicine across state lines by a licensed
15 physician on an irregular or infrequent basis, provided such
16 practice occurs less than once a week or involves less than one
17 percent (1%) of the physician's diagnostic or therapeutic
18 practice;

19 (B) the informal practice of medicine by a licensed physician is
20 without compensation or expectation of compensation. (The

1 practice of medicine conducted within the parameters of a
2 contractual relationship shall not be considered informal and
3 shall be subject to regulation by the Guam Board of Medical
4 Examiners.);

5 (C) physician specialist, or field of authority is not available
6 locally; and

7 (D) the practice of medicine in terms of diagnosis and treatment
8 of a patient is under the responsibility of a locally licensed
9 physician.

10 ~~(g)~~(f) Special Licensure. The Board is authorized to issue conditional,
11 restricted or otherwise circumscribed licenses as it determines necessary.

12 ~~(h)~~(g) Military Limited Volunteer Medical License.

13 (1) A physician who practices medicine on Guam under a license
14 issued pursuant to this Subsection may only practice at the
15 Department of Public Health and Social Services, the Guam Memorial
16 Hospital Authority, the Community Health Centers, or a clinic or
17 outreach event that primarily provides services for indigent
18 populations, and the physician shall not receive direct or indirect
19 compensation or payment of anything of monetary value in exchange

1 for the medical services rendered by the physician to the indigent
2 patients.

3 (2) The Board is authorized to issue a Military Limited Volunteer
4 Medical License to an applicant who:

5 (A) is licensed and in good standing as a physician in another
6 state;

7 (B) maintains credentials within the military credentialing
8 system and authorizes the Guam based Military Credentialing
9 Office to provide to the Guam Board of Medical Examiners the
10 required verification documents and military commander's
11 approval; and

12 (C) agrees to be subject to Board rules and regulations,
13 including those regarding disciplinary action, license
14 registration and renewal, and continuing medical education,
15 throughout the duration of the Military Limited Volunteer
16 Medical licensure.

17 (3) A Military Limited Volunteer Medical License shall be issued

18 (A) at no charge to the applicant,

19 (B) be valid for a period of two (2) years, and

1 (C) may be renewed and maintained according to registration
2 requirements as prescribed by the Board.

3 (4) The license shall be in effect upon receipt of the application packet
4 by the Guam Board of Medical Examiners subject to final review.

5 This presumptive eligibility for licensure is contingent upon:

6 (A) the appropriate military commander's authorization
7 allowing the physician to practice in the community, and

8 (B) the appropriate collaborative sharing of information
9 between the Military Credentialing Office and the Guam Board
10 of Medical Examiners.”

11 **Section 8-9. Severability.** If any provision of this Act or its application to any
12 person or circumstance is found to be invalid or inorganic, such invalidity shall not
13 affect other provisions or applications of this Act that can be given effect without the
14 invalid provision or application, and to this end the provisions of this Act are
15 severable.

16 **Section 9 10. Effective Date.** This Act shall take effect upon enactment.

COMMITTEE MARK UP

I MINA'TRENTAI OCHO NA LIHESLATURAN GUAHAN **2026 (SECOND) Regular Session**

Bill No. 302-38 (COR)

As amended by the Committee
On Health and Veterans Affairs

Introduced By:

Sabrina Salas Matanane
Christopher M. Duenas
Shawn Gumataotao
William A. Parkinson
Jesse A. Lujan
Joe S. San Agustin
V. Anthony Ada
Frank F. Blas
Vincent A.V. Borja

AN ACT TO AMEND §12206.2, §12206.3, §12206.4, §12206.5, §12206.6, §12206.7(c), AND § 12207 OF ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS, EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISIONS FOR INTERNATIONALLY TRAINED PHYSICIANS.

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

2 **Section 1. Legislative Findings and Intent.** *I Mina'trentai Ocho Na*

3 *Liheslaturan Guåhan* finds that Guam continues to face a critical shortage of

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1 licensed physicians, particularly in specialized fields of medicine. This shortage
2 disproportionately affects the island's ability to provide timely, high-quality
3 healthcare to its residents, often necessitating off-island referrals that increase costs
4 for families and the government. According to the Association of American Medical
5 Colleges, the United States is projected to face a shortage of up to 86,000 physicians
6 by 2036, a trend that is amplified in isolated jurisdictions like Guam where
7 recruitment and retention of U.S.-trained medical professionals remain persistent
8 challenges.

9 *I Liheslaturan Guåhan* further finds that internationally trained physicians
10 (ITPs) represent a highly skilled and underutilized resource that can significantly
11 alleviate these provider gaps. However, the current regulatory framework for
12 integrating these professionals into Guam's healthcare system requires
13 modernization to ensure both increased access to care and the maintenance of
14 rigorous clinical standards. Research from the Journal of the American Medical
15 Association indicates that patients treated by international medical graduates often
16 have equivalent or superior clinical outcomes compared to those treated by domestic
17 graduates, provided that standardized certification and oversight mechanisms are in
18 place.

19 To ensure the safety and competency of the medical workforce, *I Liheslaturan*
20 *Guåhan* finds it necessary to align Guam's licensure requirements for ITPs with

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1 emerging national models. Several states, including Georgia and Tennessee, have
2 recently enacted legislation to create provisional licensure pathways for
3 internationally trained doctors. For instance, Georgia Senate Bill 427 established a
4 limited provisional license for ITPs who have completed substantially similar post-
5 graduate training and maintain active certification from the Educational Commission
6 for Foreign Medical Graduates (ECFMG). By requiring ECFMG certification and
7 the successful passage of the United States Medical Licensing Examination
8 (USMLE), Guam can ensure that all practicing physicians meet a uniform baseline
9 of medical knowledge and clinical skill.

10 *I Liheslaturan Guåhan* also finds that a structured period of supervision is
11 essential for the successful integration of ITPs into the local medical community.
12 Establishing a two-year provisional licensure period allows for continuous
13 observation and progressive assessment by board-certified physicians. This model,
14 supported by the Accreditation Council for Graduate Medical Education (ACGME)
15 standards, ensures that ITPs are evaluated using validated tools before transitioning
16 to full, unrestricted licensure. Furthermore, expanding the scope of practice for ITPs
17 to include both public and private healthcare settings will maximize the impact of
18 this policy, ensuring that all sectors of Guam's healthcare infrastructure benefit from
19 increased provider capacity.

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1 It is the intent of *I Liheslaturan Guåhan* to establish a rigorous yet accessible
2 pathway for internationally trained physicians to practice in Guam. This legislation
3 seeks to mandate high standards of education and prior clinical experience, including
4 at least three years of full-time practice in a specific specialty and recent clinical
5 activity. By requiring supervision by Guam-licensed, board-certified physicians in
6 the same specialty, *I Liheslaturan Guåhan* intends to safeguard patient safety while
7 expanding the availability of specialized medical services in both the public and
8 private sectors.

