

GUAM BOARD OF MEDICAL EXAMINERS

Thursday, April 17, 2025 at 4:00 pm

Join Zoom Meeting:

<https://us06web.zoom.us/j/87563248288?pwd=hsldTTDw90MEHgmsMS8ryZgZ0zybiI.1>

Meeting ID: 875 6324 8288

Passcode: 876734

MINUTES

Topic		DECISION(S) / ACTION(S) MADE	Responsible Party		Status
I.	Call to Order	Meeting Chaired by: Dr. Berg	Chair	1613	Called to Order
		A. Roll Call: GBME <u>Present at HPLO</u> ☒ Verrad Kwai Nyame, Medical Director of GMH <u>Present Virtually at Remote location:</u> ☒ Nathaniel B. Berg, M.D., Chairperson ☒ Luis G. Cruz, M.D., Secretary ☒ Alexander D Wielaard, M.D., Treasurer ☒ Joleen Aguon, M.D., Vice-Chairperson	Chair	1613	Quorum Established
		B. Confirmation of Public Notice Dr. Berg reviewed and found it to be in conformance with current laws.	Chair	1614	Confirmed
II.	Adoption of Agenda	<i>Motion to Adopt the Agenda: Dr. Berg.</i>	GBME	1615	Adopted
III.	Review and Approval of Minutes	Draft Minutes dated 03/12/2025 (Reconvened 03/19/2025) <i>Motion to Approve: Dr. Berg.</i>	GBME	1618	Unanimously Approved
IV.	Treasurer's Report	Dr. Wielaard's report noted some challenges with the system in retrieving specific details regarding monthly revenues for the most recent fiscal year. However, a meeting was held with B. Sablan and B. Hattori, which provided an opportunity to gain a better understanding of the Board's finances. He said that, as these issues are gradually sorted and operations become more streamlined, the financial reporting is expected to be less scarce in the near future.	GBME	1623	Noted
V.	HPLO Administrator's Report	Board members were reminded to complete the Guam Election Commission conflict of interest form, which is due by April 22, 2025. An administrative matter concerning case GBME 001-2023 was then introduced, with B. Sablan, noting that a proposed decision had been submitted by the contracted hearing officer, attorney Conception. After reviewing the findings, B. Sablan recommended dismissal of the case, suggesting the board proceed with discussion followed by a vote. In addition, concerns were raised about board members lacking access to government-issued email accounts. It	HPLO	1638	Noted

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	was explained that the current policy restricts such accounts to government employees, but a follow-up request will be submitted to explore potential exceptions, particularly as many members are currently using personal Gmail or Yahoo accounts. The board acknowledged the privacy and legal concerns of this raises, especially in relation to public records requests. Plans were discussed to collaborate on a formal letter during an upcoming trip to Seattle, which would advocate standardized email access for all board members under the agency's jurisdiction, allowing for better privacy protection and compliance with records disclosure requirements. J. Blaz, the division chief overseeing general administration, addressed the board's request for government-issued email accounts. He clarified that while he is not opposed to the board obtaining official government email access, he strongly opposed granting addresses under the domain "dphss.gov.gu," as that domain is designated solely for public health. Allowing board members to use that domain could create confusion and the mistaken impression that they represent the department rather than the board. He encouraged the board to submit a formal request for a government email domain that accurately reflects their entity, such as one under "gbme.org" or ".gov," but emphasized it must not be under "DPHSS." Dr. Berg acknowledged the distinction between their role and DPHSS, expressing understanding of the restriction against using the "dphss.gov.gu" domain. A proposal was made to pursue a domain such as "hplo.gov.gu," with the aim of obtaining a professional government-affiliated email address while avoiding any confusion about departmental representation. Agreement was voiced by J. Blaz, who reiterated his support for alternatives if they did not involve the DPHSS domain. The board continued its discussion on establishing an official email domain, with a suggestion made by Dr. Aguon to purchase a domain such as "gbme.com" to ensure communications are board-specific and properly managed. It was noted that a similar initiative had been undertaken in the past with a domain like "guamboardofmedicalexaminers.org," though it lacked official status and had been personally funded. The idea was raised that if sufficient board funding exists, a new domain could be provided under the board's name to retain ownership and control. While this was considered a viable option, there was general agreement that obtaining a government-provided domain—particularly if available at no cost—would be preferable. The primary objective expressed was to move away from using personal or institution-specific emails, such as those from GMH or GRMC, to ensure continuity and centralized access to communications tied to the board itself. It was proposed that further discussion and planning take place during the upcoming meeting in Seattle to develop a formal proposal and prepare both a primary and alternative solution. B. Sablan confirmed her report was concluded. Following this, Dr. Berg brought attention to an earlier mention that several other regulatory boards, including the Allied Health Board and the Nursing Board, were not currently experiencing issues related to what was described as "one-off" cases involving lab orders. It was noted that a meeting with the chairs of these boards was being planned for the following month. The purpose of this meeting would be to gather insights and feedback from the other boards, including those representing veterinarians, nurse practitioners,			

