

# GUAM BOARD OF MEDICAL EXAMINERS

Wednesday, December 11, 2024 (Reconvened January 15, 2025) at 4:00 PM

Join Zoom Meeting:

<https://us06web.zoom.us/j/85026794670?pwd=hHosayUaA0bCrMBY1mipewkQYditJ.1>

Meeting ID: 850 2679 4670

Passcode: 333856

## MINUTES

Topic		DECISION(S) / ACTION(S) MADE		Responsible Party		Status
I.	Call to Order	Meeting Chaired by: Dr. Berg		Chair	1605	Called to Order
		<b>A. Roll Call: GBME</b> <i>Present at HPLO</i> <input checked="" type="checkbox"/> Nathaniel B. Berg, M.D., Chairperson <input checked="" type="checkbox"/> Joleen Aguon, M.D. <i>Present Virtually at Remote location:</i> <input checked="" type="checkbox"/> Luis G. Cruz, M.D. <input checked="" type="checkbox"/> Alexander D Wielaard, M.D. <input checked="" type="checkbox"/> Verrad Kwai Nyame, MD	<b>OTHERS PRESENT:</b> <i>Present at HPLO Conference Room:</i> Baltazar (Tre) Hattori III, HPLO Breanna Sablan, HPLO <i>Present Virtually at Remote location:</i> Peter John Camacho, DPHSS, Deputy Director	Chair	1605	Quorum Established
		<b>Election for Interim Chairperson</b> The meeting began with a request from B. Sablan for nominations for an interim chairperson for the Guam Board of Medical Examiners. Dr. Aguon nominated Dr. Berg, this was seconded by Dr. Cruz. Dr. Berg accepted the interim position. The discussion then shifted to the need for formal elections, which could not occur during the current meeting due to the lack of agenda inclusion. It was noted that formal elections for the positions of chair, vice chair, and treasurer would be scheduled for the next meeting.		Chair	1605	Dr. Berg has been Nominated as Interim Chair, Official Elections next Meeting
		<b>B. Confirmation of Public Notice</b> Dr. Berg reported that the confirmation public notice, which was reviewed on December 4th, has already been deemed appropriate for the required five-day and 48-hour publication of the agenda.			1607	
II.	Adoption of Agenda	<i>Motion to Adopt the Agenda: Dr. Berg.</i>		GBME	1608	Adopted
III.	Review and Approval of Minutes	Draft Minutes dated November 13, 2024 and November 20, 2024. <i>Motion to Approve: Dr. Berg.</i>		GBME	1608	Unanimously Approved

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IV.	Treasurer's Report	No report	GBME	1609	No Report
V.	HPLO Administrator's Report	<p>B. Sablan reported on the upcoming ethics training and the need to share the training calendar with the board once available. Plans were outlined for an educational media session aimed at raising awareness about the board's activities, including frequently asked questions and the availability of a searchable public database. These sessions will involve board members and will take place both at the HPLO conference room and various media outlets. A report on the sessions will be provided to the board once completed.</p> <p>An issue was raised concerning two individuals writing prescriptions for the same patient, one of whom is no longer employed with the Department of Public Health and Social Services, while the other remains employed. The concern involves potential fraud, as prescriptions are being written on behalf of public health patients without proper authorization. The board discussed the legal implications and potential actions, including the possibility of contacting the individuals involved to cease their actions. It was clarified that writing prescriptions for public health patients without proper employment at public health could be considered fraud, especially if it involves federal funds. Further investigation is needed, particularly regarding the status of public health's investigation, the potential diversion of medications, and whether any criminal activity occurred. It was also noted that retirees must notify the board if they retire from the practice of medicine, and they are prohibited from writing prescriptions after retirement. Dr. Berg will work with public health and the medical board to clarify the situation and ensure that all parties involved are properly informed and comply with the regulations. Further follow-up will be required, and the matter will be treated as an administrative issue for now.</p>	HPLO	1609	No Report
VI.	Chairperson's Report	Dr. Berg provided an update on the upcoming meeting for the committee focused on reentry to practice for the FSMB. Dr. Berg mentioned being part of a committee that is developing national policy recommendations for reentry to practice. Although the FSMB does not create policy for boards, it provides recommendations, which are typically adopted by around 40 out of the 57 boards. Dr. Berg emphasized that the issue of reentry to practice is currently inconsistent and remains a significant challenge.	Dr. Berg	1624	Noted
VII.	Old Business	<p><b>A. Complaint(s):</b></p> <p>1. <b>GBME-CO-20-005 – Received: 09/18/2020.</b>  Dr. Cruz reported that there is no update, as the board still does not have an attorney. Dr. Berg noted that resolving this issue must be a priority for the next chair. The Law and Medical Practices Act allows the board to hire its own attorney, provided there is funding available. Dr. Berg explained that the agency has not assigned an attorney, as changes have been sporadic over the past year. However, B. Sablan shared that an official letter was sent to the OAG requesting legal counsel for both the medical and health boards, signed by Deputy PJ Camacho. They expressed hope for a response soon, acknowledging the challenges caused by the lack of legal counsel.</p> <p>B. Sablan provided an update noting that progress is still being made in procuring an off-island expert, with efforts close to completion, but there are new procurement rules for small purchases, which are delaying the process, but</p>	Dr. Cruz	1631	On-going, Legal Services are Being Sought out