9 References:

10 - Association of American Medical Colleges, "The Complexities of
11 Physician Supply and Demand: Projections From 2021 to 2036," 2024.

12 - Georgia General Assembly, "Senate Bill 427 - Physicians; limited
13 provisional licenses and a pathway to licensure for certain internationally
14 trained physicians," 2024.

15 - Journal of the American Medical Association (JAMA), "Quality of
16 Care Delivered by General Internists Who Graduated From Foreign Medical
17 Schools," 2017.

18 - Tennessee General Assembly, "Public Chapter No. 311 (HB 1312/SB
19 1451) - Relative to the Board of Medical Examiners," 2023.

COMMITTEE MARK UP

1 - Educational Commission for Foreign Medical Graduates (ECFMG),
2 "Requirements for Certification for 2024-2025," 2024.

3 - Accreditation Council for Graduate Medical Education (ACGME),
4 "Common Program Requirements," 2023.

5 **Section 2. § 12206.2 of Article 2, Chapter 12, Title 10, Guam Code**

6 **Annotated, is hereby amended to read:**

7 "§12206.2. Internationally-Trained Physicians (ITPs) Interim Provisional
8 License.

9 (a) The Guam Board of Medical Examiners (GBME) may issue an Interim
10 Provisional License, ~~a limited licensed,~~ to an Internationally-Trained
11 Physician (ITPs) to practice medicine ~~to a physician~~ when the Board has
12 received satisfactory verification of all of the following requirements:

13 (1) The applicant has been offered employment as a physician at a
14 government of Guam-funded healthcare facility, such as but not limited
15 to Guam Memorial Hospital Authority (GMHA), Department of Public
16 Health Social Services (DPHSS), Federally Qualified Health Centers
17 (FQHCs), or the Guam Behavioral Health and Wellness Center
18 (GBHWC); as well as any licensed healthcare facility in Guam
19 including private hospitals, private clinics, and private healthcare
20 facilities.

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1 (2) The applicant ~~has~~ holds a current and active license in good standing
2 to practice medicine in a foreign country.

3 (3) ~~The applicant previously completed at least one hundred thirty (130)~~
4 ~~weeks of medical education at a medical school listed in the World~~
5 ~~Directory of Medical Schools and is certified by the Educational~~
6 ~~Commission for Foreign Medical Graduates or its Board-approved~~
7 ~~successor(s), or by an equivalent Board-approved entity, and meets one~~
8 ~~of the following requirements:~~

9 (A) ~~The applicant has completed three (3) years of progressive~~
10 ~~postgraduate training in a graduate medical education program~~
11 ~~approved by the applicant's country of licensure;~~

12 The applicant has satisfied all of the following education, certification,
13 and examination requirements:

14 (A) The applicant has graduated from a medical school
15 recognized by the World Directory of Medical Schools
16 (WDMS), having completed at least one hundred thirty (130)
17 weeks of medical education at such institution;

18 (B) The applicant holds a current, valid certification issued by
19 the Educational Commission for Foreign Medical Graduates
20 (ECFMG), or its Board-approved successor or equivalent,

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1 which certification shall require passage of all parts of the
2 United States Medical Licensing Examination® (USMLE®);
3 and

4 (C) The applicant has completed at least three (3) years of
5 progressive postgraduate training in a graduate medical
6 education program approved by the applicant's country of
7 licensure.

8 (4) The applicant has demonstrated competency to practice medicine in
9 one of the following ways:

10 (A) Successfully passed each part of the United States Medical
11 Licensing Examination (USMLE); and ~~or an equivalent~~
12 ~~examination recognized by the Board; or~~

13 ~~(B) Successfully passed each part of a nationally recognized~~
14 ~~standard medical licensing examination from a country that is~~
15 ~~Board approved and that meets all of the following~~
16 ~~requirements:~~

17 ~~(i) Tests for the ability to practice medicine;~~

18 ~~(ii) Tests for medical knowledge, skills, and understanding of~~
19 ~~clinical science essential for providing patient care;~~

20 ~~(iii) Tests for communication and interpersonal skills; and~~

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1 ~~(iv) Includes an interactive testing component; or~~

2 ~~(C) Received specialty board certification as approved by any of~~
3 ~~the following:~~

4 (i) The American Board of Medical Specialties;

5 (ii) The Bureau of Osteopathic Specialists of the American
6 Osteopathic Association;

7 (iii) The Royal College of Physicians and Surgeons of
8 Canada; or

9 (iv) Any other specialty board recognized pursuant to rules
10 adopted by the Board; ~~or~~ and

11 ~~(D) Submits to a comprehensive assessment demonstrating~~
12 ~~clinical competence by a program approved by the Board.~~

13 ~~Alternatively, the Board may waive this requirement and issue a~~
14 ~~temporary license, requiring the applicant to successfully pass a~~
15 ~~Post-Licensure Assessment System, such as the Special Purpose~~
16 ~~Examination (SPEX), within one (1) year from the date of Board~~
17 ~~approval.~~

18 (C) The applicant has demonstrated evidence of **substantially**
19 **similar** post-graduate training based on national standards for
20 United States-based Graduate Medical Education (GME), as

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1 determined by the Board to be consistent with Accreditation
2 Council for Graduate Medical Education (ACGME) standards.

3 (5) The applicant holds an unrestricted medical license in another
4 country and has completed at least three (3) years of full-time clinical
5 practice in the same specialty in which the physician plans to practice
6 in Guam.

7 ~~(5)~~(6) The applicant has not had a license revoked, suspended,
8 restricted, denied, or otherwise acted against in any jurisdiction and is
9 not the subject of any pending investigations, in whole or in part.

10 ~~(6)~~(7) The applicant does not have any convictions involving violations
11 of medical practice law or a conviction substantially equivalent to a
12 felony. The applicant shall submit to a background check from both the
13 jurisdiction of prior licensure and the Federal Bureau of Investigation
14 (FBI).

15 ~~(7)~~(8) The applicant has demonstrated proficiency in English through a
16 standardized assessment, documentation of medical education
17 completed entirely in English, or other evidence accepted by the Board.

18 ~~(8)~~(9) The applicant is legally authorized to work in the United States.

19 An applicant may apply for an ITP License before receiving federal
20 work authorization, but may not begin employment at government of

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1 Guam-funded healthcare facilities or licensed healthcare facilities in
2 Guam until receiving legal work authorization and ~~is issued a License~~
3 ~~by the Board~~ a License is issued by the Board.

4 ~~(9)~~(10) The applicant must submit an application and pay a fee in
5 accordance with rules adopted by the Board.

6 (A) If an applicant has not engaged in clinical practice for a
7 period of twenty-four (24) or more consecutive months at the
8 time the Board receives the application, the applicant shall
9 complete a ~~physical reentry program approved by the Board in~~
10 ~~the United States~~ Board-approved clinical reentry program in the
11 United States that includes supervised clinical training and
12 competency assessment prior to being eligible for an Interim
13 Provisional License under this Article.

