

Re: Messages & Communications Doc. No. 38GL-26-2417 through 2424.

From Guam Legislature Clerks <clerks@guamlegislature.gov>
Date Thu 6/4/2026 9:54 AM
To 38th Committee On Rules <committeeronrules@guamlegislature.gov>

Håfa Adai,

Received, and thank you.



Elijah Untalan
Clerks Office

I Mina'trentai Ocho na Liheslaturan Guåhan
Guam Congress Building, 163 Chalan Santo Papa, Hagåtña, Guam 96910
Voice: (671) 472-3465/3460 Fax: (671) 472-3524
guamlegislature.gov

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Thank you

From: 38th Committee On Rules <committeeronrules@guamlegislature.gov>
Sent: Thursday, June 4, 2026 9:42 AM
To: Guam Legislature Clerks <clerks@guamlegislature.gov>
Cc: Frank Blas Jr. <speakerblas@guamlegislature.gov>
Subject: Messages & Communications Doc. No. 38GL-26-2417 through 2424.

Håfa Adai Clerks Office,

Please see attached, **Messages & Communications Doc. No. 38GL-26-2417 through 2424** for processing:

✓	38GL-26-2417	Office of the Governor of Guam	Bill No. 160-38 (COR), signed into law as Public Law No. 38-127.
✓	38GL-26-2418	Office of the Governor of Guam	Bill No. 191-38 (COR), signed into law as Public Law No. 38-128.
✓	38GL-26-2419	Office of the Governor of Guam	Bill No. 253-38 (COR), signed into law as Public Law No. 38-129.
✓	38GL-26-2420	Office of the Governor of Guam	Bill No. 290-38 (COR), signed into law as Public Law No. 38-130.
✓	38GL-26-2421	Office of the Governor of Guam	Bill No. 295-38 (LS), signed into law as Public Law No. 38-131.
✓	38GL-26-2422	Office of the Governor of Guam	Bill No. 309-38 (COR), signed into law as Public Law No. 38-132.
✓	38GL-26-2423	Office of the Governor of Guam	Bill No. 292-38 (COR), lapsed into law as Public Law No. 38-133.
✓	38GL-26-2424	Office of the Governor of Guam	Bill No. 302-38 (COR), Vetoed.

Kindly reply to this email.



Si Yu'os ma'åse',
Marie Crisostomo
Committee on Rules Assistant
COMMITTEE ON RULES

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

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Messages and Communications 38GL-26-2424.

2 messages

Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov>

Thu, Jun 4, 2026 at 9:16 AM

To: 38th Committee On Rules <committeeonrules@guamlegislature.gov>, Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

Håfa Adai,

Please see attached M&C Doc. No. 38GL-26-2424

38GL-26-2424	Office of the Governor of Guam	Bill No. 302-38 (COR), Vetoed.
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*Si Yu'os Ma'åse'**Bernice Rivera*

Administrative Assistant


**Office of Speaker Frank F. Blas, Jr.****I Mina'trentai Ocho na Liheslaturan Guåhan 38th Guam Legislature**

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456

speakerblas@guamlegislature.gov

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 **38GL-26-2424.pdf**
8579K**38th Committee On Rules** <committeeonrules@guamlegislature.gov>

Thu, Jun 4, 2026 at 9:31 AM

To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>

Håfa Adai,

Received, and thank you.

*Si Yu'os ma'åse',*

Marie Crisostomo

Committee on Rules Assistant

COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson

*I Mina'trentai Ocho Na Liheslaturan Guåhan**38th Guam Legislature*

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UFISINAN I MAGA'HÅGAN GUÅHAN
OFFICE OF THE GOVERNOR OF GUAM

Transmitted via Email to: speakerblas@guamlegislature.org

June 3, 2026

THE HON. FRANK BLAS, JR., Speaker
I Mina'trentai Ocho Na Liheslaturan Guåhan
38th Guam Legislature
Guam Congress Building
163 Chalan Santo Papa
Hagåtña, Guam 96910

38GL-26-2424
OFFICE OF THE SPEAKER
FRANK F. BLAS JR.