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	<p>expressed hope for a resolution soon.</p> <p>Dr. Berg discussed the potential for legislative changes during the current session, particularly regarding the ability to procure using general funds instead of relying on outside investigators, which is a challenging and unusual process for a medical board.</p> <p>In response to B. Sablan's question about any attempts to meet with the OAG, Dr. Berg shared that he has made numerous attempts to engage with them via calls, emails, and WhatsApp's, asking for consistent representatives. Further, B. Sablan updated the board on the work regarding legal services contracts. They are simultaneously pursuing a Memorandum of Understanding (MOU) for investigators and a contract for a prosecuting attorney. Dr. Berg expressed optimism about seeing progress within the fiscal year. In previous years OAG assigned Rob Weinberg, we also have had private representation. However, the board was informed of the need to go through the Attorney General and not private. Dr. Berg stated the challenges of inconsistent support and the significance of these issues, particularly when relying on outside entities.</p>			
	<p><b>2. GBME-CO-2022-010 – Received: 06/21/2022.</b> Dr. Berg clarified that case 22-010 awaiting legal opinion.</p>	Dr. David		In Progress
	<p><b>B. Accusation: GBME-001-2023</b></p> <p>B. Sablan reported on the accusation the board had previously been unable to vote due to the lack of quorum, but with full board now in place, B. Sablan intends to provide the new members with background information on the case. The contracted hearing attorney, Georgette Conception, had previously provided recommendations for the case. B. Sablan will include these recommendations to ensure the board members are well versed with a little background in the accusation. Dr. Berg proposed a motion to table case GME-001-023, allowing the board members to become familiar with the details before proceeding with any discussion. He explained that although he is recused from the case, he is asking for a motion as an administrative request.</p> <p>A discussion began after Dr. Cruz inquired about the rules surrounding recusal, asking Dr. Berg to clarify the procedure for recusing oneself from a case. Dr. Berg explained that when a board member recuses themselves, they are not allowed to participate in any discussion related to the case and must leave the room. Dr. Berg emphasized that, as chair, he believes no one should vote on a case they are not familiar with, especially in complex cases. Dr. Cruz's inquiry was to understand the criteria by which Dr. Berg recused himself. Dr. Berg clarified that there are no specific written rules from the Federation of State Medical Boards (FSMB) regarding when a board member should recuse themselves. However, they provided examples from other jurisdictions. For instance, in California, members cannot participate in discussions about cases within their own county, which can be challenging in smaller jurisdictions. In the Virgin Islands, recusal is typically required when a case involves a family member or someone within the board member's immediate group, though in larger groups, this might not always apply.</p>	B. Sablan		Unanimously Tabled due to some Board Members Being Unfamiliar with the Accusation. Conditions of Recusal was Clarified by the GBME

