Guam Board of Nurse Examiners REGULAR BOARD MEETING

Thursday, June 12, 2025 at 3:00 PM

Join Zoom Meeting:

https://us06web.zoom.us/j/81993894918?pwd=79g2aMLBzRrZcfo6QnhDF6jJ3rz0oB.1

Meeting ID: 819 9389 4918

Passcode: 128600

MINUTES

Item		Discussion		Reporting Timeframe	Status
Ι	Call to Order	Chaired by: Greg Woodard		1503	Called to Order
	Proof of Publication	Reviewed and confirmed by G. Woodard		1503	Confirmed
	Roll Call	GBNE Members: Virtual Attendance:Other Attendees: Virtual Attendance:⊠Margarita Gay, MemberBreanna Sablan, HPLO Acting Admin Peter John Camacho, DPHSS 	GBNE	1504	Quorum Established
II	Adoption of Agenda	Motion to Adopt the Agenda: G. Ramos; 2 nd : C. Huntsman.		1505	Unanimously Adopted,
III	Approval of Minutes	Minutes dated: 05/08/2025 C. Huntsman pointed out a spelling correction from "GMRC" to "GRMC," and noting that misspelled under J. Blaz's name. It was concluded that only these small adjustments were not that point. Motion to Approve as Amended: Dr. Varghese; 2 nd : G. Woodard.		1505	Unanimously Approved as Amended
IV	Treasurer's Report	No Report		1508	No Report
V	Committee Reports	Rules and Regulations (Proposed). G. Woodard reported the current status of the rules and regulations, with an initial statement they were ready for submission unless any members had concerns or proposed revisions. If was sought by G. Ramos and G. Woodard confirmed that the finalized rules and regulation submitted to the legislature for approval, ensuring the board's regulations remain current. The was recommended that the current rules and regulations proceed as is to avoid further delays	Clarification ns would be Fherefore, it	1509	Noted
VI	Nursing Education	An update was provided by Dr. Varghese regarding ongoing efforts to address compliance issues with the University of Indiana, specifically noting that the institution must adhere to Standard Six of the educational standard stipulations outlined in the board's rules and regulations. A recent conversation with		1511	Noted

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		HPLO was mentioned, and plans were shared to meet with GBNE staff in the upcoming week to formalize those stipulations. It was stated that the finalized document would be ready for presentation to the GBNE members by the following month.	e Party		
VII	Executive Officer's	A. GBNE Complaints		1515	
	Report	 GBNE-CO-20-007/1, 2, 3, 4, 6 & 7 Received 9/16/20. An update was given by G. Woodard indicating that an outside investigator is expected to review the complaint. Efforts are currently focused on securing the necessary funding to compensate the investigator. The floor was then opened for any questions related to the matter. 	G. Woodland		On-Going
VIII	Old Business	Appointment of Advisory Committee Discussion turned to the advisory committee originally requested by B. Manzana, which had been listed under old business for the past two months due to her absence. It was clarified that this committee pertains to the NLC. The advisory committee is intended to replace a previous group whose term had ended and will play a role in maintaining activity and progress in implementing the compact licensing process. It was noted that the committee would serve as a liaison with the NCSBN to ensure ongoing advancement in the compact license initiative. Additionally, G. Woodard acknowledged that the delay in forming the committee may be due in part to the fact that the board's updated rules and regulations, which include provisions for the compact, have not yet been adopted. Nonetheless, it was agreed that establishing a committee is necessary to oversee the effort. <i>Motion to Table until Next Meeting: G. Woodard; 2nd: G. Ramos.</i>		1516	Unanimously Tabled until Next Meeting
IX	New Business	A. Impaired Provider Program		1519	
		A proposal was introduced to develop an impaired provider program on Guam, initiated by outreach from Dr. Berg, President of the Guam Board of Medicine. G. Woodard explained that such a program, which is standard across all 50 U.S. states and the District of Columbia, would ideally be developed collaboratively with other professional licensing boards on the island. The motivation behind this initiative stems from the absence of any formal monitoring system, policy, or legislation currently in place for impaired providers, which creates challenges in managing such cases discreetly and constructively in Guam's close-knit professional community. A brief PowerPoint presentation was used to outline a potential model, drawing from existing programs on the mainland, such as California's use of an external vendor, Maximus. Key features discussed included voluntary or employer-reported participation, a structured referral and monitoring pathway, quarterly compliance reporting, confidentiality for compliant participants, and disciplinary action only in cases of non-compliance. The proposed approach emphasized minimizing administrative burden on the Guam Board of Nurse Examiners by having the board act primarily as a referral body. G. Woodard stressed the importance of creating a consistent, non-punitive response mechanism to support rehabilitation while ensuring professional accountability. While the program would require participants to incur significant costs and time commitments, it was positioned as a more humane and effective alternative to the ad hoc or punitive measures currently used. The board was invited to share questions or feedback. C. Huntsman, expressed the need for more time to review the proposal in detail before forming a position. It was clarified that no formal policy had yet been	GBNE		Noted