JUN 03 2026

Time: 4:20 pm
Received: Blas

Re: Bill No. 302-38 (COR), "AN ACT TO AMEND §§ 12206.2, 12206.3, 12206.4, 12206.5, 12206.6, 12206.7(c), AND 12207 ALL 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 INTERNATIONALLY TRAINED PHYSICIANS."

Håfa Adai Mr. Speaker,

I am vetoing Bill No. 302-38. While there is no dispute that Guam faces significant healthcare workforce challenges and that both foreign medical graduates (FMGs) and internationally trained physicians (ITPs) can play an important role in improving access to care, I remain committed to expanding Guam's physician workforce in a manner that protects patients, supports our healthcare institutions, and maintains public confidence in the licensure process.

Public Law 38-107 represented a comprehensive effort to strengthen Guam's physician workforce through multiple mechanisms. It codified Guam's participation in the Conrad 30 J-1 Physician Waiver Program, and more crucially, reformed licensure pathways for FMGs and ITPs.

It is important to note that P.L. 38-107 stressed the distinctions between FMGs and ITPs by expressly establishing two distinct licensure pathways. The first expanded licensure opportunities for FMGs through endorsement, recognition of substantially equivalent training, and other credentialing reforms. The second created a separate, limited, and service-based pathway for ITPs to practice within government-of-Guam-funded healthcare facilities under a structured system of oversight and supervision.

Bill No. 302-38 fundamentally alters the ITP pathway established by P.L. 38-107 before that framework has been fully implemented and evaluated. As testified by the Department of Public Health & Social Services (DPHSS) and the Guam Board of Medical Examiners (GBME), Guam

To: The Hon. Frank Blas, Jr., *Speaker*
Fr: The Hon. Lourdes A. Leon Guerrero, *Governor of Guam*
Date: June 3, 2026
Re: Bill No. 302-38 (COR)

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has not yet accumulated the operational experience, outcome data, or administrative capacity necessary to justify such a significant change.

The ITP provisions of P.L. 38-107 were intentionally structured as a phased, limited, and service-based implementation model. The law restricted practice to government-of-Guam-funded healthcare facilities, required data collection and reporting, and established competency assessment requirements.

In testimony before the Legislature, the Chairman of the Guam Board of Medical Examiners stated that Guam sought guidance from the Federation of State Medical Boards, the national authority on physician licensure and regulation, during development of P.L. 38-107 and that implementation was recommended to proceed in a controlled public-sector environment, with expansion considered only after sufficient experience and data had been obtained. Bill 302-38 departs from that approach and accelerates the program before those safeguards have been tested.

I am also concerned that Bill 302-38 substantially expands the administrative and oversight responsibilities of the GBME and the Health Professional Licensing Office (HPLO) by extending the ITP pathway beyond the limited government-of-Guam-funded healthcare settings contemplated by P.L. 38-107. While P.L. 38-107 already assigned significant regulatory responsibilities to GBME and HPLO, Bill 302-38 would require those responsibilities to be carried out across a substantially broader and more decentralized network of healthcare facilities without providing the additional resources to support that expansion. The DPHSS testified that expanding placements across multiple facilities would require substantially greater monitoring of supervision requirements, competency assessments, scope-of-practice restrictions, and licensure compliance. The success of the pathway depends on the abilities of GBME and HPLO to administer and oversee it effectively.

Both the legislative findings underlying P.L. 38-107 and the testimony presented during the public hearing reflect continuing physician recruitment challenges within government-of-Guam-funded healthcare facilities, particularly at Guam Memorial Hospital, the DPHSS, and other public healthcare providers. The limited ITP pathway established by P.L. 38-107 was designed to address those public-system workforce needs.