14 ~~(11)~~ An ITP licensed under this Section shall practice only within the
15 specialty or subspecialty in which the physician is licensed and
16 certified. An ITP shall not practice in any other specialty or
17 subspecialty. During the Interim Provisional License period, the ITP
18 shall practice under the continuous supervision of a physician who
19 holds a valid, unrestricted license to practice medicine in the United
20 States and who is board-certified in the same specialty as the ITP."

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1 **Section 3. § 12206.3 of Article 2, Chapter 12, Title 10, Guam Code**

2 **Annotated, is hereby amended to read:**

3 "§12206.3. Interim Provisional License to Permanent ~~Limited~~ License.

4 (a) An Interim Provisional License holder shall be eligible for a
5 Permanent ~~Limited~~ License, subject to Section (e) and (f) of this
6 §12206.3, after completing at least three (3) years of practice under the
7 Interim Provisional License, if the licensee:

8 (1) Has successfully completed the assessment and evaluation
9 requirements of ~~§12256~~ 12206.2;

10 (2) Has received an attestation from the participating healthcare
11 facility that the licensee has demonstrated competence to practice
12 independently in all the current areas of the general competency
13 domains;

14 ~~(3) Has achieved a passing score on Step 3 of the USMLE within~~
15 ~~three (3) attempts;~~

16 ~~(4)~~(3) Has maintained the Interim Provisional License in good
17 standing with no disciplinary actions;

18 ~~(5)~~(4) Has complied with all terms and conditions of the Interim
19 Provisional License; and

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1 ~~(6)~~(5) Has submitted a complete application and paid the
2 applicable fee.

3 (b) A Permanent ~~Limited~~-License issued pursuant to this Section shall
4 authorize the holder to practice medicine with full clinical autonomy,
5 without direct supervision, ~~but only at government of Guam funded~~
6 ~~healthcare facilities approved by the Board~~ at any licensed healthcare
7 facility in Guam, including both public and private healthcare settings,
8 within the specialty or subspecialty in which the physician is licensed
9 and certified.

10 (c) A Permanent ~~Limited License~~ holder shall not be eligible for:

11 ~~(1) Conversion to a full and unrestricted license to practice~~
12 ~~medicine;~~

13 ~~(2) Practice at private hospitals, private clinics, or private~~
14 ~~healthcare facilities;~~

15 ~~(3) Participation in the Interstate Medical Licensure Compact;~~

16 ~~or~~

17 ~~(4) Any other license category that would permit practice outside~~
18 ~~of government of Guam funded healthcare facilities.~~

19 ~~(d)~~(c) The Board may, in its discretion, require additional supervised
20 practice or remediation if the Board determines that the applicant has

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1 not demonstrated competence in one or more of the current general
2 competency domains.

3 ~~(e)(d)~~ A Permanent ~~Limited~~ License shall be subject to renewal in
4 accordance with the same schedule and requirements applicable to full
5 and unrestricted licenses, provided that the restriction to ~~government of~~
6 ~~Guam-funded healthcare facilities shall remain in effect permanently~~
7 ~~and shall not be removed or modified.~~ the specialty or subspecialty in
8 which the physician is licensed and certified shall remain in effect and
9 shall not be removed or modified except upon application to and
10 approval by the Board.

11 (e) During the first two (2) years of the Interim Provisional License
12 period, and before any issuance of a Permanent ~~Limited~~ License
13 pursuant to this Section, an ITP shall practice under the direct
14 supervision of a Guam-licensed, board-certified physician in the same
15 or similar specialty. Supervision shall include ongoing evaluation and
16 progressive responsibility, consistent with the standards established by
17 the Accreditation Council for Graduate Medical Education (ACGME).
18 The supervising physician shall submit written evaluations to the Board
19 at six (6)-month intervals during the supervised period.

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1 (f) During the provisional licensure period, and before any issuance of
2 a Permanent License pursuant to this Section, the ITP shall be subject
3 to continuous observation and assessment by board-certified
4 physicians. Such assessment shall utilize tools developed by or
5 consistent with standards of Accreditation Council for Graduate
6 Medical Education (ACGME)-accredited training programs. The
7 Board shall establish, by rule, the specific assessment tools, evaluation
8 criteria, and documentation requirements for the supervised provisional
9 period.

10 (g) At such time that all the requirements as enumerated in this Section
11 are met, The Guam Board of Medical Examiners (GBME) shall issue a
12 Permanent License to an Internationally-Trained Physician (ITP) to
13 practice medicine on Guam within ninety (90) days; such license shall
14 be maintained in good standing pursuant to the Guam Board of Medical
15 Examiners (GBME)."

16 **Section 4. § 12206.4 of Article 2, Chapter 12, Title 10, Guam Code**

17 **Annotated, is hereby amended to read:**

18 "§ 12206.4. Enforcement and Disciplinary Authority.

19 (a) Holders of an Interim Provisional or Permanent ~~Limited~~ License
20 issued pursuant to this Article shall be subject to the same disciplinary

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1 authority of the Board as holders of full and unrestricted licenses,
2 including but not limited to suspension, revocation, and imposition of
3 conditions.

4 ~~(b) An Interim Provisional or Permanent Limited License shall be~~
5 ~~automatically suspended if the licensee ceases to be employed by a~~
6 ~~government of Guam funded healthcare facility approved by the Board.~~

7 ~~(e)~~(b) The Board may immediately suspend an Interim Provisional
8 License or Permanent ~~Limited~~ License if the Board determines that
9 continued practice poses an imminent risk to patient safety.

10 ~~(d) The holder of the Interim Provisional License or Permanent Limited~~
11 ~~License shall not practice medicine outside the confines of government~~
12 ~~of Guam funded healthcare facilities. A violation of this provision is~~
13 ~~subject to penalties under Guam law, including fines not to exceed Five~~
14 ~~Hundred Dollars (\$500.00) per offense, and may result in revocation of~~
15 ~~the License by the Board. The Board may, at its discretion, revoke the~~
16 ~~License at any time.~~

17 (c) The holder of an Interim Provisional License or Permanent Limited
18 License shall not practice medicine outside the specialty or subspecialty
19 in which the physician is licensed and certified under this Article. A
20 violation of this provision is subject to penalties under Guam law,

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1 including fines not to exceed Ten Thousand Dollars (\$10,000.00) per
2 offense, and shall be subject to disciplinary action by the Board,
3 including suspension or revocation of the License. The Board may, at
4 its discretion, impose additional conditions, restrictions, or revoke the
5 License at any time.

6 ~~(e)~~(d) An Interim Provisional License or Permanent ~~Limited~~ License
7 shall become inactive if its holder ~~ceases employment with the~~
8 ~~government of Guam funded healthcare facilities~~ ceases active medical
9 practice in Guam.