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		physician assistants, and others. These findings would then be brought back to GBME for further discussion and consideration in an open discussion.			
VI.	Chairperson's Report	Dr. Berg provided an update regarding the upcoming FSMB meeting, he shared that he and Dr. Aguon would be in attendance and were encouraged by the incoming FSMB chair from Massachusetts to remain through Saturday evening to attend his swearing-in. Dr. Berg encouraged board members to make an effort to attend, as increased presence and involvement could lead to greater representation and influence. It was also emphasized that participation in at least one FSMB meeting is a prerequisite for holding a position or serving on a committee, and board members were urged to consider joining the nominations committee or similar roles, with full support expressed for any member who chooses to get involved. Additionally, plans were made for Dr. Berg and Dr. Aguon to collaborate during the meeting on a detailed review of the current medical license application, aiming to propose relevant updates to be presented to the full board for input. Another issue to be raised at the FSMB concerned inconsistencies in licensee name formats across jurisdictions; a proposal would be made to ask the FCS to align names with the official federal ID to prevent confusion and enhance uniformity. A separate initiative would be to advocate for the development of a standardized application format across member boards, noting that while adoption would not be mandatory, having a recommended format would improve consistency. The reminder regarding the Guam Election Commission's conflict of interest form was reiterated, with emphasis on the April 22 deadline. While leniency had been shown in the past for late submissions, it was cautioned that the election committee technically holds the authority to disqualify non-compliant members. Board members were encouraged to submit the simple form promptly, and B. Hattori was asked to send a final reminder on April 21 to ensure full compliance.	Dr. Berg	1618	Noted
VII.	Old Business	A. Complaint(s): Dr. Berg addressed ongoing delays in resolving case 20-005 and case 22-010, noting that the lack of legal representation from the Attorney General's Office continues to prevent any forward movement. It was confirmed that both cases are currently awaiting formal opinions from the Attorney General. In particular, case 20-005 has been complicated by a requirement—recently imposed—that an outside expert opinion must be procured through a bidding process. This requirement was challenged, as the board emphasized that it had not previously been necessary when securing expert physician reviews. Concerns were raised about the appropriateness of applying a lowest-bidder standard in such situations, given the sensitive nature of reviewing medical records and the need for a highly qualified expert.		1635	Noted, In Progress
		1. GBME-CO-20-005 – Received: 09/18/2020. Awaiting response from OAG	Dr. Cruz		In Progress
		2. GBME-CO-2022-010 – Received: 06/21/2022. Awaiting response from OAG	B. Hattori		In Progress