Moreover, the government of Guam bears the cost associated with recruiting, onboarding, credentialing, supervising, and evaluating ITPs. Expanding the pathway before the public system realizes the benefits of that investment risks creating a revolving-door effect in which the government assumes the burdens of physician development while other sectors receive the long-term benefit. All of this would be an additional burden to our public healthcare providers as they carry the responsibility of ensuring access to healthcare services for all residents, regardless of their ability to pay, and remain the providers of last resort for many of our most vulnerable patients. Such an outcome would undermine one of the principal purposes of the original legislation.

This veto should not be interpreted as opposition to future expansion of Guam's physician workforce initiatives. P.L. 38-107 already expanded licensure opportunities for FMGs and preserved pathways through which both the public and private healthcare providers may recruit qualified physicians. Rather, this veto reflects the belief that the limited ITP pathway established under P.L. 38-107 should first be implemented, evaluated, and supported with the necessary

To: The Hon. Frank Blas, Jr., *Speaker*
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Date: June 3, 2026
Re: Bill No. 302-38 (COR)

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administrative and oversight capacity before substantial changes are made to its structure. Once sufficient experience has been gained through implementation and meaningful outcome data have been collected, the Legislature will be in a stronger position to evaluate future expansion based on evidence and measurable results.

For these reasons, I **VETO** Bill No. 302-38 (COR).

Senseramente,



LOURDES A. LEON GUERRERO

I Maga'hågan Guåhan

Governor of Guam

Enclosure(s): Bill No. 302-38 (COR) - **VETO**

cc via email: *Honorable Joshua F. Tenorio, Sigundo Maga'låhen Guåhan*, Lt. Governor of Guam
Compiler of Laws



38GL-26-2424

Messages and Communications

RECEIVED

COMMITTEE ON RULES

June 4, 2026

9:16 a.m.

Marie Crisostomo

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

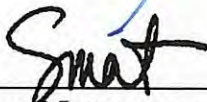
CERTIFICATION OF PASSAGE OF AN ACT TO *I MAGA'HÅGAN GUÅHAN*

This is to certify that Bill No. 302-38 (COR), "AN ACT TO *AMEND* §§ 12206.2, 12206.3, 12206.4, 12206.5, 12206.6, 12206.7(c), AND 12207 ALL 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 INTERNATIONALLY TRAINED PHYSICIANS," was on the 22nd day of May 2026, duly and regularly passed.



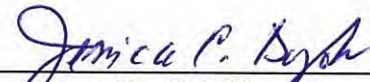
Frank F. Blas, Jr.
Speaker

Attested:



Sabrina Salas Matanane
Legislative Secretary

This Act was received by *I Maga'hågan Guåhan* this 22nd day of May,
2026, at 5:10 o'clock p. M.



Assistant Staff Officer
Maga'håga's Office

APPROVED:

Lourdes A. Leon Guerrero
I Maga'hågan Guåhan

Date: 6/3/2026



I MINA'TRENTAI OCHO NA LIHESLATURAN GUÅHAN
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
Eulogio Shawn Gumataotao
William A. Parkinson
Jesse A. Lujan
Joe S. San Agustin
V. Anthony Ada
Frank F. Blas, Jr.
Vincent A.V. Borja
Chris Barnett
Shelly V. Calvo
Tina Rose Muña-Barnes
Telo T. Taitague
Therese M. Terlaje

AN ACT TO AMEND §§ 12206.2, 12206.3, 12206.4, 12206.5, 12206.6, 12206.7(c), AND 12207 ALL 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 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

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
21 emerging national models. Several states, including Georgia and Tennessee, have
22 recently enacted legislation to create provisional licensure pathways for
23 internationally trained doctors. For instance, Georgia Senate Bill 427 established a
24 limited provisional license for ITPs who have completed substantially similar post-
25 graduate training and maintain active certification from the Educational Commission
26 for Foreign Medical Graduates (ECFMG). By requiring ECFMG certification and
27 the successful passage of the United States Medical Licensing Examination

1 (USMLE), Guam can ensure that all practicing physicians meet a uniform baseline
2 of medical knowledge and clinical skill.