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	<p>Dr. Berg also shared personal insights, explaining that, upon moving to Guam, they initially found it odd that board members could be involved in cases concerning people within their own professional group. However, they later understood that the core principle of being on the board is to avoid using personal interests to influence decisions, adhering to a professional oath. They noted that board membership requires experience to navigate these complex decisions, especially when a board member's specialty is involved in a case. Ultimately, Dr. Berg emphasized that the decision to recuse oneself is a personal one, though the board has never challenged a member's decision to recuse. They pointed out that recusal is necessary when there is a clear conflict, such as personal involvement in a case, but simply being involved in the same field or receiving patient referrals would not automatically require recusal. Dr. Berg concluded that board members must balance different roles and responsibilities, sometimes wearing "different hats," to make impartial decisions.</p> <p>Dr. Berg explained that there was no specific rule for recusal in this particular case, but he chose to recuse himself initially due to the close relationship with the physician involved. At the time of the investigation, the physician frequently visited Dr. Berg's clinic and discussed cases behind closed doors, which led Dr. Berg to feel that there could be a perception of bias or conflict of interest. To maintain the integrity of the investigation and the physician-to-physician consulting relationship, Dr. Berg decided to recuse himself. However, Dr. Berg noted that the situation has since changed, as the physician no longer works in the same building. Given this, Dr. Berg felt that he could now un-recuse himself from the case, as there is no longer any conflict or perception of bias. With only four board members available, Dr. Berg expressed a willingness to participate in the case moving forward, noting that this decision would not impact on his judgment or involvement. Dr. Cruz reiterated, for his understanding that if a case comes before the board involving a person the member knows personally, such as a friend or family member, it would be appropriate for the board member to recuse themselves. He also understands that if the board member has prior knowledge of the case due to personal connections, they should disclose it and step back from the discussion and decision-making process to avoid any potential bias. Dr. Berg discussed how the concept of family and recusal can vary based on location, such as the difference between family dynamics on Guam versus places like California. On Guam, extended family members can be closer than immediate family, which complicates the decision to recuse oneself. However, Dr. Berg emphasized that by accepting the responsibility of being on the board, members agree to set aside personal bias and make impartial decisions.</p> <p>Dr. Cruz noted the importance of ethical responsibility. Dr. Berg supported by stating that even if no formal oath is taken, board members are expected to act without letting personal interests influence their decisions. As chair, he can offer guidance on recusal decisions, and that consulting with experienced board members is especially helpful in challenging situations like those on Guam, where personal connections can be complex.</p>			

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	<p>Dr. Aguon responded to Dr. Cruz's inquiry, clarifying that she initially thought the question was about understanding when to recuse oneself in general, rather than about their personal reason for recusal. Dr. Berg clarified whether the question was directed at him specifically or in general. Dr. Cruz, for the sake of new board members to understand if there was any criteria or standards that one member would recuse themselves from a case. We have new board members because especially in the context of new board members. There was also a request for information regarding any established criteria or standards that might guide such a decision. Dr. Berg explained that in smaller jurisdictions, there are typically no formal policies on recusal. For example, a conflict of interest would not arise simply because two individuals live in the same area, such as Dededo. In contrast, in larger jurisdictions like California, recusal guidelines may vary by county, with some counties having significant numbers of physicians, making it difficult for board members to know all the individuals involved.</p> <p>Dr. Wielaard highlighted the challenges of creating formal recusal policies due to the close-knit nature of the community, where connections to patients and other physicians are common. Dr. Wielaard emphasized that recusal should be based on a judgment of whether a board member feels they can remain impartial in discussions or investigations. In cases of uncertainty Dr. Wielaard suggested that board members should voluntarily recuse themselves or disclose potential conflicts to the board for further discussion and guidance. Dr. Berg acknowledged that while some conflicts of interest are obvious, many are more subtle and difficult to assess. Dr. Berg would leave it to the other board members to decide if they would prefer another member's input and pointed out that with only four members available to discuss the issue, it may be necessary to discuss recusal with him being absent.</p> <p>Dr. Aguon expressed curiosity, asking why the discussion should occur without the person involved being present. Dr. Wielaard clarified that the recusal was likely made not due to an inability to remain impartial, but to maintain the integrity and perception of the investigation. Dr. Wielaard suggested that if the group feels the complaint is being handled impartially and everyone is comfortable with the process, then there may not be a need for recusal.</p> <p>Dr. Berg proposed that, in general, more input is beneficial for each case and emphasized that the purpose of having a quorum is to gather as many perspectives as possible. Given the current shortage of board members, he offered to lift his recusal, as he no longer felt there was a conflict of interest. He sought approval from the board for this decision, suggesting they could become familiar with the case simultaneously with the rest of the board. Dr. Aguon acknowledged that the decision to recuse was a personal one and questioned whether a vote was necessary. Dr. Berg reassured the board that they no longer perceived any bias or conflict, explaining that the</p>			