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	3. GBME-CO-2025-001 – Received: 02/26/2025 – on-going The board reviewed a case stemming from an incident that occurred at the VA involving an individual who was not licensed in Guam but was practicing solely within the VA facility. It was clarified that under federal regulations, medical professionals may practice at any VA location, including those in Guam, as long as they hold a valid license in any U.S. state or territory, regardless of local licensure. As such, the board confirmed that it has no jurisdiction over the individual in question, and a motion was made to dismiss the case for lack of jurisdiction. It was agreed that B. Hattori would prepare a formal letter to the complainant explaining the decision, including a reference to the applicable VA regulations that permit this practice. Dr. Nyame addressed whether the board had a responsibility to report the matter to the state where the practitioner is licensed. Dr. Berg affirmed that this duty does not fall to the board; instead, the complainant must determine the appropriate licensing state and pursue the complaint there. Dr. Wielaard recommended that the letter to the complainant includes guidance on alternative avenues, such as filing a complaint in the relevant state or through the VA itself. This additional direction was seen as a helpful step to ensure the complainant is informed and supported in pursuing their concern through the proper channels. <i>Motion to Dismiss: Dr. Berg; 2nd: Dr. Wielaard.</i> B. Accusation: GBME-001-2023 The board deliberated on a case that had previously been reviewed by both an administrative legal authority and the courts, with both concluding that the case should be dismissed. The matter had already been approved in a court of law and dismissed with prejudice and the Attorney General's office had also issued a formal recommendation for dismissal. The board was advised that the allegations were found to lack credibility, with the court specifically citing the complaints' lack of believability as a key factor in the decision. Additionally, the board's own legal counsel had reviewed the case and advised dismissal based on legal grounds, and the administrator echoed this recommendation. Dr. Nyame raised a question about whether the dismissal with prejudice might have been based on procedural grounds rather than merit. In response, Dr. Berg clarified that the reasons for dismissal were publicly documented and substantive, not procedural. The Attorney General's office had determined that the allegations did not warrant further action, both due to the complainant's credibility and the lack of legal basis for proceeding. While the possibility of a civil case remains open to the complainant, the board emphasized that it is not obligated to act solely based on that. The case was thoroughly reviewed and evaluated by legal professionals, and all findings consistently supported dismissal. Nevertheless, a request was made by Dr. Wielaard to allow one final review of the case before a motion is formally presented, and that request was acknowledged respectfully within the ongoing discussion. The board continued its discussion regarding the case, which was rooted in allegations of assault rather than issues directly tied to the practice of medicine. It was emphasized that the complaint did not concern the standard of medical care but instead related to behavioral allegations that were determined to lack credibility by the Attorney General's Office, which publicly stated that the complainant was not believable. As a result of these findings, the courts			Unanimously Dismissed Dismissed

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	dismissed the matter with prejudice, meaning it could not be retried, and legal counsel reiterated that the board lacked sufficient grounds to pursue disciplinary action. It was further noted that the board had already taken appropriate interim action by placing restrictions on the licensee while the legal issues were reviewed. However, since the legal accusations had been dismissed, and no substantiated claims were made regarding medical malpractice, the board concluded that no further investigation from a medical regulatory standpoint was warranted. Despite the consensus, one board member requested an opportunity to review the case materials one final time before a formal vote is held, citing the complexity and long-standing history of the case. This request was received without objection, and the members confirmed their intent to be fully prepared to cast a vote at the next scheduled meeting. Board members continued deliberations, with the discussion centering on the appropriate rationale for dismissal. Dr. Nyame emphasized that the charges had been dismissed with prejudice after multiple delays rendered it unreasonable for the case to proceed, and pointed out documentation indicating the complainant was not credible and unwilling to continue. While acknowledging the dismissal in the legal realm, the member stated that the decision to dismiss on the board's part should stem from their own review, not solely the legal outcome, noting their earlier independent evaluation of the case upon joining the board. Dr. Berg agreed with the recommendation to dismiss but stressed that further board investigation would be inappropriate given that the matter had already been adjudicated and legal counsel had explicitly advised dismissal. He cautioned against pursuing a criminal matter independently without further legal opinion, which he believed would only reaffirm the previous recommendation. Despite arriving at the same conclusion, both members clarified that their justifications differed—one based on the board's internal review and the other on legal resolution and official guidance. Dr. Cruz affirmed his agreement with dismissing the case in alignment with the legal proceedings, noting that since the matter had been adjudicated and dismissed with prejudice, it would be appropriate for the board to follow suit. He highlighted the board's proactive approach in placing restrictions on the physician's license due to the seriousness of the allegations and the physician's initial lack of cooperation, acknowledging that such measures were necessary at the time. However, with the case now legally concluded, the member inquired whether those restrictions would also be lifted to which Dr. Berg confirmed they would be. The discussion also referenced similar precedent where restrictions or suspensions were imposed in response to serious allegations while awaiting legal outcomes, reaffirming the board's consistent approach to such matters. Dr. Aguon expressed the need for the entire board to conduct an internal review of the case before making a final decision, noting they had initially believed the matter was fully resolved following the court's dismissal. She acknowledged her need to assess those opinions in full before proceeding. Dr. Wielaard confirmed that the contracted hearing officer, engaged by HPLO, recommended dismissal, and that the prosecuting attorney assigned to the case had worked closely with a board investigator before the matter was brought to hearing. The board chair reiterated that both private legal counsel and the hearing officer had advised dismissal, emphasizing that although protecting the			