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

13 It is the intent of *I Liheslaturan Guåhan* to establish a rigorous yet accessible
14 pathway for internationally trained physicians to practice in Guam. This legislation
15 seeks to mandate high standards of education and prior clinical experience, including
16 at least three years of full-time practice in a specific specialty and recent clinical
17 activity. By requiring supervision by Guam-licensed, board-certified physicians in
18 the same specialty, *I Liheslaturan Guåhan* intends to safeguard patient safety while
19 expanding the availability of specialized medical services in both the public and
20 private sectors.

21 References:

22 -Association of American Medical Colleges, “The Complexities of Physician
23 Supply and Demand: Projections From 2021 to 2036,” 2024.

24 -Georgia General Assembly, “Senate Bill 427 - Physicians; limited
25 provisional licenses and a pathway to licensure for certain internationally
26 trained physicians,” 2024.

1 -Journal of the American Medical Association (JAMA), “Quality of Care
2 Delivered by General Internists Who Graduated From Foreign Medical
3 Schools,” 2017.

4 -Tennessee General Assembly, “Public Chapter No. 311 (HB 1312/SB 1451)
5 Relative to the Board of Medical Examiners,” 2023.

6 -Educational Commission for Foreign Medical Graduates (ECFMG),
7 “Requirements for Certification for 2024-2025,” 2024.

8 -Accreditation Council for Graduate Medical Education (ACGME),
9 “Common Program Requirements,” 2023.

10 **Section 2.** § 12206.2 of Article 2, Chapter 12, Title 10, Guam Code
11 Annotated, is hereby *amended* to read:

12 **“§ 12206.2. Internationally-Trained Physicians (ITPs) Interim**
13 **Provisional License.**

14 (a) The Guam Board of Medical Examiners (GBME) may issue an
15 Interim Provisional License to an Internationally-Trained Physician (ITP) to
16 practice medicine when the Board has received satisfactory verification of all
17 of the following requirements:

18 (1) The applicant has been offered employment as a physician
19 at a government of Guam-funded healthcare facility, such as but not
20 limited to Guam Memorial Hospital Authority (GMHA), Department
21 of Public Health Social Services (DPHSS), Federally Qualified Health
22 Centers (FQHCs), or the Guam Behavioral Health and Wellness Center
23 (GBHWC); as well as any licensed healthcare facility in Guam
24 including private hospitals, private clinics, and private healthcare
25 facilities.

26 (2) The applicant holds a current and active license in good
27 standing to practice medicine in a foreign country.

1 (3) The applicant has satisfied all of the following education,
2 certification, and examination requirements:

3 (A) The applicant has graduated from a medical school
4 recognized by the World Directory of Medical Schools (WDMS),
5 having completed at least one hundred thirty (130) weeks of medical
6 education at such institution;

7 (B) The applicant holds a current, valid certification issued by
8 the Educational Commission for Foreign Medical Graduates
9 (ECFMG), or its Board-approved successor or equivalent, which
10 certification shall require passage of all parts of the United States
11 Medical Licensing Examination® (USMLE®); and

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

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

17 (A) Successfully passed each part of the United States
18 Medical Licensing Examination (USMLE); and

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

21 (i) The American Board of Medical Specialties;

22 (ii) The Bureau of Osteopathic Specialists of the
23 American Osteopathic Association;

24 (iii) The Royal College of Physicians and
25 Surgeons of Canada; or

26 (iv) Any other specialty board recognized
27 pursuant to rules adopted by the Board; and

1 (C) The applicant has demonstrated evidence of post-
2 graduate training based on national standards for United States-
3 based Graduate Medical Education (GME), as determined by the
4 Board to be consistent with Accreditation Council for Graduate
5 Medical Education (ACGME) standards.