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	<p>recusal was initially due to a potential perception issue rather than an actual conflict, which he believes no longer exists. Dr. Berg pointed out that the situation was different when there were seven members, as the recusal reduced the board size to six.</p> <p>Dr. Cruz expressed concern about the need for consistency in handling the case with the Guam Board of Medical Examiners. He emphasized that if someone reviewed the records and minutes, they would see the stipulations in place for the medical provider. Changing these stipulations could raise concerns about bias or impropriety. Dr. Wielaard suggested ensuring that all members are up to speed on the case before deciding, emphasizing the importance of consistency. Since Dr. Berg had previously recused himself, the group agreed that if additional input was deemed necessary, the matter could be revisited later. Dr. Berg and B. Sablan explained that Dr. Aguon, a new member, would need to review the case to be able to vote. The case had not yet been approved, but a hearing officer had provided a recommendation for the board to consider. Dr. Berg compared the situation to a scenario where someone might recuse themselves due to potential conflicts of interest, even if there was no actual bias, stating that the person in question didn't have any direct knowledge of the individual involved. It was noted Dr. Nyame had not yet finished reviewing all the material in the case. The board discussed the necessity of independently deciding, and it was confirmed by B. Sablan that a summary would be provided, although it would be the hearing officer's summary, not a complete review of the case. Dr. Cruz clarified that the hearing officer's recommendation was based on the legalities of the case up to that point. It was noted that a stipulation had been made for the physician by the board, which the hearing officer may not be aware of. The speaker expressed concern about the consistency of the decision-making process, especially since Dr. Berg had recused himself earlier. The board would need to consider how to handle the stipulation which had been put in place during Dr. Berg's absence, as it added a layer to the case that would need to be addressed moving forward.</p> <p>Dr. Berg requested that a decision be made at the next meeting regarding whether he should be involved moving forward, expressing no issue with whatever the board decides. He offered the option for the board to either proceed without his involvement or to have all members review the case and make a collective decision. Ultimately, Dr. Berg emphasized that the decision was up to the other members and was open to whatever choice the board makes.</p> <p><i>Motion to Table: Dr. Berg; 2<sup>nd</sup>: Dr. Nyame.</i></p>		
	<p><b>C. Application(s) for Full Licensure</b></p> <p>1. <b>Geoffrey M. Fraiche</b>  Dr. Berg informed the group that G. Fraiche had withdrawn the application, and as a result, the board would report this to the administrator. He also mentioned that the board would review the regulations to determine whether support could be provided to move forward with the process.</p>	GBME	Applicant has Withdrawn his Application.

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VIII	<p data-bbox="130 277 283 302"><b>New Business</b></p> <p data-bbox="310 277 726 302"><b>A. Application for Full Licensure:</b></p> <p data-bbox="359 315 548 339"><b>1. Caleb King</b> Dr. Berg reviewed the case of Dr. King, noting a minor discrepancy in his application where he listed himself as Dr. Caleb King instead of his full name, Dr. Caleb Robert King, which appears on official documents like his passport. Despite this, there were no other issues with his licensure application, as all other documentation was clear, and his record in the National Practitioner Data Bank was clean. Dr. Berg emphasized the importance of clarity and consistency in official government documents and proposed that Dr. King be granted licensure pending the correction of the discrepancy. Specifically, Dr. King would need to resubmit all pages of the application where his name was listed as "Caleb King" and provide a letter of explanation or court documents if applicable to clarify the name difference. The motion was made to approve his licensure once this correction was made. <i>Motion to Conditionally Approve Pending Correction: Dr. Berg; 2<sup>nd</sup>: Dr. Aguon.</i></p> <p data-bbox="359 662 621 686"><b>2. Roxanna A. Sadri</b> Dr. Berg discussed the case of Dr. Sadri, a U.S. citizen who completed her medical training at UCSD and USC, with subsequent internships and fellowships in Southern California. However, she has not practiced in the U.S. since 2016, which exceeds the two-year limit for practicing without re-entry into a licensure program, as per board regulations. Though she has been practicing in New Zealand, a country that recognizes U.S. medical training, Dr. Berg pointed out that no U.S. state would grant her a license after such a long period of non-practice. The board clarified that Dr. Sadri is not eligible for a U.S. license under the current rules and would need to complete a re-entry program. A letter would be sent to inform her of this decision, and both hospitals involved would be notified. The discussion also touched upon broader licensing issues, including efforts to explore international agreements for recognizing medical qualifications from other countries, like Canada, New Zealand, and some European nations.</p> <p data-bbox="407 1076 1528 1383">Dr. Berg discussed various legal and regulatory aspects related to the medical board and the Interstate Medical Licensure Compact (IMLC). The IMLC is an agreement between several U.S. states that allows for a streamlined process for physicians to be licensed in multiple states. The medical board can create its own rules and regulations within the framework of the governing laws, but they can't change the core law itself (e.g., the requirements for licensure). Rules and regulations can be amended by the board, but they must comply with the broader legal structure. The Federation of State Medical Boards (FSMB) oversees the IMLC, and any changes to state laws must not violate IMLC requirements. For example, if a state changes its laws in a way that makes it incompatible with the IMLC, it could be kicked out of compact. California, for instance, is not part of the IMLC, but other states like Minnesota are members. When a physician is licensed in a compact state, other states trust</p>	<p data-bbox="1646 315 1724 339">GBME</p> <p data-bbox="1646 662 1724 686">GBME</p>	<p data-bbox="1793 277 1850 302">1652</p>	<p data-bbox="1902 315 2039 613">Unanimously Conditionally Approved Pending Correction of Application Regarding Applicants Change in Name.</p> <p data-bbox="1902 662 2039 961">Not Approved due to the Extended Period of Non-Practice. Applicant Must Complete a Re-Entry Program.</p>