10 ~~(f)~~(e) The Board shall retain jurisdiction over the holder of inactive
11 Licenses.

12 ~~(g)~~(f) The Board, in coordination with the DPHSS' Health Professional
13 Licensing Office (HPLO), shall collect and evaluate data on the
14 implementation and success of this pathway to licensure, including, at
15 a minimum:

16 (1) The number of applicants for licensure under this Section;

17 (2) The number of licenses issued and denied;

18 (3) Reasons for denial of applications;

19 (4) The applicant's licensing country and medical education
20 background;

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1 (5) The number of Interim Provisional and Permanent ~~Limited~~
2 Licenses granted following completion of each pathway;

3 (6) The number of complaints or disciplinary actions involving
4 ITP License holders;

5 (7) The specialties and practice settings of applicants; and

6 (8) The geographic distribution of licensees practicing in Guam.

7 ~~(h)~~(g) On or before December 1 of each year, the Board shall report the
8 information collected pursuant to ~~(g)~~(f) to *I Maga'håga /-Maga'lahi*
9 *Maga'låhen Guåhan* and the Speaker of *I Liheslaturan Guåhan*."

10 **Section 5. § 12206.5 of Article 2, Chapter 12, Title 10, Guam Code**

11 **Annotated, is hereby amended to read:**

12 "§ 12206.5. Determination of Need Requirement.

13 ~~As part of offering employment to an ITP, the hiring authority of the government of~~
14 ~~Guam funded healthcare facility such as the CEO/Administrator of GMH, the~~
15 ~~Director of the DPHSS, the Chief Executive Officer of the FQHCs as applicable, or~~
16 ~~the Director of GBHWC upon receiving approval, as applicable, from their~~
17 ~~respective board or council, shall demonstrate the need to hire an ITP to provide~~
18 ~~adequate coverage in the provision of medical care at their healthcare agency- Any~~
19 ~~healthcare facility, whether public or private, including but not limited to the~~
20 ~~CEO/Administrator of GMH, the Director of the DPHSS, the Chief Executive~~

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1 Officer of the FQHCs as applicable, the Director of GBHWC, or the chief executive
2 officer, administrator, or equivalent officer of any private hospital, private clinic, or
3 private healthcare facility, upon receiving approval, as applicable, from their
4 respective board or council, shall demonstrate the need to hire an ITP to provide
5 adequate coverage in the provision of medical care at their healthcare facility to the
6 Board by filing a Determination of Need statement that includes the following
7 attestations:

8 (a) There are not sufficient individuals able, willing, qualified, and available
9 at the location of employment with the ~~government of Guam funded~~
10 healthcare ~~agency~~ facility at the time of the offer; and

11 (b) The employment of the ITP will not adversely affect the wages and
12 working conditions of individuals similarly employed at the qualifying
13 location. A copy of the job offer for employment ~~with the government of~~
14 ~~Guam funded healthcare agency~~ must be submitted to the Board, along with
15 the filing of the Determination of Need statement.”

16 **Section 6. § 12206.6 of Article 2, Chapter 12, Title 10, Guam Code**
17 **Annotated, is hereby *amended* to read:**

18 "§ 12206.6. Rulemaking.

19 (a) The Board shall, within one hundred twenty (120) days upon
20 enactment of this Section, adopt rules necessary to issue an ITP

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1 License. The Board is authorized to develop the Internationally-Trained
2 Physicians Interim Provisional License and Permanent ~~Limited~~ License
3 pathway, to include, but not limited to, the rules and regulations
4 governing the application, supervision, management, and execution of
5 the Internationally-Trained Physicians program. The Board shall be
6 guided, at a minimum, by the latest Federation of State Medical Boards
7 general competencies endorsed by the Coalition of Physician
8 Accountability.

9 (b) The Board shall provide for the issuance of an ITP Interim
10 Provisional License for a term not to exceed four (4) years from the
11 date of issuance. An ITP may apply for a Permanent ~~Limited~~ License
12 during the third year of the ITP's service. If granted, the Permanent
13 ~~Limited~~ License shall be valid for the remainder of the initial four (4)-
14 year term. It may be extended for one (1) additional term not to exceed
15 two (2) years, for a total period not to exceed six (6) years.

16 (c) ~~The Board shall work with government of Guam funded healthcare~~
17 ~~facilities, starting with GMH and the HPLO of DPHSS, for the first~~
18 ~~eighteen (18) months following the enactment of this provision, to offer~~
19 ~~employment to an ITP at GMH. After the eighteen (18) month period~~
20 ~~has elapsed, the Board shall accept applications from other government~~

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1 of ~~Guam-funded healthcare facilities~~. The Board shall accept
2 applications from all licensed healthcare facilities in Guam, including
3 both government of Guam-funded healthcare facilities and private
4 healthcare facilities, upon the effective date of this Act.

5 (d) The Board shall issue an Interim Provisional License or Permanent
6 ~~Limited~~ License to ITPs who meet the requirements. The Board shall
7 approve and grant exceptions to countries on a case-by-case basis,
8 provided all other requirements are met, and it is evident that the
9 employment of the ITP is to the benefit of the public.

10 (e) The Board shall, within one hundred twenty (120) days upon
11 enactment of this Section, adopt rules establishing standards for
12 supervision and progressive assessment of ITPs during the provisional
13 licensure period. Such rules shall, at a minimum, incorporate
14 assessment tools developed by or consistent with the standards of
15 Accreditation Council for Graduate Medical Education (ACGME)-
16 accredited training programs, and shall specify the qualifications
17 required of supervising physicians, the frequency and format of
18 evaluations, and the criteria for advancing an ITP to greater levels of
19 clinical responsibility."

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1 **Section 7. § 12206.7(c) of Article 2, Chapter 12, Title 10, Guam Code, is**

2 **hereby amended, to read:**

3 ~~(e) No license issued under 12206.6 through 12206.10 shall serve as a~~
4 ~~basis for endorsement, reciprocity, or conversion to a full and~~
5 ~~unrestricted license under this Chapter.~~

6 (c) Nothing in this Article shall be construed to prevent the holder of a
7 license issued pursuant to §§ 12206.2 through 12206.6 from applying
8 for full and unrestricted licensure upon satisfying all requirements
9 applicable to such licensure.

10 **Section ~~7~~⁸. § 12207 of Chapter 12, Title 10, Guam Code Annotated, is**

11 **hereby amended, to read:**

12 **“§ 12207. Licensure by Endorsement and Temporary and Special**
13 **Licensure.**

14 (a) Licensure Without Examination. The Board is authorized, at its
15 discretion, to issue a license by endorsement to an applicant who:

16 (1) has complied with all current medical licensing requirements save
17 that for examination;

18 (2) has passed a medical licensing examination given in English in
19 another state, the District of Columbia, a territory or possession of the

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1 United States or Canada, provided the Board determines that
2 examination was equivalent to its own current examination;

3 (3) has a valid current medical license in another state, the District of
4 Columbia, a territory or possession of the United States or Canada;
5 and

6 (4) Required to take SPEX if last examination was taken more than
7 ten (10) years ago.