6 (5) The applicant holds an unrestricted medical license in
7 another country and has completed at least three (3) years of full-time
8 clinical practice in the same specialty in which the physician plans to
9 practice in Guam.

10 (6) The applicant has not had a license revoked, suspended,
11 restricted, denied, or otherwise acted against in any jurisdiction and is
12 not the subject of any pending investigations, in whole or in part.

13 (7) The applicant does not have any convictions involving
14 violations of medical practice law or a conviction substantially
15 equivalent to a felony. The applicant shall submit to a background check
16 from both the jurisdiction of prior licensure and the Federal Bureau of
17 Investigation (FBI).

18 (8) The applicant has demonstrated proficiency in English
19 through a standardized assessment, documentation of medical
20 education completed entirely in English, or other evidence accepted by
21 the Board.

22 (9) The applicant is legally authorized to work in the United
23 States. An applicant may apply for an ITP License before receiving
24 federal work authorization, but may not begin employment at
25 government of Guam-funded healthcare facilities or licensed healthcare
26 facilities in Guam until receiving legal work authorization and a
27 License is issued by the Board.

1 (10) The applicant must submit an application and pay a fee in
2 accordance with rules adopted by the Board.

3 (A) If an applicant has not engaged in clinical practice
4 for a period of twenty-four (24) or more consecutive months at
5 the time the Board receives the application, the applicant shall
6 complete a Board-approved clinical reentry program in the
7 United States that includes supervised clinical training and
8 competency assessment prior to being eligible for an Interim
9 Provisional License under this Article.

10 (11) An ITP licensed under this Section shall practice only
11 within the specialty or subspecialty in which the physician is licensed
12 and certified. An ITP shall not practice in any other specialty or
13 subspecialty. During the Interim Provisional License period, the ITP
14 shall practice under the continuous supervision of a physician who
15 holds a valid, unrestricted license to practice medicine in the United
16 States and who is board-certified in the same specialty as the ITP.”

17 **Section 3.** § 12206.3 of Article 2, Chapter 12, Title 10, Guam Code
18 Annotated, is hereby *amended* to read:

19 **“§ 12206.3. Interim Provisional License to Permanent License.**

20 (a) An Interim Provisional License holder shall be eligible for a
21 Permanent License, subject to § 12206.3(e) and (f), after completing at least
22 three (3) years of practice under the Interim Provisional License, if the
23 licensee:

24 (1) Has successfully completed the assessment and evaluation
25 requirements of § 12206.2;

26 (2) Has received an attestation from the participating healthcare
27 facility that the licensee has demonstrated competence to practice

1 independently in all the current areas of the general competency
2 domains;

3 (3) Has maintained the Interim Provisional License in good
4 standing with no disciplinary actions;

5 (4) Has complied with all terms and conditions of the Interim
6 Provisional License; and

7 (5) Has submitted a complete application and paid the
8 applicable fee.

9 (b) A Permanent License issued pursuant to this Section shall
10 authorize the holder to practice medicine with full clinical autonomy,
11 without direct supervision, at any licensed healthcare facility in Guam,
12 including both public and private healthcare settings, within the
13 specialty or subspecialty in which the physician is licensed and
14 certified.

15 (c) The Board may, in its discretion, require additional
16 supervised practice or remediation if the Board determines that the
17 applicant has not demonstrated competence in one or more of the
18 current general competency domains.

19 (d) A Permanent License shall be subject to renewal in
20 accordance with the same schedule and requirements applicable to full
21 and unrestricted licenses, provided that the restriction to the specialty
22 or subspecialty in which the physician is licensed and certified shall
23 remain in effect and shall not be removed or modified except upon
24 application to and approval by the Board.