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	<p>that the physician meets specific standards because the state's laws have been reviewed by the FSMB. The board has to be cautious when modifying laws so that it does not jeopardize the state's standing in the IMLC. For example, changes were made to California's laws about military physicians to ensure the state could still participate in the compact. The FSMB had to review the changes to ensure California's laws remained compatible with the IMLC.</p> <p>Dr. Aguon asked for a compilation of the said laws, rules and regulations, and medical practices. B. Sablan will provide a binder for Dr. Aguon and Dr. Berg will send a link and Dr. Nyame informed Dr. Aguon could also find the information on the website.</p>		
	<p><b>B. Collaborative Practice Agreement</b>  Dr. Berg explained the process of collaborative practice agreements (CPAs) and the roles of the chair or vice chair. The review is conducted by the chair to check that the CPAs are in order and free of discrepancies. The allied health board is responsible for licensing, while the medical board (or its chair) merely reviews the agreements. Dr. Berg clarified that, as the interim chair, he will review and sign off on the collaborative practice agreements. Dr. Berg mentioned that he did not do this before because there was not an interim chair at the time. Now, in the position, he will review them.</p>	GBME	Dr. Berg Will Review the Applications
	<p>1. <b>Megan Burns, PA-C</b></p>	Dr. Berg	Approved
	<p>2. <b>Eric Lopez, PA-C</b></p>	Dr. Berg	Approved
	<p>3. <b>Stephanie Houser, PA-C</b></p>	Dr. Berg	Approved
	<p><b>C. Seeking Guidance on Laboratory Orders for Patients Temporarily in Guam with Mainland Providers</b></p>		
	<p>1. <b>Guidance is needed on whether laboratory orders from a mainland primary care provider (PCP) — assuming the PCP is not licensed to practice in Guam and the patient is not seeing a provider in Guam — can be accepted and honored for service in Guam.</b>  Dr. Nyame is suggesting that Guam's medical board should allow lab prescriptions to be honored across state lines, similar to how other states operate. He referenced the practice in Michigan and Ohio, where a lab in Ohio will fill a lab order from a physician in Michigan. Dr. Nyame proposes that Guam should adopt this practice as well, arguing that it's not technically considered the practice of medicine, and as long as the physician holds an active license in the U.S. (in any state), they should be allowed to write lab orders.</p> <p>Dr. Berg suggests that the board should vote on this matter, and if approved, it should be added to the website as part of the board's rules and regulations. The proposal emphasizes that labs would only need to verify that the ordering physician has an active license within the U.S., regardless of where they are physically located. Dr. Berg specifically highlights that even if a physician is on vacation in another state (like California), as long as their license is valid in another state (like Massachusetts), the lab should still</p>	GBME	The Board Will Investigate Further by Comparing International Policy as well as Gathering More Information to Make a More Informed Decision. The GBME Requested to



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	<p>accept the order. Dr. Wielaard raised concerns about whether writing a lab prescription across state lines could be considered the practice of medicine, based on their reading of the medical practice act. He referenced the opening statement of the physician practice act, which may define the practice of medicine as involving diagnosing illness or similar activities, questioning whether issuing lab orders falls under that definition. Dr. Cruz suggests that a lab in another state (like Minnesota) might not have a reliable way to verify the physician's license, which adds complexity to the issue. He expressed uncertainty and acknowledged that they may need to review the practice act again, as he felt the current reading implies that this action could indeed constitute the practice of medicine.</p> <p>The discussion on whether physicians licensed outside Guam should be allowed to order labs for patients located on Guam. Dr. Berg proposes the idea that this could be allowed on an intermittent basis (e.g., when a patient is temporarily visiting Guam). Dr. Aguon suggests that it would be detrimental to patient care if a physician couldn't order labs for a patient in need just because they aren't licensed in Guam. Dr. Aguon acknowledged the complexity of the issue, mentioning that while ordering labs may be seen as a form of diagnosing or practicing medicine, this shouldn't prevent someone from receiving necessary care while traveling. Dr. Berg mentions similar situations in other states where physicians can write temporary prescriptions for relatives, and how some physicians may have ordered labs across state lines without issues, particularly in situations where the patient has an ongoing health concern that requires immediate testing.</p> <p>Dr. Wielaard also suggests the need for a better understanding of how other states handle this, noting that the current system might be more flexible than it appears. There's a recognition of the lack of a national database for verifying licenses for lab orders, unlike the federal DEA database for prescriptions, which could complicate things further. Dr. Nyame shared his personal experience to illustrate how lab orders work across state lines. He mentions practicing in multiple states (New Mexico, North Carolina, and Michigan) and wrote lab prescriptions for his friends or colleagues in states where he is not currently practicing. He highlights that he has written lab prescriptions (like a urine analysis) while practicing in New Mexico for patients in Michigan, and those labs were filled without issue.</p> <p>Dr. Nyame reflects that he did not experience any problems with this arrangement, assuming that it was a standard practice. He suggests that the situation doesn't seem as complicated since labs are less involved than full clinical practices. He agrees with the idea that if it's a one-time event, there shouldn't be an issue, but acknowledges that if it becomes an ongoing arrangement, it might raise concerns. Dr. Nyame also set an example involving his own mother, who has diabetes and is receiving treatment that includes regular monitoring of her HbA1c levels. He plans to take her doctor's script to a lab on Guam to have the HbA1c test done, and he doesn't foresee any issues with that either, although there has been a request for</p>		<p>Meet with the GBAHE, GBNE, and GBEP to Further Deliberate on the Topic.</p>