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	public is the board's duty, they must also ensure they are not overreaching in restricting a license when legal reviews and court decisions support dismissal. The chair further noted that restrictions had been placed previously due to delayed responses from the licensee, which were appropriate at that time given the seriousness of the allegations. During the continued discussion, Dr. Cruz confirmed that the licensee's previous lack of response was part of the concern that led to the imposition of restrictions, which were appropriate at the time. Dr. Berg stated that the case had already been reviewed by a hearing officer appointed by the board, who recommended dismissal, and cautioned against prolonging restrictions merely due to new board members joining after the case had already undergone a full adjudicative process. Emphasizing the importance of respecting the boundaries between legal and regulatory oversight, he reminded the board that while disagreements are natural, decisions should be grounded in thorough legal and procedural review rather than personal interpretation. Dr. Wielaard discussed the potential role of the board in addressing inappropriate medical practices, even when those practices may not technically constitute a crime. He suggested that if a physician engaged in practices that seemed inappropriate, such as making house calls under questionable circumstances, the board might consider issuing a censure or warning, regardless of the legal status of the situation. Dr. Berg agreed but emphasized that in the case at hand, the allegations of sexual assault were entirely denied by the physician, and a hearing officer had already determined the accusations were not credible. He again stressed that the dismissal of prejudice of the case was based on the lack of credibility of the accuser, which was supported by both the hearing officer and the Attorney General's office. It would be unfair to continue questioning the credibility of the accuser, as it had already been thoroughly reviewed and dismissed by competent authorities. Dr. Berg pointed out that while a criminal conviction was not required for the board to act in some cases, in this instance, the credibility of the accuser was the central issue. Dr. Wielaard clarified that while they acknowledged the importance of the accuser's credibility, he was more concerned with factual aspects of the case that were not disputed. This exchange highlighted the ongoing debate over the board's role in addressing professional conduct outside of criminal convictions. Dr. Aguon raised the question of whether there was a pattern of problematic behavior associated with the physician in question and whether there had been any complaints outside of Guam. In response, Dr. Berg clarified that the physician had previously been accused in another jurisdiction but was cleared by the military of those allegations, and that accusations alone, without findings of guilt, should not be held against an individual. It was noted that there had been a matter involving the Iowa medical board, but those issues had already been reviewed at the time the physician was granted a license in Guam. The board, after examining the details at that time, determined that the previous accusations were not sufficient to warrant restrictions, and none were placed. The situation in Iowa was addressed cooperatively by the physician, resulting in the matter being recorded in the national practitioner databank, though the specifics were not recalled during the discussion. The point was emphasized that the physician had not been convicted of any wrongdoing, and the hearing officer had found the current accuser not credible. As such, it was argued that the			