25 (e) During the first two (2) years of the Interim Provisional
26 License period, and before any issuance of a Permanent License
27 pursuant to this Section, an ITP shall practice under the direct

1 supervision of a Guam-licensed, board-certified physician in the same
2 or similar specialty. Supervision shall include ongoing evaluation and
3 progressive responsibility, consistent with the standards established by
4 the Accreditation Council for Graduate Medical Education (ACGME).
5 The supervising physician shall submit written evaluations to the Board
6 at six (6)-month intervals during the supervised period.

7 (f) During the provisional licensure period, and before any
8 issuance of a Permanent License pursuant to this Section, the ITP shall
9 be subject to continuous observation and assessment by board-certified
10 physicians. Such assessment shall utilize tools developed by or
11 consistent with standards of Accreditation Council for Graduate
12 Medical Education (ACGME)-accredited training programs. The
13 Board shall establish, by rule, the specific assessment tools, evaluation
14 criteria, and documentation requirements for the supervised provisional
15 period.

16 (g) At such time that all the requirements as enumerated in
17 this Section are met, The Guam Board of Medical Examiners (GBME)
18 shall issue a Permanent License to an Internationally-Trained Physician
19 (ITP) to practice medicine on Guam within ninety (90) days; such
20 license shall be maintained in good standing pursuant to the Guam
21 Board of Medical Examiners (GBME).”

22 **Section 4.** § 12206.4 of Article 2, Chapter 12, Title 10, Guam Code
23 Annotated, is hereby *amended* to read:

24 **“§ 12206.4. Enforcement and Disciplinary Authority.**

25 (a) Holders of an Interim Provisional or Permanent License issued
26 pursuant to this Article shall be subject to the same disciplinary authority of

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

3 (b) The Board may immediately suspend an Interim Provisional
4 License or Permanent License if the Board determines that continued practice
5 poses an imminent risk to patient safety.

6 (c) The holder of an Interim Provisional License or Permanent
7 License shall not practice medicine outside the specialty or subspecialty in
8 which the physician is licensed and certified under this Article. A violation of
9 this provision is subject to penalties under Guam law, including fines not to
10 exceed Ten Thousand Dollars (\$10,000.00) per offense, and shall be subject
11 to disciplinary action by the Board, including suspension or revocation of the
12 License. The Board may, at its discretion, impose additional conditions,
13 restrictions, or revoke the License at any time.

14 (d) An Interim Provisional License or Permanent License shall
15 become inactive if its holder ceases active medical practice in Guam.

16 (e) The Board shall retain jurisdiction over the holder of inactive
17 Licenses.

18 (f) The Board, in coordination with the DPHSS' Health Professional
19 Licensing Office (HPLO), shall collect and evaluate data on the
20 implementation and success of this pathway to licensure, including, at a
21 minimum:

22 (1) The number of applicants for licensure under this Section;

23 (2) The number of licenses issued and denied;

24 (3) Reasons for denial of applications;

25 (4) The applicant's licensing country and medical education

26 background;

1 (5) The number of Interim Provisional and Permanent
2 Licenses granted following completion of each pathway;

3 (6) The number of complaints or disciplinary actions
4 involving ITP License holders;

5 (7) The specialties and practice settings of applicants;
6 and

7 (8) The geographic distribution of licensees practicing
8 in Guam.

9 (g) On or before December 1 of each year, the Board shall
10 report the information collected pursuant to §12206.4(f) to *I*
11 *Maga'håga/Maga'låhen Guåhan* and the Speaker of *I Liheslaturan*
12 *Guåhan.*”

13 **Section 5.** § 12206.5 of Article 2, Chapter 12, Title 10, Guam Code
14 Annotated, is hereby *amended* to read:

15 **“§ 12206.5. Determination of Need Requirement.**

16 Any healthcare facility, whether public or private, including but not
17 limited to the CEO/Administrator of GMH, the Director of the DPHSS, the
18 Chief Executive Officer of the FQHCs as applicable, the Director of GBHWC,
19 or the chief executive officer, administrator, or equivalent officer of any
20 private hospital, private clinic, or private healthcare facility, upon receiving
21 approval, as applicable, from their respective board or council, shall
22 demonstrate the need to hire an ITP to provide adequate coverage in the
23 provision of medical care at their healthcare facility to the Board by filing a
24 Determination of Need statement that includes the following attestations:

