

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
206-38 (COR) As amended by the Committee on Health and Veterans Affairs, and substituted and amended on the Floor.	Telo T. Taitague V. Anthony Ada Chris Barnett Frank F. Blas, Jr. Shelly V. Calvo Christopher M. Dueñas Jesse A. Lujan Tina Rose Muña-Barnes William A. Parkinson Sabrina Salas Matanane Joe S. San Agustin Therese M. Terlaje	AN ACT TO <i>ADD</i> A NEW § 12202 (c), <i>AMEND</i> § 12205 (c), AND § 12206, <i>ADD</i> A NEW 12206.1 AND <i>AMEND</i> § 12207, ALL OF 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.	10/10/25 4:04 p.m. 10/22/25 3:59 p.m.	10/24/25	Committee on Health and Veterans Affairs.	Request: 10/24/25 11/4/25	2/11/26 2:00 p.m.	3/3/26 As Amended.	
	SESSION DATE	TITLE	DATE PASSED	TRANSMITTED	DUE DATE	PUBLIC LAW NO.	DATE SIGNED	NOTES	
	3/23/26	AN ACT TO <i>ADD</i> A NEW § 12202(c), <i>AMEND</i> §§ 12205(c), 12206, 12207, AND <i>ADD</i> NEW §§ 12206.1 THROUGH 12206.7, ALL OF 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, ESTABLISHING A LIMITED LICENSURE PATHWAY FOR INTERNATIONALLY TRAINED PHYSICIANS IN GOVERNMENT HEALTHCARE FACILITIES, AND CODIFYING GUAM'S PARTICIPATION IN THE CONRAD 30 J-1 PHYSICIAN WAIVER PROGRAM.	3/27/26	3/27/26	4/8/26	38-107	4/7/26	Received: 4/7/26 Mess and Comm. Doc. No. 38GL-26-2164	

LOURDES A. LEON GUERRERO
GOVERNOR



JOSHUA F. TENORIO
LT. GOVERNOR

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

38GL-26-2164
OFFICE OF THE SPEAKER
FRANK F. BLAS JR.

Transmitted via Email to: speakerblas@guamlegislature.org

APR 07 2026

April 7, 2026

Time: 4:18 pm
Received: mlg

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

Re: Substitute Bill No. 206-38 (COR), "AN ACT TO ADD A NEW § 12202(c), AMEND §§ 12205(c), 12206, 12207, AND ADD NEW §§ 12206.1 THROUGH 12206.7, ALL OF 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, ESTABLISHING A LIMITED LICENSURE PATHWAY FOR INTERNATIONALLY TRAINED PHYSICIANS IN GOVERNMENT HEALTHCARE FACILITIES, AND CODIFYING GUAM'S PARTICIPATION IN THE CONRAD 30 J-1 PHYSICIAN WAIVER PROGRAM."

Håfa Adai Mr. Speaker,

Substitute Bill No. 206-38 (COR) addresses a critical need in our healthcare system. Guam continues to face a shortage of physicians, particularly in public facilities where access to care is most limited. This measure creates a structured and carefully controlled pathway to expand our healthcare workforce while maintaining strong safeguards for patient safety.

This pathway is intentionally limited. It does not create a general licensing system for unrestricted practice. Instead, it allows qualified physicians to serve within government facilities where the need is greatest. This reflects a targeted public health response to a real and ongoing workforce shortage.

Guam has long used similar approaches in other professional settings. Attorneys in good standing in other United States jurisdictions may practice on Guam under temporary authority, but that authority is limited to service within government. This reflects a consistent policy choice. When access to essential services is at risk, the government may adopt controlled pathways tied to public service, rather than opening unrestricted practice across the private sector.

The same principle applies here. If this pathway were extended broadly to the private sector, market forces could draw participating physicians into higher paying positions outside the public system. Government facilities, which already face the greatest staffing challenges, would be at a

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Doc. No. 38GL-26-2164.*

To: The Hon. Frank Blas, Jr., *Speaker*
Fr: The Hon. Lourdes A. Leon Guerrero, *Governor of Guam*
Date: April 7, 2026
Re: Substitute Bill No. 206-38 (COR)

Page 2 of 2

disadvantage in recruiting and retaining these physicians. By tying this pathway to government service, this measure ensures that the benefits of the program are directed to the areas of greatest public need.