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	board should not use past cleared accusations or unproven complaints as justification to maintain restrictions, particularly when no pattern of board findings or disciplinary actions exists. During the discussion, Dr. Nyame clarified that while there has been a prior report of a similar accusation involving the physician, there is no established pattern of misconduct, Dr. Berg agreed there is no pattern. The board engaged in more detailed discussion about the physician's history, acknowledging that while there have been similar past accusations—originating during military service, residency, and in Guam—none have resulted in findings of guilt or disciplinary action. Dr. Berg confirmed that in all instances, including an investigation by Tripler Army Medical Center, the accusations were dismissed, and the physician maintained an honorable record without restrictions from the military. He emphasized the challenge of relying on unsubstantiated accusations in the absence of credible findings. Dr. Aguon inquired whether any previous boards required the physician to take precautionary measures, such as being accompanied by a chaperone, even in the absence of formal disciplinary action. In response, Dr. Berg clarified that the Iowa board did suggest that if the physician were to return to practice in that jurisdiction, he would need to complete a course. However, since the physician never intended to return, he accepted the condition without contest. The related report was noted in the National Practitioner Data Bank but was not based on a finding of fault. The discussion concluded with a reiteration that while accusations existed, no board had deemed them credible or serious enough to warrant punitive measures. At this point, Dr. Wielaard expressed a desire to review the physician's case and previous board findings, particularly those from other jurisdictions. In response, Dr. Berg cautioned against re-investigating decisions already adjudicated by boards with proper jurisdiction, emphasizing that doing so could undermine the integrity of the FSMB. The board was reminded that while individual members are free to review documents such as NPDB reports for their own understanding, the GBME had already reviewed and considered the physician's past accusations during the initial licensure process and determined there was no cause for restriction. emphasized that revisiting adjudicated matters—particularly those handled by other boards or jurisdictions—could set a problematic precedent, as the decisions made by other FSMB member boards must be respected. Drawing on an example involving a licensing dispute in Maryland, it was stressed that Guam must similarly honor decisions made by peer boards, even if individual members disagree with the outcomes. The broader message conveyed was that the Guam board should remain cautious about overstepping its jurisdiction by attempting to reevaluate decisions already addressed by appropriate regulatory authorities. Dr. Aguon asked about the current licensure status of the physician, and it was confirmed that while he is fully licensed, there are restrictions in place requiring the presence of a chaperone when he treats female patients. This condition has been in effect since the beginning of the investigation, largely due to the nature of the allegations. Additionally, the restriction was partly a result of the physician's failure to respond in a timely manner to the board's			

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		requests, which was seen as a significant compliance issue. Dr. Wielaard raised the possibility of maintaining the chaperone requirement due to the presence of multiple similar accusations, even though they acknowledged that the board is not a court and the specific case in question had already been dismissed with prejudice. He emphasized that his concern was not about reinvestigating prior decisions but rather considering factual elements outside of witness credibility to assess whether continued precautionary measures, like the chaperone restriction, were justified. In response, Dr. Berg reminded the group that the case had already undergone a thorough investigation and was reviewed by a hearing officer, who concluded that it should be dismissed. The board member questioned whether the concern implied that the hearing officer's conclusion was incorrect. Dr. Wielaard clarified that his intent was not to dispute the hearing officer's findings but to better understand the case before deciding. Recognizing the validity of this hesitation, Dr. Berg noted that board decisions are made by majority vote and that abstaining from voting was an acceptable course of action if a member felt insufficiently informed. Dr. Nyame expressed support for the continuation of the chaperone restriction, suggesting it was a reasonable precaution given the history of accusations, but emphasized that such a restriction is unreasonable if done in perpetuity. He recommended implementing a time limit, allowing space for case review and reassessment, noting that indefinite restrictions without reevaluation would be unreasonable. He further stated that this case has already extended over a significant period, and further postponement would not serve the board's responsibilities effectively. Dr. Berg agreed with the principle that restrictions should not be imposed perpetually and affirmed the right of any member, such as Dr. Wielaard, to abstain from voting if they felt insufficiently informed. The discussion then moved toward determining whether the board was ready to proceed with a vote. Dr. Aguon expressed a desire to take more time to review the details of the case before voting, emphasizing the importance of being fully informed and confident in her decision. She acknowledged the views of other members, including the court's dismissal with prejudice, but maintained that her limited familiarity with the case warranted further review. She requested the opportunity to study the matter within a set timeframe and stated that she was comfortable abstaining from voting if needed. In response, Dr. Berg clarified that while abstention is allowed, especially in cases of conflict of interest, voting "no" due to a lack of readiness is also an acceptable and potentially more appropriate option. After this discussion, a motion was made to dismiss case 001-2023, which was seconded and brought to a vote. The motion passed, though Dr. Wielaard and Dr. Aguon voted "no" on the grounds that they had not had sufficient time to review the case. Dr. Berg acknowledged the outcome and affirmed that disagreement among board members is a normal and acceptable part of the process. <i>Motion to Dismiss: Dr. Berg; 2nd: Dr. Nyame.</i>			
VIII	New Business	A. Application for Full Licensure: 1. Kenneth W. Carr Dr. Aguon raised concerns about the case and was in the process of reviewing it, mentioning that there were four items to address. Dr. Wielaard noted that he should recuse himself due to his familiarity with the physician applying to practice at GRMC, though he was unsure of the procedure for doing so. Dr.	GBME	1728	Unanimously Disapproved Pending Restoration