8 ~~(5) holds a valid certification issued by the Educational Commission~~
9 ~~for Foreign Medical Graduates (ECFMG) or its Board approved~~
10 ~~successor(s), or by an equivalent Board approved entity; and has~~
11 ~~passed a medical licensing examination comparable to the United~~
12 ~~States Medical Licensing Examination (USMLE), or another~~
13 ~~examination approved by the Board.~~

14 (b) Endorsement for Certified Applicants: The Board is authorized, at its
15 discretion, to issue a license by endorsement to an applicant who:

16 (1) has complied with all current medical licensing requirements save
17 that for examination; and

18 (2) has passed the examination of and been certified by a certifying
19 agency recognized by the Board (e.g., the National Board of Medical
20 Examiners or the National Board of Examiners for Osteopathic

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1 Physicians and Surgeons), provided the Board determines that
2 examination was equivalent to its own current examination and was
3 not a specialty board examination.

4 ~~(3) has passed an international medical licensing examination~~
5 ~~comparable to the USMLE, as determined by the Board, and is~~
6 ~~verified by the ECFMG or its Board approved successor(s), or by an~~
7 ~~equivalent Board approved entity.~~

8 (c) Endorsement Examination: Notwithstanding any other provisions of the
9 act, the Board is authorized to require applicants for full and unrestricted
10 medical licensure by endorsement who have not been formally tested by a
11 United States or Canadian medical licensing jurisdiction, or a comparable
12 international medical licensing exam, a Board-approved medical certifying
13 agency or a Board-approved medical specialty board within a specific period
14 of time before application (e.g. eight (8) or ten (10) years to pass a written
15 and/or oral medical examination approved by the Board for that purpose.)

16 ~~(d) Provisional License Foreign Medical Graduates. Notwithstanding~~
17 ~~subsections (a) and (b), the Board may require an applicant who completed~~
18 ~~postgraduate training outside an Accreditation Council for Graduate Medical~~
19 ~~Education (ACGME) accredited program, to complete a period of~~
20 ~~supervised provisional licensure prior to issuance of unrestricted licensure.~~

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1 ~~(1) A provisional license issued pursuant to this subsection shall be~~
2 ~~limited to practice under supervision in an approved facility;~~

3 ~~(2) During the provisional licensure period, the applicant shall not~~
4 ~~engage in independent practice and shall practice only within the~~
5 ~~scope approved by the Board and supervising physician. The Board~~
6 ~~may impose reasonable limitations on clinical privileges, procedural~~
7 ~~authority, prescribing authority, on-call responsibilities, and other~~
8 ~~practice activities as necessary to ensure patient safety;~~

9 ~~(3) The applicant shall submit a Board-approved supervision plan~~
10 ~~identifying the supervising physician(s), scope of practice, and~~
11 ~~evaluation schedule, a method of oversight, including frequency of~~
12 ~~review and documentation requirements;~~

13 ~~(4) The provisional period shall not exceed twelve (12) months,~~
14 ~~renewable once for good cause; and~~

15 ~~(5) Conversion to unrestricted licensure shall require documented~~
16 ~~competency-based evaluations.~~

17 ~~(6) The applicant shall demonstrate not less than three (3) years of~~
18 ~~independent clinical practice experience in the applicant's area of~~
19 ~~specialty, completed after the completion of postgraduate medical~~
20 ~~training. Such experience shall be verified in a manner prescribed by~~

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1 ~~the Board. Experience obtained solely as a medical officer, intern, or~~
2 ~~house officer shall not satisfy this requirement unless the Board~~
3 ~~determines that such experience involved independent clinical~~
4 ~~responsibility consistent with specialty practice standards. This~~
5 ~~subsection shall not apply to applicants for, or licenses issued under,~~
6 ~~§§ 12206.2 through 12206.7.~~

7 ~~(7) The applicant shall demonstrate active clinical practice within the~~
8 ~~five (5) years immediately preceding the date of application. The~~
9 ~~Board may, for good cause shown, waive or modify this requirement~~
10 ~~if the applicant demonstrates continued clinical competency through~~
11 ~~additional training, education, or assessment acceptable to the Board.~~
12 ~~This subsection shall not apply to applicants for, or licenses issued~~
13 ~~under, §§ 12206.2 through 12206.7.”~~

14 ~~(e)~~(d) Temporary Licensure. The Board is authorized to establish regulations
15 for issuance of a temporary medical license for the intervals between Board
16 meetings. Such a license should:

17 (1) be granted only to an applicant demonstrably qualified for a full
18 and unrestricted medical license under the requirements set by the
19 Medical Practice Act and the regulations of the Board; and

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1 (2) automatically terminate on the date of the next Board meeting at
2 which the holder could be considered for a full and unrestricted
3 medical license.

4 ~~(f)~~(e) Special Purpose License to Practice Medicine Across Guam/State
5 Lines. The Board is authorized, at its discretion, to issue a special purpose
6 license to practice medicine across Guam lines to an applicant who:

7 (1) holds a full and unrestricted license to practice in at least one (1)
8 other state or United States jurisdiction;

9 (2) has not had previous disciplinary or other action taken against him
10 or her by any state or jurisdiction; and

11 (3) must be at least qualified to be licensed in Guam. Exceptions to
12 the special purpose license to practice medicine across Guam lines
13 include the following:

14 (A) the practice of medicine across state lines by a licensed
15 physician on an irregular or infrequent basis, provided such
16 practice occurs less than once a week or involves less than one
17 percent (1%) of the physician's diagnostic or therapeutic
18 practice;

19 (B) the informal practice of medicine by a licensed physician is
20 without compensation or expectation of compensation. (The

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1 practice of medicine conducted within the parameters of a
2 contractual relationship shall not be considered informal and
3 shall be subject to regulation by the Guam Board of Medical
4 Examiners.);

5 (C) physician specialist, or field of authority is not available
6 locally; and

7 (D) the practice of medicine in terms of diagnosis and treatment
8 of a patient is under the responsibility of a locally licensed
9 physician.

10 ~~(g)~~(f) Special Licensure. The Board is authorized to issue conditional,
11 restricted or otherwise circumscribed licenses as it determines necessary.

12 ~~(h)~~(g) Military Limited Volunteer Medical License.

13 (1) A physician who practices medicine on Guam under a license
14 issued pursuant to this Subsection may only practice at the
15 Department of Public Health and Social Services, the Guam Memorial
16 Hospital Authority, the Community Health Centers, or a clinic or
17 outreach event that primarily provides services for indigent
18 populations, and the physician shall not receive direct or indirect
19 compensation or payment of anything of monetary value in exchange

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1 for the medical services rendered by the physician to the indigent
2 patients.