This structure also supports patient safety and accountability. Physicians practicing under this pathway will work within government facilities under the supervision of fully licensed physicians. This creates a clear chain of responsibility and ensures that care is delivered within established standards. It also allows for close monitoring, consistent oversight, and timely intervention if concerns arise.

At the same time, I recognize the concerns raised by members of the private healthcare community. These perspectives are important, and the success of Guam's healthcare system depends on collaboration across both public and private sectors. This law includes reporting and oversight mechanisms that will allow the government to evaluate its effectiveness and make informed decisions in the future.

I also note that a technical error appears in Section 12206.3(a)(1), which references a section that does not exist. The Administration understands this provision to refer to the assessment and evaluation requirements associated with the interim licensure pathway established in this Act. This interpretation is consistent with the structure and intent of the Act and ensures that the pathway created by the Legislature remains functional.

Guam's healthcare system requires both flexibility and accountability. This measure reflects a careful balance between expanding access to care and maintaining the standards that protect our patients.

For these reasons, I sign Substitute Bill No. 206-38 (COR) into law as ***Public Law No. 38-107***.

Senseramente,



LOURDES A. LEON GUERRERO
I Maga'hågan Guåhan
Governor of Guam



38GL-26-2164
Messages and Communications

RECEIVED
COMMITTEE ON RULES
April 7, 2026

4:34 p.m.
Marie Crisostomo

Enclosure(s): Substitute Bill No. 206-38 (COR) nka P.L. 38-107
cc via email: *Honorable* Joshua F. Tenorio, *Segundo Maga'låhen Guåhan*, Lt. Governor of Guam
Compiler of Laws

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 **Substitute Bill No. 206-38 (COR), "AN ACT TO ADD A NEW § 12202(c), AMEND §§ 12205(c), 12206, 12207, AND ADD NEW §§ 12206.1 THROUGH 12206.7, ALL OF 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, ESTABLISHING A LIMITED LICENSURE PATHWAY FOR INTERNATIONALLY TRAINED PHYSICIANS IN GOVERNMENT HEALTHCARE FACILITIES, AND CODIFYING GUAM'S PARTICIPATION IN THE CONRAD 30 J-1 PHYSICIAN WAIVER PROGRAM,"** was on the 27th day of March 2026, duly and regularly passed.



Frank F. Blas, Jr
Speaker

Attested:



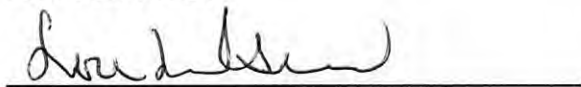
Sabrina Salas Matanane
Legislative Secretary

This Act was received by *I Maga'hågan Guåhan* this 27 day of March 2026, at 8:24 o'clock P.M.



For Assistant Staff Officer
Maga'håga's Office

APPROVED:

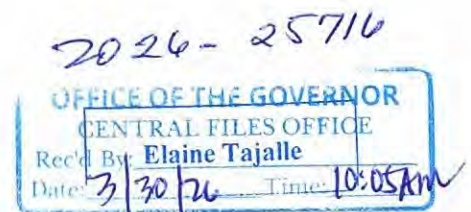


Lourdes A. Leon Guerrero
I Maga'hågan Guåhan

PO III Jesse J. Castro
Executive Security

Date: 4/7/2026

Public Law No. 38-104



I MINA'TRENTAI OCHO NA LIHESLATURAN GUÅHAN
20256 (SECOND) Regular Session

Bill No. 206-38 (COR)

As amended by the Committee on Health
and Veterans Affairs; and substituted and amended on the Floor.

Introduced by:

Telo T. Taitague
V. Anthony Ada
Chris Barnett
Frank F. Blas, Jr.
Shelly V. Calvo
Christopher M. Dueñas
Jesse A. Lujan
Tina Rose Muña-Barnes
William A. Parkinson
Sabrina Salas Matanane
Joe S. San Agustin
Therese M. Terlaje
Vincent A.V. Borja
Eulogio Shawn Gumataotao
Sabina Flores Perez

AN ACT TO *ADD* A NEW § 12202(c), *AMEND* §§ 12205(c), 12206, 12207, AND *ADD* NEW §§ 12206.1 THROUGH 12206.7, ALL OF 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, ESTABLISHING A LIMITED LICENSURE PATHWAY FOR INTERNATIONALLY TRAINED PHYSICIANS IN GOVERNMENT HEALTHCARE FACILITIES, AND CODIFYING GUAM'S PARTICIPATION IN THE CONRAD 30 J-1 PHYSICIAN WAIVER PROGRAM.