25 (a) There are not sufficient individuals able, willing,
26 qualified, and available at the location of employment with the
27 healthcare facility at the time of the offer; and

1 (b) The employment of the ITP will not adversely affect the
2 wages and working conditions of individuals similarly employed at the
3 qualifying location. A copy of the job offer for employment must be
4 submitted to the Board, along with the filing of the Determination of
5 Need statement.”

6 **Section 6.** § 12206.6 of Article 2, Chapter 12, Title 10, Guam Code
7 Annotated, is hereby *amended* to read:

8 **“§ 12206.6. Rulemaking.**

9 (a) The Board shall, within one hundred twenty (120) days upon
10 enactment of this Section, adopt rules necessary to issue an ITP License. The
11 Board is authorized to develop the Internationally-Trained Physicians Interim
12 Provisional License and Permanent License pathway, to include, but not
13 limited to, the rules and regulations governing the application, supervision,
14 management, and execution of the Internationally-Trained Physicians
15 program. The Board shall be guided, at a minimum, by the latest Federation
16 of State Medical Boards general competencies endorsed by the Coalition of
17 Physician Accountability.

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

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

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

6 (e) The Board shall, within one hundred twenty (120) days upon
7 enactment of this Section, adopt rules establishing standards for supervision
8 and progressive assessment of ITPs during the provisional licensure period.
9 Such rules shall, at a minimum, incorporate assessment tools developed by or
10 consistent with the standards of Accreditation Council for Graduate Medical
11 Education (ACGME)-accredited training programs, and shall specify the
12 qualifications required of supervising physicians, the frequency and format of
13 evaluations, and the criteria for advancing an ITP to greater levels of clinical
14 responsibility.”

15 **Section 7.** § 12206.7(c) of Article 2, Chapter 12, Title 10, Guam Code, is
16 hereby *amended*, to read:

17 “(c) Nothing in this Article shall be construed to prevent the holder of
18 a license issued pursuant to §§ 12206.2 through 12206.6 from applying for
19 full and unrestricted licensure upon satisfying all requirements applicable to
20 such licensure.”

21 **Section 8.** § 12207 of Chapter 12, Title 10, Guam Code Annotated, is
22 hereby *amended* to read:

23 “§ 12207. **Licensure by Endorsement and Temporary and**
24 **Special Licensure.**

25 (a) Licensure Without Examination. The Board is authorized, at its
26 discretion, to issue a license by endorsement to an applicant who:

1 (1) has complied with all current medical licensing
2 requirements save that for examination;

3 (2) has passed a medical licensing examination given in
4 English in another state, the District of Columbia, a territory or
5 possession of the United States or Canada, provided the Board
6 determines that examination was equivalent to its own current
7 examination;

8 (3) has a valid current medical license in another state, the
9 District of Columbia, a territory or possession of the United States or
10 Canada; and

11 (4) Required to take Special Purpose Examination (SPEX) if
12 last examination was taken more than ten (10) years ago.

13 (b) Endorsement for Certified Applicants: The Board is authorized,
14 at its discretion, to issue a license by endorsement to an applicant who:

15 (1) has complied with all current medical licensing
16 requirements save that for examination; and

17 (2) has passed the examination of and been certified by a
18 certifying agency recognized by the Board (e.g., the National Board of
19 Medical Examiners or the National Board of Examiners for Osteopathic
20 Physicians and Surgeons), provided the Board determines that
21 examination was equivalent to its own current examination and was not
22 a specialty board examination.