3 (2) The Board is authorized to issue a Military Limited Volunteer
4 Medical License to an applicant who:

5 (A) is licensed and in good standing as a physician in another
6 state;

7 (B) maintains credentials within the military credentialing
8 system and authorizes the Guam based Military Credentialing
9 Office to provide to the Guam Board of Medical Examiners the
10 required verification documents and military commander's
11 approval; and

12 (C) agrees to be subject to Board rules and regulations,
13 including those regarding disciplinary action, license
14 registration and renewal, and continuing medical education,
15 throughout the duration of the Military Limited Volunteer
16 Medical licensure.

17 (3) A Military Limited Volunteer Medical License shall be issued

18 (A) at no charge to the applicant,

19 (B) be valid for a period of two (2) years, and

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1 (C) may be renewed and maintained according to registration
2 requirements as prescribed by the Board.

3 (4) The license shall be in effect upon receipt of the application packet
4 by the Guam Board of Medical Examiners subject to final review.

5 This presumptive eligibility for licensure is contingent upon:

6 (A) the appropriate military commander's authorization
7 allowing the physician to practice in the community, and

8 (B) the appropriate collaborative sharing of information
9 between the Military Credentialing Office and the Guam Board
10 of Medical Examiners.”

11 **Section 8-9. Severability.** If any provision of this Act or its application to any
12 person or circumstance is found to be invalid or inorganic, such invalidity shall not
13 affect other provisions or applications of this Act that can be given effect without the
14 invalid provision or application, and to this end the provisions of this Act are
15 severable.

16 **Section 9 10. Effective Date.** This Act shall take effect upon enactment.




COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson
I Mina'trentai Ocho Na Liheslaturan Guåhan
38th Guam Legislature

April 24, 2026

To: **Rennae V. C. Meno**
Clerk of the Legislature

From: **Vice Speaker V. Anthony Ada** 
Chairperson, Committee on Rules

Subject: **Fiscal Note for Bill No. 302-38 (COR)**

Håfa Adai!

Find the attached, Fiscal Note for the following bill:

Bill No. 302-38 (COR).

I also request that the same be sent to the respective Chairperson of the Standing Committee, to which this bill has been referred. Kindly copy the same to Management Information Services (MIS) for posting on our website.



Bureau of Budget & Management Research
Fiscal Note of Bill No. 302-38 (COR)

AN ACT TO AMEND § 12206.2, § 12206.3, § 12206.4, § 12206.5, § 12206.6 AND § 12207 ARTICLE 2, CHAPTER 12, TITLE 10, GUAM CODE ANNOTATED, AS AMENDED BY P.L. 38-107 RELATIVE TO STRENGTHENING LICENSURE REQUIREMENTS EXPANDING PRACTICE SETTINGS TO INCLUDE BOTH PUBLIC AND PRIVATE HEALTHCARE FACILITIES, MANDATING SUPERVISION AND PROGRESSIVE ASSESSMENT, AND UPDATING ENFORCEMENT PROVISION FOR INTERNATIONALLY TRAINED PHYSICIANS.

Department/Agency Appropriation Information

Dept./Agency Affected: Department of Public Health & Social Services	Dept./Agency Head: Theresa C. Arriola, Director
Department's General Fund (GF) appropriation(s) to date: Operations (\$59,693,405); Health Insurance Premiums for Foster Children (\$2,359,215); Child Protective Services Program (\$2,220,129); Bureau of Social Services Administration (\$7,558,215); Grants for Homelessness (\$500,000)	\$72,330,964
Department's Other Fund appropriation(s) to date: Environmental Health Fund (\$1,586,489); Health Professional Licensing Office Revolving Fund (\$333,181); Office of Vital Statistics Revolving Fund (\$224,713); DPHSS Sanitary Inspection Revolving Fund (\$481,089); Healthy Futures Fund for Guam Cancer Registry (\$389,144)	\$3,014,616
Total Department/Agency Appropriation(s) to date:	\$75,345,580


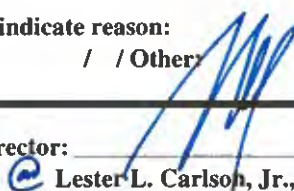
Fund Source Information of Proposed Appropriation

	General Fund:	(Specify Special Fund):	Total:
FY 2025 Unreserved Fund Balance		\$0	\$0
FY 2026 Adopted Revenues	\$0	\$0	\$0
FY 2026 Appro. (P.L. 38-60)	\$0	\$0	\$0
Sub-total:	\$0	\$0	\$0
Less appropriation in Bill	\$0	\$0	\$0
Total:	\$0	\$0	\$0

Estimated Fiscal Impact of Bill

	One Full Fiscal Year	For Remainder of FY 2026 (if applicable)	FY 2027	FY 2028	FY 2029	FY 2030
General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Special Fund	\$0	\$0	\$0	\$0	\$0	\$0
Total 1/	\$0	\$0	\$0	\$0	\$0	\$0

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|---|-----------|-------------------------------|----------------------------------|
| 1. Does the bill contain "revenue generating" provisions?
If Yes, see attachment | | / / Yes | / X / No |
| 2. Is amount appropriated adequate to fund the intent of the appropriation?
If no, what is the additional amount required? \$ _____ | / X / N/A | / / Yes | / / No |
| 3. Does the Bill establish a new program/agency?
If yes, will the program duplicate existing programs/agencies?
Is there a federal mandate to establish the program/agency? | / X / N/A | / / Yes
/ / Yes
/ / Yes | / X / No
/ X / No
/ X / No |
| 4. Will the enactment of this Bill require new physical facilities? | | / / Yes | / X / No |
| 5. Was Fiscal Note coordinated with the affected dept/agency? If no, indicate reason:
/ X / Requested agency comments not received by due date | | / / Yes | / X / No |
| | | / / Other | |

Analyst:  Tyler Bautista, BMA II	Date: 04/22/2026	Director:  Lester L. Carlson, Jr., Director	APR 24 2026
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Notes:
1/ See attached comments.

BUREAU OF BUDGET AND MANAGEMENT RESEARCH
COMMENTS ON BILL NO. 302-38 (COR)

The proposed legislation intends to amend § 12206.2, § 12206.3, § 12206.4, § 12206.5, § 12206.6 and § 12207 of Article 2, Chapter 12, Title 10 Guam Code Annotated, as amended by P.L. 38-107 to strengthen licensure requirements expanding practice settings to include both public and private healthcare facilities, mandating supervision and progressive assessment, and updating enforcement provisions for internationally trained physicians.