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 experience severe shortages of licensed physicians,
4 particularly in specialty fields. These shortages have negatively impacted access to
5 timely, high-quality healthcare services for the people of Guam. *I Liheslaturan*
6 *Guåhan* further finds that foreign medical graduates (FMGs), many of whom are
7 U.S. trained or have completed rigorous postgraduate medical education consistent
8 with or substantially equivalent to Accreditation Council for Graduate Medical
9 Education (ACGME) standards and have obtained certification through recognized
10 credentialing bodies such as the Educational Commission for Foreign Medical
11 Graduates (ECFMG), represent a critical and underutilized pool of qualified medical
12 professionals.

13 *I Liheslaturan Guåhan* finds that despite the availability of these qualified
14 physicians, the current licensure pathway in Guam does not provide sufficient
15 flexibility to recognize FMGs who have completed appropriate postgraduate
16 training, who are licensed in other U.S. jurisdictions, or have passed comparable
17 international medical examinations. As a result, otherwise qualified physicians may
18 face unnecessary barriers to practice on Guam.

19 Furthermore, *I Liheslaturan Guåhan* finds that Guam is already eligible to
20 participate in the federal Conrad 30 J-1 Waiver Program, which permits U.S.-trained
21 FMGs in J-1 visa status to remain in the United States by serving in designated
22 shortage areas for three (3) years. However, this program has not been fully utilized
23 as a recruitment tool to address physician shortages on Guam. This Act does not
24 create or expand the program or alter federal eligibility requirements. Rather, it
25 codifies into Guam law the designation of the Department of Public Health and
26 Social Services as the state-equivalent health agency responsible for administering
27 the program in accordance with federal law and establishes reporting requirements

1 to promote transparency and more effective utilization of available waiver
2 opportunities.

3 *I Liheslaturan Guåhan* therefore finds that amending current law to clarify
4 recognition of substantially equivalent training, expand licensure by endorsement
5 where appropriate, and ensure that qualified FMGs are not excluded solely due to
6 differences in jurisdictional training pathways will modernize Guam's medical
7 licensing system, harmonize it with national best practices, and strengthen the Guam
8 Board of Medical Examiners' authority to apply rigorous, internationally recognized
9 credentialing standards. This Act further clarifies Guam's participation in the federal
10 Conrad 30 J-1 Physician Waiver Program by codifying the designation of the
11 Department of Public Health and Social Services as the state-equivalent health
12 agency responsible for administering the program in accordance with federal law.

13 *I Liheslaturan Guåhan* finds that Guam continues to face a critical shortage
14 of physicians, particularly within government of Guam-funded healthcare facilities,
15 including the Guam Memorial Hospital Authority, the Department of Public Health
16 and Social Services, and other public and federally-supported providers. These
17 shortages contribute to reduced access to care, increased wait times, and strain on
18 the existing healthcare workforce.

19 It is the intent of this Act to establish a targeted and controlled pathway to
20 allow qualified internationally-trained physicians to provide medical services within
21 government healthcare systems, while maintaining rigorous standards for education,
22 licensure, competency verification, and professional conduct to ensure patient safety
23 and quality of care.

24 This pathway is not intended to displace locally licensed physicians or reduce
25 opportunities for domestically trained providers, but to supplement the healthcare
26 workforce in areas where shortages exist.

1 This Act further establishes two distinct licensure pathways: (1) a general
2 licensure pathway for foreign medical graduates; and (2) a limited, service-based
3 pathway for internationally-trained physicians, which is time-limited and
4 conditioned on continued service within government of Guam-funded healthcare
5 facilities.

6 **Section 2.** A new § 12202(c) is hereby *added* to Chapter 12, Title 10, Guam
7 Code Annotated, to read:

8 “(c) For the purposes of this article, the definition of “Graduates of
9 Foreign Medical Schools” means individuals who obtained a degree in
10 medicine, osteopathy, or podiatry outside the United States or Canada, which
11 would qualify the individual to practice medicine, osteopathy, or podiatry in
12 the jurisdiction in which the degree was obtained.”