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	<p>clarification from DLS.</p> <p>Dr. Aguon suggested asking DLS in Hawaii about their approach to similar situations, as Hawaii serves as a primary jurisdiction for labs related to Guam. Dr. Berg mentioned the possibility of contacting the FSME liaison to get input on how other states handle this type of situation, particularly to see if there is any model legislation or regulation that could inform their decisions. Dr. Aguon raised the issue that while writing lab orders could technically be seen as the practice of medicine, they don't want rules or regulations to interfere with patient care. If the ordering of labs is a one-time, intermittent occurrence and not an ongoing relationship, it likely shouldn't be a significant problem. Dr. Nyame spoke about how special tests are sent out to labs in Hawaii. This process doesn't seem to cause issues, if the lab orders are not a recurring or regular practice, it may not need to be formalized through new legislation, and informal guidelines could suffice. Dr. Aguon pointed out and Dr. Berg agreed to the need for a reasonable verification system, such as ensuring that physicians ordering labs have an active DEA license or other evidence of their qualifications. This would be to ensure that medical professionals ordering lab tests are legitimate and that the patient care process is not delayed or compromised.</p> <p>Dr. Wielaard emphasized the importance of determining whether a certain action is considered "practicing medicine." If it is, then it should fall under the Medical Practice Act, which requires that those performing medical practices be licensed. In this case, they suggest that ordering lab tests is practicing medicine, especially when it is done across state or jurisdictional lines. He acknowledges that while a test may be physically performed in Hawaii, the order is placed in Guam, and the interpretation and resulting actions occur in Guam. This distinction is important because it reinforces the idea that the practice of medicine (such as ordering and interpreting tests) is occurring within Guam's jurisdiction, even though the test itself might be processed elsewhere. Also, verification, the issue is whether the person ordering the test is a legitimate physician. Without proper verification, there's the risk that someone who isn't a licensed physician could place orders, which could pose a public safety risk. This underscored the necessity of verification steps to ensure patient safety. Also, thinking more broadly about the implications of regulating medical actions that might extend beyond labs, such as radiology or imaging services (MRI, ultrasound). This is tied to the concern of potential harm from ionizing radiation or other risks that could arise from inappropriate practices or misuse.</p> <p>Dr. Berg mentioned that it is standard practice across the country for radiology orders to be made by licensed physicians, typically requiring a prescription or letterhead. Dr. Nyame was noted as an example where patients may ask for orders like x-rays, and these requests are usually honored as long as they are not frequent. It was proposed that these orders should be written or otherwise indicated as coming from a</p>			