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	Berg then elaborated on the complexity of recusal in smaller private practices, asserting that while it would be appropriate for a private practice situation, it should be considered more reasonably when the physician is applying to work at GMRC or GMH, given the small community. Dr. Aguon expressed support for his presence in the discussion, emphasizing that board members should have the opportunity to stay involved and learn from challenging cases. Dr. Berg suggested that individual board members should determine if their involvement poses a conflict of interest based on their level of personal involvement with the applicant. He added that he would respect any personal decision regarding recusal but that it should be based on clear conflict of interest concerns. Dr. Wielaard expressed willingness to continue participating in the discussion if the board deemed it appropriate. Dr. Aguon continued to express concern over the complexity of the case, highlighting several issues, including four malpractice claims that resulted in settlements. She noted discrepancies between the individual's personal statement and official documentation, specifically regarding the status of his licenses in California and Alaska. While K. Carr claimed that his licenses were not revoked, court documents indicated that they were. She pointed out these inconsistencies, alongside concerns about patient safety, and suggested that Dr. Berg could provide further clarification on the matter. Dr. Berg clarified that K. Carr's California license was revoked, not under probation as he had claimed. Dr. Berg explained that a revoked license could potentially be reinstated after fulfilling specific conditions, but the person's license was currently under revocation with certain restrictions, such as not being allowed to supervise physician assistants or nurse practitioners. The board member emphasized that the FSMB discourages granting a license to someone with a revoked license from another state unless their probation is completed. Additionally, Dr. Berg raised concerns over potential falsification of the application, pointing out discrepancies between K. Carr's statement and court documents, particularly regarding the number of patients involved in malpractice cases. He had admitted to certain actions but later contradicted this by claiming to have done nothing wrong. This inconsistency, along with past malpractice claims and the loss of VA and Tricare credentials, raised significant doubts about the individual's accountability. Dr. Aguon concurred, agreeing that the individual had not shown sufficient ownership of their past actions, and noted the loss of Tricare and VA credentials. Dr. Nyame highlighted several discrepancies in K. Carr's application, including misrepresentation of licensure and past malpractice claims. K. Carr claimed not to have a license in New Mexico, but it was found that he did hold one. Additionally, the individual had significant malpractice settlements, including one for \$1 million and another for \$400,000, yet he failed to take responsibility for these claims, attributing them to external circumstances like delayed transfers. Dr. Nyame also noted the individual's inconsistent and			of CA License Without Restrictions