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	drafted and that the proposal was still in the early stages, intended to open dialogue and gather input from board members. G. Ramos raised an inquiry regarding the obligations of employers when a professional is found to be impaired in the workplace. It was confirmed that Guam mandates reporting such incidents to the appropriate licensing board, including the GBNE. The discussion then explored the distinction between current oversight and the proposed impaired provider program, with clarification that while the board currently handles these matters as disciplinary cases, the proposed program would instead offer a structured, treatment-based alternative to immediate punitive action. G. Woodard elaborated that the intention behind the program is to provide a non-punitive, confidential pathway for professionals to seek treatment, often managed by an external entity rather than the board itself. The proposed model mirrors those used in states such as California, where third-party providers oversee the monitoring and compliance of participants, reporting back to the board quarterly. Non-compliance would then trigger a review and possible disciplinary action by the board. Further clarification was provided on the process, emphasizing that the individual—not the board—would decide whether to enter the program. If they opt into treatment, disciplinary proceedings would be deferred unless they later fail to meet the program's requirements. This approach, described as an "alternative to disciplinary action" (ADT), aims to promote rehabilitation while reducing adversarial board proceedings. In this model, the board's role would involve receiving the initial report, acknowledging a participant's engagement with the program, and only intervening if the individual fails to comply. Questions were also raised regarding the length of treatment and monitoring. G. Woodard noted that such programs typically span multiple years and continue with outpatient follow-up even after inpatient treatment ends. The conversation concluded w			
	B. C.N.A License			
	Dr. Calalo raised a concern regarding foreign-educated registered nurses at Guam Memorial Hospital who have not yet passed the NCLEX after multiple attempts and inquired whether they could pursue certification as CNAs while waiting to retake the exam, and whether they would be required to complete a CNA course. In response, Dr. Varghese clarified that while these individuals may be educationally qualified, clinical skills remain uncertain and must be verified to ensure patient safety. The discussion emphasized that although the GBNE has previously issued temporary licenses to similar candidates, permanent licensure has not been granted without full qualifications. It was reiterated that the decision to employ such individuals rests with the hiring organization, which must ensure proper training and evaluation of clinical competencies. The board also acknowledged that there must be a defined time frame within which these candidates either pass the NCLEX or complete CNA licensure requirements. Further clarification was made distinguishing between graduate nurses trained in U.S. jurisdictions and foreign-prepared nurses, the latter of whom must follow a separate route that includes both theoretical and	GBNE		Noted

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		clinical testing for CNA licensure. The consensus among board members was that, regardless of the route			
	taken, all candidates must ultimately obtain proper licensure to ensure consistent standards of care and				
		uphold patient safety.			
		C. Approved Applications			
		1. LPN Applications			
		1. Anitra Collette Hines	GBNE		Approved
		2. RN Applications			
		1. Dianne Karoul Bonnevie David	GBNE		Approved
		2. Christine Michelle Fite Dat	GBNE		Approved
		3. Sarah Wielaard	GBNE		Approved
		4. Sarah Nicole Crum	GBNE		Approved
		3. APRN Applications			
		1. Christine Michelle Fite Dat	GBNE		Approved
		2. Geraldine Tanagon Liban	GBNE		Approved
		3. Ian Lloyd Ruiz Baccay	GBNE		Approved
X	Next Board Meeting	Next Scheduled Meeting will be: Thursday, July 10, 2025 at 3:00pm.	GBNE	1544	Set Meeting Date.
XI	Adjournment	Motion to Adjourn: G. Woodard; 2 nd : Dr. Varghese.	GBNE	1544	Adjourned

Minutes Drafted by: FLAME TREE Freedom Center, Inc.

Date Submitted: 6/27/2025

Submitted by the GBNE Secretary:	Date:	
Approved by the GBNE with or without changes:	Array Northal APPEN-NPC, AOCNA	Date:7/10/2025
Certified by or Attested by the Chairperson:	Ang Todal APRI-MPC, ACCNIF	Date:7/10/2025