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	<p>licensed physician to avoid verbal orders, ensuring the legitimacy of the request. The conversation then shifted to an example involving Dr. Nyame's mother, suggesting that a situation where a relative might need a procedure without seeing a physician in person would be cumbersome and could lead to unnecessary medical visits. Despite this, it was argued that such instances are unlikely to represent a real issue, as writing orders for tests, like an A1C, isn't the practice of medicine in a strict sense. It was concluded that there isn't a significant concern regarding these occasional requests, and no slippery slope is perceived in this context. Dr. Wielaard focused on the issue of honoring orders and going to the Philippines, specifically regarding prescriptions, labs, and imaging studies. Dr. Berg emphasized that orders from foreign physicians, such as those in the Philippines, are not recognized unless the physician is licensed in the U.S. and practicing within the country. A proposal was made to clarify that medical orders should only come from licensed professionals within the U.S. to ensure patient safety and continuity of care. Dr. Wielaard suggested that clear parameters should be established, potentially in collaboration with allied health and pharmacy boards, to verify that the healthcare provider is licensed and actively involved in the patient's care.</p> <p>Dr. Berg spoke about verifying orders through proper documentation, such as prescription pads or letterhead, and ensuring there is a reasonable method for verification. The next steps involved meeting with the pharmacy and allied health boards to discuss these parameters and develop a proposal that could be brought to each board for further discussion. Additionally, Dr. Aguon suggested to consult the FSMB to explore model legislation that could potentially be introduced to codify these guidelines. Dr. Cruz, pointed out that incorporating an NPI number could serve as a reliable means of verification for licensed healthcare providers. Berg emphasized that medical orders should not be part of a chargeable event, particularly when the physician is not actively providing care for the patient in person. This is to ensure that the act of ordering labs or writing prescriptions does not cross into the unauthorized practice of medicine. Dr. Cruz discussed the implications of telehealth practices, with concerns about non-licensed practitioners, such as naturopathic doctors, ordering labs for patients remotely. It was agreed that the goal should be to establish clear guidelines and a verification process, ensuring that any lab orders or prescriptions made remotely are solely for continuity of care and do not involve chargeable visits. A potential solution proposed by Dr. Berg, was to create a form for periodic consultation that would include verification through the MPI number and a declaration that the care provided is not part of an ongoing telehealth practice. Additionally, Dr. Berg noted that any such interactions must be framed as consultations, with final medical decisions being made by a licensed practitioner within the jurisdiction, to ensure compliance with regulations and maintain appropriate standards of care. Dr. Wielaard volunteered to research how other states handle similar workflows related to ordering labs and telehealth practices. He offered to bring back his findings to the board or circulate them in advance to inform further discussions on the matter.</p>			

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	<p>Dr. Berg appreciated Dr. Wielaard contrarian perspective on the issue. Dr. Berg wants to ensure that any medical orders or prescriptions made in this context should never be emergency-related. It was emphasized that in emergency situations, patients should seek care from a provider within the community. A potential policy was discussed, which would not be overly burdensome, but would require verification from the healthcare provider. This verification could include a simple form that confirms the provider is licensed in their jurisdiction and that the prescription is intended for continuity of care, not telemedicine. This approach is used in other states, such as California, where providers simply sign a form to verify their credentials and intent, according to Dr. Berg. Dr. Aguon quickly researched Dr. Wielaard's point about ordering labs being considered practicing medicine, which falls under the jurisdiction of the medical board. It was noted that in states like California and Hawaii, non-licensed physicians are not permitted to order labs within those states. However, there was some recognition that exceptions may be made in certain circumstances. Dr. Berg mentioned a hypothetical scenario again in which Dr. Nyame's mother, traveling to Hawaii, might request a lab order, and while the law prohibits non-licensed physicians from ordering labs, it was suggested that in practice, exceptions might still be made informally. Dr. Berg acknowledged that the legal framework might differ from the actual practices on the ground.</p> <p>Dr. Wielaard shared that, in his past experiences and having family in California he has not had success with ordering labs or X-rays, unlike Dr. Berg and Dr. Nyame. He speculated that this might be due to differences in how states handle such requests or possibly due to the acceptance of his license. He expressed that when he first read the Guam medical practice guidelines, he expected the issue of needing a license to practice medicine to be straightforward. However, he found the topic more complex than anticipated, acknowledging the different perspectives and noting that it was an interesting discussion. Dr. Berg reflects some frustration with the possibility that the variance between his and others' experiences in getting prescriptions or lab orders to be honored across state lines is simply "just because you're from Guam." He noted that while Guam has its own considerations, there's likely some leniency when it comes to U.S. licenses, especially with the unique context of being physically isolated. He expressed concern for continuity of care, particularly for patients like Dr. Nyame's mom, who might struggle with obtaining care from distant providers. He agreed on the importance of having a verification process, but also emphasized that it should never be used for emergency situations.</p> <p>Dr. Berg is open to further exploring these discrepancies, proposing to research what other states do, specifically referencing the FSMB and different experiences like in New York, where courtesies might be granted for prescription writing, despite legal considerations. Ultimately, he acknowledged the need for clarity but with an understanding of the special circumstances in play. Dr. Cruz shared his thoughts that one</p>			