Per the legislative findings and intent, Guam continues to experience severe shortages of licensed physicians in specialized fields of medicine which negatively impact timely, high-quality healthcare services. Internationally trained physicians (ITPs) represent a highly skilled and underutilized resource that can significantly alleviate these provider gaps, in which modernization of the current regulatory framework is required to ensure both increased access to care and the maintenance of rigorous clinical standards. To ensure the safety and competency of the medical workforce, it is necessary to align Guam's licensure requirements for ITPs with emerging national models, which will ensure that all practicing physicians meet a uniformed baseline of medical knowledge and clinical skill. Additionally, a structured period of supervision is essential for the successful integration of ITPs into the local medical community by establishing a two-year provisional licensure period to allow for continuous observation and progressive assessment by board-certified physicians prior to permanent licensure in order to maximize the impact of Guam's healthcare infrastructure benefit from increased provider capacity in both public and private healthcare settings. Lastly, the intent is to establish a rigorous yet accessible pathway for ITPs to practice on Guam by mandating high standards of education and prior clinical experience inclusive of three (3) years of full-time practice in a specific specialty and recent clinical activity in order to safeguard patient safety while expanding the availability of specialized medical services on Guam.

The proposed legislation seeks to amend current statutes to include private healthcare facilities, ensuring that any applicant has satisfied education, certification, and examination requirements; ensure the applicants have received post-graduate training based on national standards in addition to holding an unrestricted medical license in another country with at least three (3) years of full-time clinical practice in the same specialty. These ITPs shall only practice within the specialty or subspecialty in which they are licensed and certified while under the continuous supervision of a physician who holds a valid, unrestricted license to practice medicine in the United States and who is board-certified in the same specialty with written evaluations to be submitted to the Board in six (6) month intervals for the first two (2) years under a provisional license. Once all requirements are met, the Guam Board of Medical Examiners (GBME) shall issue a permanent license to an ITP within ninety (90) days, in which the license shall be maintained in good standing pursuant to the GBME. Should an ITP practice a specialty or subspecialty outside of the licensed practice, they are subject to penalties under Guam law, including fines not to exceed \$10,000.00 per offense and is subject to disciplinary action from the Board.

The proposed legislation also seeks to mandate that the GBME adopt rules necessary to issue an ITP license within ninety (90) days upon enactment, in addition to adopting rules establishing standards for supervision and progressive assessment of ITPs during the provisional licensure period consistent with the standards of the Accreditation Council for Graduate Medical Education (ACGME) accredited training programs.

Based on the mandate for the GBME to adopt rules and regulations, the Bureau notes that there may be an administrative fiscal impact to the Government of Guam. Absent correspondence from the DPHSS relative to the total administrative costs of adopting rules for both ITPs and establishing supervision and progressive assessments of the ITPs, the Bureau is unable to determine the full fiscal impact at this time.

Written Testimony on Bill No. 302-38 (COR)

Proposed Amendments to Public Law 38-107

Committee on Health and Veterans Affairs

I Mina'trentai Ocho Na Liheslaturan Guåhan

Jonathon Thorp, MD — Medical Director, Guam Seventh-day Adventist Clinic

Håfa Adai, Chairwoman Salas Matanane and distinguished members of the Committee. My name is Jonathon Thorp. I am a board-certified internist and the Medical Director of the Guam Seventh-day Adventist Clinic. I have lived and practiced medicine alongside foreign medical graduates in Malawi, Nigeria, Tanzania, Lesotho, and Nepal. I care deeply about this issue, and I appreciate the opportunity to testify today.

I testify **in support** of the intent of Bill 302-38. But I want to be direct with this committee about where I believe we still have work to do.

Guam's healthcare system does not function without both the public and private sectors working together. This is not a policy preference. It is a fact. GMHA is the island's only public hospital. DPHSS and the FQHCs serve critical roles. But the private sector—clinics like ours, and many others across this island—carries a substantial share of the burden. We see the same patients. We treat the same diseases. We serve the same community. Any licensure framework that treats one sector as deserving of physician access and the other as an afterthought will not solve the shortage. It will simply shift it.

The most persistent concern raised in this debate is this: if we train an ITP at a government facility, that physician might later move to the private sector. Let me turn that concern on its head, because I think it actually argues for what this bill proposes.

A physician trained and supervised in the private sector can move to the public sector. A physician trained and supervised at GMHA can move to a private clinic. That mobility is not a flaw in the system. It is **how a healthy workforce functions**. The relevant question is not where a physician begins their career on Guam. The relevant question is whether they stay on Guam and serve our community. A physician who completes their provisional period at GMHA and opens a practice in Mangilao is still on this island. They are still paying taxes here. They are putting their children in our schools. They are building a life in this community. That physician did not leave—they became part of the permanent fabric of our healthcare system. That is exactly what we need.

Furthermore, if we train ITPs who are qualified to practice in the private sector, we also create a pipeline of qualified physicians who can return to government service when vacancies arise—whether at GMHA, DPHSS, or the FQHCs. A restricted, expiring license does not build that pipeline. It creates a temporary worker. A full, unrestricted license builds a physician who belongs to this community.

If the concern is that government facilities need to protect their investment in supervision and onboarding, the answer is **service obligation agreements**—not permanent license restrictions. The federal Conrad 30 program already requires a three-year service commitment tied to the sponsoring facility. A similar mechanism for ITPs hired by government facilities would protect that investment without embedding a permanent restriction in statute. That is a contract solution to a contract problem. It does not belong in the Medical Practice Act.

This brings me to the six-year license cap. Under current law, an ITP's license expires after a maximum of six years, with no path to renewal and no path to full licensure. Consider what that means in practice. A physician relocates to Guam. They pass the USMLE. They hold ECFMG certification. They complete years of supervised practice. They demonstrate competency across all six ACGME domains. They pay taxes on this island. Their children attend our schools. They become members of this community. And after six years, their license expires.

That is not a workforce strategy. That is a temporary employment contract written into statute. If we are serious about solving the physician shortage—not just managing it for six years at a time—we must remove the cap. A physician who has been fully vetted, who has demonstrated competency, and who has chosen to build their life here deserves the same opportunity to practice indefinitely as any other licensed physician on this island.

I want to ground the remainder of my testimony in the February 2025 recommendations of the Federation of State Medical Boards. The FSMB, together with ACGME and InTealth, convened an Advisory Commission specifically to guide states and territories developing alternative licensure pathways for internationally trained physicians. Public Law 38-107 was developed in consultation with FSMB leadership. The Guam Board of Medical Examiners is a member board of the FSMB. This is our shared reference point. Let us measure ourselves against it honestly.

Where we are aligned: The FSMB recommends ECFMG certification—we require it. The FSMB recommends an employment offer—we require it. The FSMB recommends that boards define appropriate facilities for supervision—we do. The FSMB recommends data collection and reporting—we have it in the ITP pathway. On these points, we should be proud of what this Legislature has accomplished.

Where we have not yet aligned: The FSMB recommends that completion of postgraduate training outside the United States be required for pathway eligibility. It does not specify a duration. It does not require a Board determination that the training is “substantially equivalent to ACGME standards.” Public Law 38-107 adds both—a 36-month minimum and an ACGME equivalency finding. The Board currently has no framework, no approved country list, and no precedent for making these equivalency determinations. This language, however well-intentioned, risks becoming a bottleneck that makes the full licensure pathway functionally inaccessible. If Pathway 1 cannot be used, every internationally trained physician on Guam will be funneled into the limited pathway by default. I respectfully urge this committee to revise the postgraduate training standard to align with what the FSMB actually recommends—training required, equivalency determination not.