13 **Section 3.** § 12205(c) of Chapter 12, Title 10, Guam Code Annotated, is
14 hereby *amended*, to read:

15 “(c) The applicant shall have satisfactorily completed at least thirty-
16 six (36) months of progressive postgraduate medical training approved by the
17 Board or by a private nonprofit accrediting body approved by the Board in an
18 institution in the United States, its territories or possessions, or Canada
19 approved by the Board or by a private nonprofit accrediting body approved
20 by the Board. Provided, however, that this subsection shall not apply to
21 applicants who are graduates of foreign medical schools governed by § 12206
22 of this Chapter. Such applicants shall be subject to the postgraduate training
23 requirements, credentialing standards, and licensure conditions set forth in §
24 12206 and any regulations promulgated thereunder.”

25 **Section 4.** § 12206 of Chapter 12, Title 10, Guam Code Annotated, is
26 *amended*, to read:

27 **“§ 12206. Graduates of Foreign Medical Schools.**

1 (a) Applicants who are graduates of foreign medical schools shall
2 possess the degree of Doctor of Medicine or Osteopathy, Bachelor of
3 Medicine or Osteopathy, or a Board-approved equivalent based on
4 satisfactory completion of educational programs acceptable to the Board.

5 (b) Applicants who are graduates of foreign medical schools shall be
6 eligible by virtue of their medical education and training for unrestricted
7 licensure or authorization to practice medicine in the country in which they
8 received that education and training.

9 (c) Applicants who are graduates of foreign medical schools shall
10 have passed an examination acceptable to the Board that adequately assesses
11 the applicants' basic medical knowledge.

12 (d) Applicants who are graduates of foreign medical schools shall be
13 certified by the Educational Commission for Foreign Medical Graduates or its
14 Board approved successor(s), or by an equivalent Board approved entity.

15 (e) Applicants who are graduates of foreign medical schools shall
16 have a demonstrated command of the English or Chamorro language
17 satisfactory to the Board.

18 (f) The Board shall be authorized to establish regulations requiring
19 all Applicants who are graduates of foreign medical schools to satisfactorily
20 complete at least thirty-six (36) months of Board approved, progressive
21 postgraduate medical training. Applicants shall complete no less than thirty-
22 six (36) months of postgraduate training, which may include training
23 completed outside the United States if the Board determines such training to
24 be substantially equivalent to Accreditation Council for Graduate Medical
25 Education (ACGME) standards. For the purposes of this Chapter,
26 "substantially equivalent" means postgraduate training that includes
27 supervised, progressively responsible clinical experience with structured

1 assessment of competency, and that is recognized by an accrediting authority
2 or governmental medical education regulator deemed acceptable by the
3 Board.

4 (g) The Board shall adopt a rule related to recognizing and
5 authenticating educational credentials for applicants who are graduates of
6 foreign medical schools. Such rule shall include a requirement that the
7 graduate's education be recognized by one or more medical education
8 credentialing bodies, such as, but not limited to the Education Commission of
9 Foreign Medical Graduates. Such rule may include consideration of whether
10 the applicant's medical school is listed in the World Directory of Medical
11 Schools (WDMS). All credentials, diplomas and other required
12 documentation in a foreign language submitted to the Board by or on behalf
13 of applicants who are graduates of foreign medical schools shall be
14 accompanied by notarized English translations acceptable to the Board.

15 (h) Applicants who are graduates of foreign medical schools shall
16 have satisfied all of the applicable requirements of the United States
17 Immigration and Naturalization Service, including the U.S. Department of
18 Homeland Security and U.S. Citizenship and Immigration Services
19 regulations governing J-1 and H-1B physician waivers.

20 (i) Competency Standards. In evaluating an applicant who is a
21 graduate of a foreign medical school for licensure under this Chapter, the
22 Board shall require evidence of competency in the following domains,
23 consistent with U.S. graduate medical education standards: Patient Care;
24 Medical Knowledge; Practice-Based Learning and Improvement;
25 Interpersonal and Communication Skills; Professionalism; and Systems-
26 Based Practice. The Board shall promulgate rules establishing acceptable
27 methods of documentation and evaluation of such competencies.

1 (j) Specialty Practice Experience. In addition to the requirements of
2 this Section, an applicant who is a graduate of a foreign medical school shall
3 demonstrate not less than three (3) years of independent clinical practice
4 experience in the applicant's area of specialty, completed after the completion
5 of postgraduate medical training. Such experience shall be verified in a
6 manner prescribed by the Board. Experience obtained solely as a medical
7 officer, intern, or house officer shall not satisfy this requirement unless the
8 Board determines that such experience involved independent clinical
9 responsibility consistent with specialty practice standards. This Subsection
10 shall not apply to applicants for, or licenses issued under, §§ 12206.2 through
11 12206.7.