23 (c) Endorsement Examination: Notwithstanding any other
24 provisions of the act, the Board is authorized to require applicants for full and
25 unrestricted medical licensure by endorsement who have not been formally
26 tested by a United States or Canadian medical licensing jurisdiction, or a
27 comparable international medical licensing exam, a Board-approved medical

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

5 (d) Temporary Licensure. The Board is authorized to establish
6 regulations for issuance of a temporary medical license for the intervals
7 between Board meetings. Such a license should:

8 (1) be granted only to an applicant demonstrably qualified for a full
9 and unrestricted medical license under the requirements set by the
10 Medical Practice Act and the regulations of the Board; and

11 (2) automatically terminate on the date of the next Board meeting at
12 which the holder could be considered for a full and unrestricted medical
13 license.

14 (e) Special Purpose License to Practice Medicine Across
15 Guam/State Lines. The Board is authorized, at its discretion, to issue a special
16 purpose license to practice medicine across Guam lines to an applicant who:

17 (1) holds a full and unrestricted license to practice in at least
18 one (1) other state or United States jurisdiction;

19 (2) has not had previous disciplinary or other action taken
20 against him or her by any state or jurisdiction; and

21 (3) must be at least qualified to be licensed in Guam.
22 Exceptions to the special purpose license to practice medicine across
23 Guam lines include the following:

24 (A) the practice of medicine across state lines by a
25 licensed physician on an irregular or infrequent basis, provided
26 such practice occurs less than once a week or involves less than

1 one percent (1%) of the physician’s diagnostic or therapeutic
2 practice;

3 (B) the informal practice of medicine by a licensed
4 physician is without compensation or expectation of
5 compensation. (The practice of medicine conducted within the
6 parameters of a contractual relationship shall not be considered
7 informal and shall be subject to regulation by the Guam Board of
8 Medical Examiners.);

9 (C) physician specialist, or field of authority is not
10 available locally; and

11 (D) the practice of medicine in terms of diagnosis and
12 treatment of a patient is under the responsibility of a locally
13 licensed physician.

14 (f) Special Licensure. The Board is authorized to issue conditional,
15 restricted or otherwise circumscribed licenses as it determines necessary.

16 (g) Military Limited Volunteer Medical License.

17 (1) A physician who practices medicine on Guam under a
18 license issued pursuant to this Subsection may only practice at the
19 Department of Public Health and Social Services, the Guam Memorial
20 Hospital Authority, the Community Health Centers, or a clinic or
21 outreach event that primarily provides services for indigent
22 populations, and the physician shall not receive direct or indirect
23 compensation or payment of anything of monetary value in exchange
24 for the medical services rendered by the physician to the indigent
25 patients.

26 (2) The Board is authorized to issue a Military Limited
27 Volunteer Medical License to an applicant who:

1 (A) is licensed and in good standing as a physician in
2 another state;

3 (B) maintains credentials within the military
4 credentialing system and authorizes the Guam based Military
5 Credentialing Office to provide to the Guam Board of Medical
6 Examiners the required verification documents and military
7 commander's approval; and

8 (C) agrees to be subject to Board rules and regulations,
9 including those regarding disciplinary action, license registration
10 and renewal, and continuing medical education, throughout the
11 duration of the Military Limited Volunteer Medical licensure.

12 (3) A Military Limited Volunteer Medical License shall be
13 issued

14 (A) at no charge to the applicant,

15 (B) be valid for a period of two (2) years, and

16 (C) may be renewed and maintained according to
17 registration requirements as prescribed by the Board.

18 (4) The license shall be in effect upon receipt of the
19 application packet by the Guam Board of Medical Examiners subject
20 to final review. This presumptive eligibility for licensure is contingent
21 upon:

22 (A) the appropriate military commander's authorization
23 allowing the physician to practice in the community, and

24 (B) the appropriate collaborative sharing of information
25 between the Military Credentialing Office and the Guam Board
26 of Medical Examiners.”

1 **Section 9. 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 10. Effective Date.** This Act shall take effect upon enactment.