The FSMB also recommends three years of medical practice experience. That language is intentionally broad, and I want to be transparent with this committee: the specialty-specific, post-training qualifier in our enacted law—§ 12206(j)—reflects a recommendation I made in writing to Senator Taitague, which this Legislature adopted. I stand by it. The FSMB’s silence on specialty-specificity is a gap, not a green light. A surgeon seeking licensure as a surgeon on Guam should have three years of surgical practice—not three years as a general medical officer. A physician’s experience should be directly relevant to the specialty in which they will serve our patients. That is not an unreasonable standard; it is a commonsense one that I believe the FSMB would endorse if asked to address it directly.

What I am asking this committee to examine is the **cumulative effect** of the specialty-specific qualifier combined with the 36-month postgraduate training requirement and the ACGME equivalency determination in Pathway 1. Together, these provisions create a minimum of approximately six years of post-graduation experience before a physician is eligible. That exceeds what the FSMB envisions. The specialty-specific qualifier is sound policy. The ACGME equivalency bottleneck is the problem. Fix the bottleneck; keep the qualifier.

I want to address the structural question that sits beneath all of these details. Public Law 38-107 creates two separate licensure pathways with different entry standards, different license types, and different outcomes. Through successive revisions—including this amendment—the entry standards for the ITP pathway have been raised substantially. An ITP must now satisfy requirements that in several areas exceed what is asked of a physician pursuing full licensure through Pathway 1. Yet the ITP still receives a restricted, time-limited license. The more demanding pathway produces the lesser license. That is an inversion, and it is not defensible on patient safety grounds.

My recommendation is straightforward: **merge the two pathways into one.** One set of entry standards. One provisional period with structured supervision and competency assessment across the six ACGME domains for all physicians whose training occurred outside ACGME-accredited programs. One license class at the end. If a physician demonstrates competency, they should be able to practice at any facility on Guam—public or private. If they have not yet demonstrated competency, they should not be practicing independently anywhere.

Before I close, I want to flag one unresolved drafting conflict that this committee should address before final passage. Bill 302-38 correctly deletes § 12206.3(c)—the restriction block that prohibited an ITP from ever converting to a full, unrestricted license. That deletion reflects the right policy. However, § 12206.7(c) of Public Law 38-107—a construction clause governing the entire ITP article—was not amended by this bill. That clause provides, in effect, that nothing in §§ 12206.2 through 12206.7 shall be construed to allow an ITP license to serve as the basis for conversion to full licensure. As currently drafted, a Board attorney could conclude that the deletion of § 12206.3(c) is legally meaningless—because the surviving construction clause overrides it. The intent of this amendment would be frustrated by a provision no one thought to update.

The fix requires a single sentence. I recommend amending § 12206.7(c) to read: “Nothing in this Article shall be construed to prevent the holder of a license issued pursuant to §§ 12206.2

through 12206.6 from applying for full and unrestricted licensure upon satisfying all requirements applicable to such licensure.” That one change closes the conflict and ensures that the policy this committee intends to enact is the policy that actually takes effect.

I have supported this legislation from the beginning. I testified on the original bill. I provided written recommendations to Senator Taitague that were adopted into law. I have been at this table because I believe Guam can and must build a healthcare system worthy of the people who depend on it.

Let me close with this. The physicians we are discussing—men and women who trained at medical schools recognized by the World Directory of Medical Schools, who passed the USMLE, who hold ECFMG certification, who practiced their specialty for years before applying—these are not second-class physicians. They should not receive second-class licenses. When they complete a rigorous provisional period and demonstrate competency across every ACGME domain, they deserve to stand on equal footing with every other licensed physician on this island.

Equal standards. Equal access. Equal footing. For our patients. For our physicians. For the future of healthcare on Guam.

Si Yu’os Ma’åse’ for your time and your service to this community.

Jonathon Thorp, MD

Medical Director, Guam Seventh-day Adventist Clinic
388 Ypao Rd, Tamuning, GU 96913

Good afternoon, Madam Chairwoman/Senator Sabrina Matanane, Speaker Blas, and Senators.

My name is Ric Eusebio, a private practice surgeon and Chief Medical Officer of GMHA.

First, I would like to commend this body for its efforts in passing Bill 206, the ITP Law. I believe this legislation will be transformative for the people of Guam by expanding access to a broader pool of qualified healthcare providers who were previously unable to practice on island.

However, I must respectfully express my opposition to the proposed amendments to the proposed Bill 302-38. A central intent of the original legislation was to address longstanding disparities between the public and private healthcare sectors. The Government of Guam carries the fundamental responsibility of ensuring equitable access to healthcare for all residents, regardless of their ability to pay. This duty is rooted in the Organic Act, which entrusts the Governor with safeguarding the health and safety of our community. Private clinics and institutions, while vital partners in care delivery, are not bound by this same mandate. Example: Orthopedics.

While some may assert that private institutions serve all patients irrespective of financial capacity, the reality is that the ultimate responsibility rests with Guam Memorial Hospital. GMH consistently serves the majority of uninsured and socially complex patients, a fact clearly reflected in the daily census. This obligation places a significant strain on resources, contributing to ongoing funding, staffing, and infrastructure challenges. In contrast, private institutions retain the discretion to limit patient volume, case complexity, service offerings, and payer mix. GMH does not have that luxury- it serves all who come through its doors.

The Government of Guam has both a constitutional responsibility to promote the general welfare and the authority to allocate resources in a manner that corrects market imbalances and regional disparities. Bill 206 was designed, in part, to support this objective.

If the proposed amendments are adopted, they risk undermining the government's ability to attract and retain highly qualified, foreign-trained physicians. Public sector challenges- including limited funding, aging facilities, and outdated equipment- already place government institutions at a competitive disadvantage. Further limitations would only exacerbate these issues.

Moreover, such amendments could inadvertently position government institutions as a training ground or pipeline for private clinics, where physicians are recruited after undergoing rigorous credentialing and peer review within the public system. This dynamic would result in a net loss for government healthcare services. It is important to note the inconsistency in concerns raised about "fairness" - while private institutions routinely leverage higher compensation and more advanced resources to recruit talent, similar advantages afforded to the government are characterized as inequitable.

Should this body ultimately decide to move forward with the amendments, I respectfully propose a reasonable compromise. Any physician or private entity that recruits from a government institution should be required to provide appropriate compensation to offset the investment made in recruitment, credentialing, and training. Such a measure would not only serve as a deterrent but also preserve flexibility for physicians while ensuring accountability and fairness in addressing market disparities.

Thank you for your consideration.