12 (k) Offer of Employment. An applicant who is a graduate of a
13 foreign medical school seeking licensure under this Section shall provide
14 proof of a bona fide offer of employment from a healthcare facility, clinic, or
15 medical practice located on Guam. Such offer shall be verified in a manner
16 prescribed by the Board and shall identify the intended practice setting and
17 scope of services to be provided. This Subsection shall not apply to applicants
18 for, or licenses issued under, §§ 12206.2 through 12206.7.

19 (l) Recent Clinical Practice Requirement. An applicant who is a
20 graduate of a foreign medical school shall demonstrate active clinical practice
21 within the five (5) years immediately preceding the date of application. The
22 Board may, for good cause shown, waive or modify this requirement if the
23 applicant demonstrates continued clinical competency through additional
24 training, education, or assessment acceptable to the Board. This Subsection
25 shall not apply to applicants for, or licenses issued under, §§ 12206.2 through
26 12206.7.”

1 **Section 5.** A new § 12206.1 is *added* to Chapter 12, Title 10, Guam Code
2 Annotated, to read:

3 “**§ 12206.1 Guam Conrad 30 J-1 Physician Waiver Program.**

4 (a) The Department of Public Health and Social Services (DPHSS)
5 is designated as the state-equivalent health agency for Guam for purposes of
6 administering the Conrad 30 J-1 Physician Waiver Program pursuant to
7 federal law.

8 (b) DPHSS shall administer the program in accordance with
9 applicable federal statutes, regulations, and United States Department of State
10 guidance governing the Conrad 30 J-1 Physician Waiver Program.

11 (c) DPSS shall submit an annual report to *I Liheslaturan Guåhan*
12 detailing the number of waiver applications received, recommended,
13 approved, and any compliance issues identified during the reporting period.”

14 **Section 6.** A new § 12206.2 is *added* to Chapter 12, Title 10, Guam Code
15 Annotated, to read:

16 “**§ 12206.2. Internationally-Trained Physicians (ITPs) Interim**
17 **Provisional License.**

18 (a) The Guam Board of Medical Examiners (GBME) may issue an
19 Interim Provisional License, a limited licensed, to Internationally-Trained
20 Physicians (ITPs) to practice medicine to a physician when the Board has
21 received satisfactory verification of all of the following requirements:

22 (1) The applicant has been offered employment as a physician
23 at a government of Guam-funded healthcare facility, such as but not
24 limited to Guam Memorial Hospital Authority (GMHA), Department
25 of Public Health Social Services (DPHSS), Federally Qualified Health
26 Centers (FQHCs), or the Guam Behavioral Health and Wellness Center
27 (GBHWC);

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

3 (3) The applicant previously completed at least one hundred
4 thirty (130) weeks of medical education at a medical school listed in
5 the World Directory of Medical Schools and is certified by the
6 Educational Commission for Foreign Medical Graduates or its Board-
7 approved successor(s), or by an equivalent Board-approved entity, and
8 meets one of the following requirements:

9 (A) The applicant has completed three (3) years of
10 progressive postgraduate training in a graduate medical
11 education program approved by the applicant's country of
12 licensure; or

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

15 (A) Successfully passed each part of the United States
16 Medical Licensing Examination (USMLE) or an equivalent
17 examination recognized by the Board; or

18 (B) Successfully passed each part of a nationally
19 recognized standard medical licensing examination from a
20 country that is Board-approved and that meets all of the
21 following requirements:

22 (i) Tests for the ability to practice medicine;

23 (ii) Tests for medical knowledge, skills, and
24 understanding of clinical science essential for providing
25 patient care;

26 (iii) Tests for communication and interpersonal
27 skills; and

1 (iv) Includes an interactive testing component; or
2 (C) Received specialty board certification as approved
3 by any of the following:

4 (i) The American Board of Medical Specialties;
5 (ii) The Bureau of Osteopathic Specialists of the
6 American Osteopathic Association;

7 (iii) The Royal College of Physicians and
8 Surgeons of Canada; or

9 (iv) Any other specialty board recognized
10 pursuant to rules adopted by the Board; or

11 (D) Submits to a comprehensive assessment
12 demonstrating clinical competence by a program approved by the
13 Board. Alternatively, the Board may waive this requirement and
14 issue a temporary license, requiring the applicant to successfully
15 pass a Post-Licensure Assessment System, such as the Special
16 Purpose Examination (SPEX), within one (1) year from the date
17 of Board approval.