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	unclear account of events, along with poor patient care follow-up, resulting in egregious outcomes such as patient deaths and loss of vision. Dr. Berg added that K. Carr had admitted to gross negligence and unprofessional conduct in California, acknowledging the issues without denying them. It was further noted that he had undergone medical ethics classes as part of a corrective program but appeared to have engaged in the illicit practice of prescribing narcotics for profit. These actions raised significant red flags, and Dr. Nyame strongly opposed granting him a license. Dr. Nyame expressed concern that the individual might appeal the board's decision and questioned the recourse the board would have in such a case. In response, Dr. Berg explained that while the individual could appeal, the board had strong grounds for denying the license due to falsifications in the application, including misstatements regarding probation and revocation. Dr. Berg clarified that if the individual were to appeal, the board still maintained authority and could take necessary action to protect the public, as it had done in past cases. K. Carr would first need to resolve the issues in the jurisdiction where his license was revoked before any reconsideration could take place. Dr. Berg also noted that states within the federation work together to prevent individuals from circumventing disciplinary actions by moving to another jurisdiction. Dr. Nyame mentioned that while the individual had referenced his license revocation in Alaska, there was no official documentation confirming that Alaska had revoked his license. It was suggested that K. Carr had been moving from state to state, possibly seeking a refuge in Guam. The board emphasized that it took its responsibilities seriously and would not be a haven for individuals attempting to evade disciplinary actions elsewhere. B. Sablan confirmed Dr. Berg's inquiry that the board could not report a denial of a license based on misrepresentation, even if it concluded that the individual had falsified his application. This limitation was due to National Preparatory Survey rules, which prevented the reporting of such cases when a license was not granted. This issue was noted as a concern to bring up with the FSMB for further clarification. Dr. Aguon asked thoughts regarding K. Carr's completion of the PACE program. Dr. Berg noted that while it demonstrated some effort to address past issues, he remained under probation and revocation in California. Dr. Berg emphasized that as a principle, individuals who have committed violations and served their penalties should be reconsidered for licensure, but only once they have fulfilled all obligations. Given that the individual's license remained revoked in California until he completed his probation, the board felt it was premature to consider issuing a license in Guam. A motion was made to deny the individual's application for licensure, with the condition that the board			

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	would reconsider the matter once his license in California was fully restored in an unrestricted manner. Dr. Berg also requested B. Hattori that a letter be prepared to inform K. Carr that they would await his full restoration in California before allowing him to reapply. <i>Motion to Disapprove Pending Restoration of CA License Without Restrictions: Dr. Aguon:2nd: Dr. Berg.</i>			
	2. Donald E. McLawhorn Jr. Dr. Nyame discussed an individual's work history and qualifications, noting a discrepancy in his timeline due to his participation in an MD-PhD program, where he did not complete the PhD portion. This resulted in a one-month gap in his work history, which he took off to prepare for exams. However, this gap was not considered a negative aspect of his application. D. McLawhorn Jr. is a U.S. citizen and is board-certified in both psychiatry and forensic psychiatry, with the unique ability to conduct competency evaluations, which makes him an asset to Guam. He is set to work at GMH and Behavioral Health, contributing positively to the community. After reviewing his qualifications, the board expressed confidence in his abilities and potential contributions. A motion was made to approve his transition from temporary licensure to unrestricted full licensure. <i>Motion to Approve: Dr. Berg:2nd: Dr. Nyame.</i>			Unanimously Approved
	3. Nicholas Kenji Taylor During the discussion, board members deliberated whether N. Taylor's recent practice at a VA facility located in Japan qualifies as having practiced within the United States or its territories within the required time frame for licensure. Dr. Nyame noted the physician's last U.S.-based employment was at Stanford in 2021, and since then, he had been practicing overseas. The board discussed whether medical practice conducted under the VA or on U.S. military bases abroad—such as in Okinawa—should count toward U.S. practice requirements. It was acknowledged that while the physician is working outside U.S. soil, he is doing so under a U.S. federal agency, and his practice follows U.S. medical standards. This led to a consensus leaning toward recognizing such practice as meeting the intent of the licensure criteria. The board confirmed that the applicant is currently practicing at Camp Zama, a U.S. military base in Japan, and acknowledged that although the location is physically outside of the United States, it is considered U.S. jurisdiction due to its federal affiliation. Additionally, the board reviewed minor discrepancies in the applicant's timeline, including a year spent in an epidemiology fellowship and a three-month gap during residency, neither of which were deemed punitive or problematic. Ultimately, the board expressed confidence in the applicant's qualifications and Dr. Nyame confirmed his endorsement of his current application for a Guam license. <i>Motion to Approve: Dr. Nyame:2nd: Dr. Berg.</i>			Unanimously Approved