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	<p>of the biggest barriers on Guam is the insurance companies approving or covering the cost. Looking into the specifics with DLS could help clarify whether they have any guidelines around insurance coverage or if those labs would only be for self-paying patients. Dr. Berg agreed recognizing the balance between preventing misuse (the slippery slope) and still being able to offer practical solutions for patients who might otherwise face unnecessary hurdles. Dr. Berg felt there may be a way to control it while maintaining flexibility for continuity of care. When you think about patients who are here temporarily, especially with something routine like monthly labs or medication refills, creating a framework that allows for that makes sense as long as there's a way to verify the legitimacy. It's kind of like addressing real-world needs, like if someone is just renewing their meds for a short stay and doesn't need to go through a whole new process with a local provider for something simple. The tricky part, is defining "reasonable" for things like lab tests or prescriptions, how do we define that?</p> <p>Dr. Wielaard stated there are different federal laws governing prescriptions, particularly emergency fills that can be made without a prescription under certain circumstances. It was noted that every lab should have a medical director licensed in the state where the lab operates. The process for handling prescriptions written by off-island physicians involves the medical director overseeing the lab and endorsing the prescription under their own license. In this case, the medical director would essentially rewrite the prescription as their own order and take responsibility for it under their licensure. Dr. Berg, with input from Dr. Aguon turned to the need for clear guidance for medical directors overseeing labs. It was suggested that lab directors should review requests for lab orders, ensuring that they are reasonable based on the patient's circumstances, such as whether they are visiting from out of state and regularly receive certain tests. The discussion highlighted the importance of the medical director's role in determining the appropriateness of orders, with a focus on reasonableness. It was also agreed that the topic had become more complex than initially anticipated, and further discussions would be needed. Dr. Berg offered to consult with various stakeholders, including the FSMB and the head of the pharmacy board, while Dr. Wielaard, and would conduct national research. Additionally, Dr. Cruz was tasked with investigating who gets NPIs, and whether naturopaths use them, as NPIs are generally required for providers to order diagnostic studies. Are they following HIPAA regulations? However, it was noted by Dr. Aguon that some cash-only clinics might not use NPIs. Dr. Berg suggested maybe we could require a lab or pharmacy to at least verify that the person has an NPI.</p> <p>Dr. Wielaard raised concern regarding the requirement for an NPI and whether it would be sufficient for ordering labs or prescriptions, even if a provider is not licensed in the state. Dr. Berg stated that having an NPI might be a minimum standard. Dr. Berg but also recognized that it does not guarantee a provider is properly licensed to practice. The conversation acknowledged gaps in the current system and the potential risks of dangerous practices if not properly regulated. It was decided to table the discussion for further</p>			

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		<p>research and come back to it later. Additionally, the board agreed to notify DLS about the need for further exploration of the issue. B. Sablan will schedule a meeting with relevant boards, including nursing, allied health, and pharmacy, to develop a policy. Dr. Nyame, Dr. Berg and Dr. Wielaard shared experiences that varied widely, which reflected the inconsistency in practice across jurisdictions, particularly in Hawaii. Dr. Berg expressed a desire for a more uniform policy for Guam, though there was an acknowledgment that official policies may not align with actual practice in different locations.</p> <p><b>D. Continuing Medical Education: Sexual Assault Nurse Examiners (SANEs)</b>            B. Sablan reported the Governor's Community Outreach Federal Programs Office reached out regarding a grant from the U.S. Department of Justice's Office of Violence Against Women. The grant, aimed at addressing the high rates of sexual assault, funded a pediatrician to complete training for conducting sexual assault exams at the Healing Heart Crisis Center, enabling evidence collection for prosecution. The board discussed how to recognize the Continuing Medical Education (CME) credit for this training, as they are not authorized to determine Category 1 CME credits, which must be provided by recognized entities such as the AMA. However, if the certificate states an AMA, the CME can be acknowledged. The board emphasized the importance of clear communication to the physician community, ensuring that their contact information, particularly emails, is up to date. They also expressed willingness to collaborate with the Healing Heart Crisis Center to inform the medical community about sexual assault examinations and make sure healthcare providers understand the process for referring patients to Healing Hearts when necessary. Additionally, it was noted that individuals who have received training must complete three hours of experience in conducting sexual assault exams within three years to be fully certified.</p>			
			GBME		Noted
IX.	Announcement	Next regularly scheduled board meeting: Wednesday February 12, 2025, at 4:00 pm. Election of Board Officers will be taking place during the February meeting.	GBME	1753	Set Meeting Time
X.	Adjournment	<i>Motion to Adjourn: Dr. Berg</i>	GBME	1757	Adjourned

Minutes Drafted by: FLAME TREE Freedom Center, Inc.

Date Submitted: 1/27/2025

Submitted by the GBME Secretary:

Date: 2/21/2025

Approved by the GBME with or without changes:

Date:

Certified by or Attested by the Chairperson:

Date: 2/21/2025