18 (5) The applicant has not had a license revoked, suspended,
19 restricted, denied, or otherwise acted against in any jurisdiction and is
20 not the subject of any pending investigations, in whole or in part.

21 (6) The applicant does not have any convictions involving
22 violations of medical practice law or a conviction substantially
23 equivalent to a felony. The applicant shall submit to a background
24 check from both the jurisdiction of prior licensure and the Federal
25 Bureau of Investigation (FBI).

26 (7) The applicant has demonstrated proficiency in English
27 through a standardized assessment, documentation of medical

1 education completed entirely in English, or other evidence accepted by
2 the Board.

3 (8) The applicant is legally authorized to work in the United
4 States. An applicant may apply for an ITP License before receiving
5 federal work authorization, but may not begin employment at
6 government of Guam-funded healthcare facilities until receiving legal
7 work authorization and is issued a License by the Board.

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

10 (A) If an applicant has not engaged in clinical practice
11 for a period of twenty-four (24) or more consecutive months at
12 the time the Board receives the application, the applicant shall
13 complete a physical reentry program approved by the Board in
14 the United States prior to being eligible for an Interim
15 Provisional License under this Article.”

16 **Section 7.** A new § 12206.3 is *added* to Chapter 12, Title 10, Guam Code
17 Annotated, to read:

18 **“§ 12206.3. Interim Provisional License to Permanent Limited**
19 **License.**

20 (a) An Interim Provisional License holder shall be eligible for a
21 Permanent Limited License after completing at least three (3) years of practice
22 under the Interim Provisional License, if the licensee:

23 (1) Has successfully completed the assessment and evaluation
24 requirements of § 12256;

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

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

3 (3) Has achieved a passing score on Step 3 of the USMLE
4 within three (3) attempts;

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

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

9 (6) Has submitted a complete application and paid the
10 applicable fee.

11 (b) A Permanent Limited License issued pursuant to this Section
12 shall authorize the holder to practice medicine with full clinical autonomy,
13 without direct supervision, but only at government of Guam-funded
14 healthcare facilities approved by the Board.

15 (c) A Permanent Limited License holder shall not be eligible for:

16 (1) Conversion to a full and unrestricted license to practice
17 medicine;

18 (2) Practice at private hospitals, private clinics, or private
19 healthcare facilities;

20 (3) Participation in the Interstate Medical Licensure Compact;

21 or

22 (4) Any other license category that would permit practice
23 outside of government of Guam-funded healthcare facilities.

24 (d) The Board may, in its discretion, require additional supervised
25 practice or remediation if the Board determines that the applicant has not
26 demonstrated competence in one or more of the current general competency
27 domains.

1 (e) A Permanent Limited License shall be subject to renewal in
2 accordance with the same schedule and requirements applicable to full and
3 unrestricted licenses, provided that the restriction to government of Guam-
4 funded healthcare facilities shall remain in effect permanently and shall not
5 be removed or modified.”

6 **Section 8.** A new § 12206.4 is *added* to Chapter 12, Title 10, Guam Code
7 Annotated, to read:

8 **“§ 12206.4. Enforcement and Disciplinary Authority.**

9 (a) Holders of an Interim Provisional or Permanent Limited License
10 issued pursuant to this Article shall be subject to the same disciplinary
11 authority of the Board as holders of full and unrestricted licenses, including
12 but not limited to suspension, revocation, and imposition of conditions.

13 (b) An Interim Provisional or Permanent Limited License shall be
14 automatically suspended if the licensee ceases to be employed by a
15 government of Guam-funded healthcare facility approved by the Board.

16 (c) The Board may immediately suspend an Interim Provisional
17 License or Permanent Limited License if the Board determines that continued
18 practice poses an imminent risk to patient safety.

19 (d) The holder of the Interim Provisional License or Permanent
20 Limited License shall not practice medicine outside the confines of
21 government of Guam-funded healthcare facilities. A violation of this
22 provision is subject to penalties under Guam law, including fines not to exceed
23 Five Hundred Dollars (\$500.00) per offense, and may result in revocation of
24 the License by the Board. The Board may, at its discretion, revoke the License
25 at any time.