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		4. Derek W. Grady <i>Motion to Approve: Dr. Berg: 2nd: Dr. Aguon.</i>		Unanimously Approved
		5. Arjan Gower Dr. Nyame reported on his recent presentation to the legislature, where he expressed support for moving podiatry under the jurisdiction of the GBME, a proposal that appeared to have no opposition from the senators and is likely to pass. As part of the transition, it was suggested that podiatry be granted a voting seat on the board, likely to be filled by Dr. Kim, the current representative from the Allied Health Board. He noted a disparity in licensing fees between the two entities, with GBME's fees being higher, though podiatrists reportedly expressed willingness to adopt the GBME fee structure. However, the proposed bill did not address fee changes, and Dr. Nyame urged senators to work with public health to reconcile the differences. He also recommended that legislature provide appropriate funding to support board operations, including training, investigators, and legal counsel, though this suggestion was met with resistance and a counterproposal to increase board fees, which have remained unchanged for five years. He cited comparisons with other states, noting that New York charges nearly \$800, while Hawaii charges around \$100. Additionally, Dr. Nyame supported a similar transfer of authority over physician assistants to the GBME. He noted that Senator Masnani had already authored the bill, though it lacked clarity on fees and seemed to contain new statutes rather than incorporating existing ones from the Allied Board. He anticipated that physician assistants, like podiatrists, would also request a voting seat on the board. Lastly, he shared that the senator planned an upcoming oversight hearing for the GBME, the timing of which remains unspecified, and he concluded that the overall response to his presentation was positive. Dr. Berg expressed interest in further discussing the licensing fee structure considering potential jurisdictional changes involving podiatry and physician assistants. He asked B. Hattori to place the topic on the agenda for the next board meeting to determine a formal recommendation or request regarding fees. Dr. Nyame mentioned there was uncertainty about whether new licenses should be issued under GBME immediately or only upon the expiration of existing Allied Health licenses. Although the director of public health leaned toward the latter approach—allowing current licenses to expire before GBME handles renewals, no definitive decision was made during the meeting. The board chair proposed continuing the discussion at the next meeting, suggesting it be used as a basis for formulating formal recommendations moving forward. Dr. Nyame recommended amending the statutes under GCA Title 10 to explicitly state that ex-officio members of the GBME do not hold officer positions. She noted that, while this is currently understood, it is not codified, and having it		Unanimously Approved

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		formally written into law would help prevent confusion or disputes in the future. Dr. Berg expressed agreement and mentioned that the proposal would need to be voted on at the next meeting, as it was not included in the current agenda. He concurred that having these rules codified would ensure clarity moving forward. He requested B. Hattori to add the matter to the agenda for the next meeting. <i>Motion to Approve: Dr. Nyame: 2nd: Dr. Aguon</i>			
IX.	Next Board Meeting	Next regularly scheduled board meeting: Thursday May 21, 2025, at 4:00 pm.	GBME	1807	Set Meeting Time
X.	Adjournment	<i>Motion to Adjourn: Dr. Berg</i>	GBME	1809	Adjourned

Minutes Drafted by: FLAME TREE Freedom Center, Inc.

Date Submitted: 5/1/2025

Submitted by the GBME Secretary:

Date:

Approved by the GBME with or without changes:

Date:

5/21/2025

Certified by or Attested by the Chairperson:

Date:

5/21/2025