1 (e) An Interim Provisional License or Permanent Limited License
2 shall become inactive if its holder ceases employment with the government of
3 Guam-funded healthcare facilities.

4 (f) The Board shall retain jurisdiction over the holder of inactive
5 Licenses.

6 (g) The Board, in coordination with the DPHSS' Health Professional
7 Licensing Office (HPLO), shall collect and evaluate data on the
8 implementation and success of this pathway to licensure, including, at a
9 minimum:

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

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

12 (3) Reasons for denial of applications;

13 (4) The applicant's licensing country and medical education
14 background;

15 (5) The number of Interim Provisional and Permanent Limited
16 Licenses granted following completion of each pathway;

17 (6) The number of complaints or disciplinary actions
18 involving ITP License holders;

19 (7) The specialties and practice settings of applicants; and

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

22 (h) On or before December 1 of each year, the Board shall report the
23 information collected pursuant to (g) to *I Maga'håga/I Maga'låhi* and the
24 Speaker of *I Liheslaturan Guåhan*."

25 **Section 9.** A new § 12206.5 is *added* to Chapter 12, Title 10, Guam Code
26 Annotated, to read:

27 **"§ 12206.5. Determination of Need Requirement.**

1 As part of offering employment to an ITP, the hiring authority of the
2 government of Guam funded healthcare facility such as the
3 CEO/Administrator of GMH, the Director of the DPHSS, the Chief Executive
4 Officer of the FQHCs as applicable, or the Director of GBHWC upon
5 receiving approval, as applicable, from their respective board or council, shall
6 demonstrate the need to hire an ITP to provide adequate coverage in the
7 provision of medical care at their healthcare agency to the Board by filing a
8 Determination of Need statement that includes the following attestations:

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

13 (b) The employment of the ITP will not adversely affect the
14 wages and working conditions of individuals similarly employed at the
15 qualifying location.

16 A copy of the job offer for employment with the government of Guam-
17 funded healthcare agency must be submitted to the Board, along with the
18 filing of the Determination of Need statement.”

19 **Section 10.** A new § 12206.6 is *added* to Chapter 12, Title 10, Guam Code
20 Annotated, to read:

21 **“§ 12206.6. Rulemaking.**

22 (a) The Board shall adopt rules necessary to issue an ITP License.
23 The Board is authorized to develop the Internationally-Trained Physicians
24 Interim Provisional Licence and Permanent Limited Licence pathway, to
25 include, but not limited to, the rules and regulations governing the application,
26 supervision, management, and execution of the Internationally-Trained
27 Physicians program. The Board shall be guided, at a minimum, by the latest

1 Federation of State Medical Boards general competencies endorsed by the
2 Coalition of Physician Accountability.

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

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

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

21 **Section 11.** A new § 12206.7 is *added* to Chapter 12, Title 10, Guam Code
22 Annotated, to read:

23 **“§12206.7. Construction; Separate Licensure Pathways.**

24 (a) Licensure under §§ 12206.6 through 12206.10 shall constitute a
25 distinct, limited, and service-based pathway separate from licensure under §
26 12206.

1 (b) The requirements of §§ 12206 and 12207 shall not apply to
2 applicants for, or licenses issued under, §§ 12206.6 through 12206.10, unless
3 expressly provided in this Chapter.

4 (c) No license issued under §§ 12206.6 through 12206.10 shall serve
5 as a basis for endorsement, reciprocity, or conversion to a full and unrestricted
6 license under this Chapter.”

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

9 “§ 12207. **Licensure by Endorsement and Temporary and**
10 **Special Licensure.**

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

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

15 (2) has passed a medical licensing examination given in
16 English in another state, the District of Columbia, a territory or
17 possession of the United States or Canada, provided the Board
18 determines that examination was equivalent to its own current
19 examination;

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

23 (4) Required to take SPEX if last examination was taken more
24 than ten (10) years ago.

25 (5) holds a valid certification issued by the Educational
26 Commission for Foreign Medical Graduates (ECFMG) or its Board
27 approved successor(s), or by an equivalent Board approved entity; and

1 has passed a medical licensing examination comparable to the United
2 States Medical Licensing Examination (USMLE), or another
3 examination approved by the Board.

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

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

8 (2) has passed the examination of and been certified by a
9 certifying agency recognized by the Board (e.g., the National Board of
10 Medical Examiners or the National Board of Examiners for Osteopathic
11 Physicians and Surgeons), provided the Board determines that
12 examination was equivalent to its own current examination and was not
13 a specialty board examination.

14 (3) has passed an international medical licensing examination
15 comparable to the USMLE, as determined by the Board, and is verified
16 by the ECFMG or its Board approved successor(s), or by an equivalent
17 Board approved entity.

18 (c) Endorsement Examination: Notwithstanding any other
19 provisions of the act, the Board is authorized to require applicants for full and
20 unrestricted medical licensure by endorsement who have not been formally
21 tested by a United States or Canadian medical licensing jurisdiction, or a
22 comparable international medical licensing exam, a Board-approved medical
23 certifying agency or a Board-approved medical specialty board within a
24 specific period of time before application (e.g. eight (8) or ten (10) years to
25 pass a written and/or oral medical examination approved by the Board for that
26 purpose.)

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

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

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

15 (3) The applicant shall submit a Board-approved supervision
16 plan identifying the supervising physician(s), scope of practice, and
17 evaluation schedule, a method of oversight, including frequency of
18 review and documentation requirements;

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

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

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

1 house officer shall not satisfy this requirement unless the Board
2 determines that such experience involved independent clinical
3 responsibility consistent with specialty practice standards. This
4 subsection shall not apply to applicants for, or licenses issued under, §§
5 12206.2 through 12206.7.

6 (7) The applicant shall demonstrate active clinical practice
7 within the five (5) years immediately preceding the date of application.
8 The Board may, for good cause shown, waive or modify this
9 requirement if the applicant demonstrates continued clinical
10 competency through additional training, education, or assessment
11 acceptable to the Board. This subsection shall not apply to applicants
12 for, or licenses issued under, §§ 12206.2 through 12206.7.”

13 (e) Temporary Licensure. The Board is authorized to establish
14 regulations for issuance of a temporary medical license for the intervals
15 between Board meetings. Such a license should:

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

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

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

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

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

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

6 (A) the practice of medicine across state lines by a
7 licensed physician on an irregular or infrequent basis, provided
8 such practice occurs less than once a week or involves less than
9 one percent (1%) of the physician's diagnostic or therapeutic
10 practice;

11 (B) the informal practice of medicine by a licensed
12 physician is without compensation or expectation of
13 compensation. (The practice of medicine conducted within the
14 parameters of a contractual relationship shall not be considered
15 informal and shall be subject to regulation by the Guam Board of
16 Medical Examiners.);

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

19 (D) the practice of medicine in terms of diagnosis and
20 treatment of a patient is under the responsibility of a locally
21 licensed physician.

22 (g) Special Licensure. The Board is authorized to issue conditional,
23 restricted or otherwise circumscribed licenses as it determines necessary.

24 (h) Military Limited Volunteer Medical License.

25 (1) A physician who practices medicine on Guam under a
26 license issued pursuant to this Subsection may only practice at the
27 Department of Public Health and Social Services, the Guam Memorial

1 Hospital Authority, the Community Health Centers, or a clinic or
2 outreach event that primarily provides services for indigent
3 populations, and the physician shall not receive direct or indirect
4 compensation or payment of anything of monetary value in exchange
5 for the medical services rendered by the physician to the indigent
6 patients.

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

9 (A) is licensed and in good standing as a physician in
10 another state;

11 (B) maintains credentials within the military
12 credentialing system and authorizes the Guam based Military
13 Credentialing Office to provide to the Guam Board of Medical
14 Examiners the required verification documents and military
15 commander's approval; and

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

20 (3) A Military Limited Volunteer Medical License shall be
21 issued

22 (A) at no charge to the applicant,

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

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

26 (4) The license shall be in effect upon receipt of the
27 application packet by the Guam Board of Medical Examiners subject

1 to final review. This presumptive eligibility for licensure is contingent
2 upon

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

5 (B) the appropriate collaborative sharing of information
6 between the Military Credentialing Office and the Guam Board
7 of Medical Examiners.”

8 **Section 13. Severability.** If any provision of this Act or its application to
9 any person or circumstance is found to be invalid or inorganic, such invalidity shall
10 not affect other provisions or applications of this Act that can be given effect without
11 the invalid provision or application, and to this end the provisions of this Act are
12 severable.

13 **Section 14. Effective Date.** This Act shall be effective upon enactment.