GUAM BOARD OF MEDICAL EXAMINERS

Guam Board of Medical Examiners Regular Board Meeting
Wednesday, June 18, 2025 at 3:30 pm
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Meeting ID: 826 1048 3226
Passcode: 642889

MINUTES

Topic		DECISION(S) / ACTION(S) MADE		Responsible Party	Time	Status
I.	**Call to Order**	Meeting Chaired by: Dr. Berg		Chair	1605	Called to Order
		A. Roll Call: GBME ***Present*** ☒Nathaniel B. Berg, M.D., Chairperson ☒ Joleen Aguon, M.D., Vice Chairperson ☒Alexander D Wielaard, M.D., Treasurer ☒Luis G. Cruz, M.D., Secretary ☐Ricardo Eusebio, M.D., Member of GMHA	***Others Present:*** Kenneth Carr, M.D., Public Baltazar Hattori III, HPLO/EMS Julianne Hernandez, Pacific Daily News Walter Ulloa, Public	Chair		Quorum Established
		B. Confirmation of Public Notice Dr. Berg reviewed and found it to be in conformance with current laws.		Chair		Confirmed
II.	**Adoption of Agenda**	*Motion to Adopt the Agenda: Dr. Berg.* Dr. Wielaard raised a question regarding the meeting agenda and whether Dr. Carr's matter was included, as it did not appear to be listed. Dr. Berg and B. Hattori clarified that Dr. Carr's case is listed under "Old Business" and pertains to a continuation from the previous meeting, specifically under hearing number GBME-DPA-2025-01. It was further explained that such matters require the assignment of a file number, and although typically names are not disclosed, Dr. Carr's name was mentioned because he had voluntarily participated in the prior meeting. There was no current request for an executive session regarding this matter, though it was noted that one could be arranged if Dr. Carr desired it.		GBME		Adopted
III.	**Review and Approval of Minutes**	**Draft Minutes dated May 21, 2025** The misspelling of Dr. Lloyd's name was identified in the minutes of the previous meeting. Corrections were already initiated, with notification sent to B. Hattori. Aside from the spelling issue, the minutes were deemed an accurate reflection of the meeting, and there were no objections raised.		GBME		Unanimously Approved

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		Motion to Approve as Amended: Dr. Berg.			
IV.	Treasurer's Report	Prior to Dr. Wielaard's report, Dr. Berg announced that Dr. Aguon is coordinating a meeting scheduled for July 3rd at 8 a.m., with Theresa Arriola, the Director of Public Health. The location is yet to be finalized, though it will likely be in Tamuning. The purpose of this meeting includes addressing various matters, such as clarifying the legal provisions that allow for funding allocation toward staffing and travel for official meetings. Additionally, the meeting will cover the full list of action items that were discussed during the FSMB conference, including the GBME budget. It was emphasized that this will be an opportunity for Dr. Wielaard to engage directly with Director Arriola, particularly to ensure he is informed about the legal entitlements and funding requirements relevant to the Board's operations. Dr. Wielaard's report highlighted ongoing challenges in accessing current fiscal year revenue data due to a system issue involving the DOA. Despite the lack of updated revenue figures, it was confirmed that approximately $80,000 had been allotted to the GBME for the fiscal year, with only around $35,000 spent as of June 16th, indicating that the Board remains well within its budget. The report emphasized that there is little concern about exceeding the budget and suggested a cautious approach regarding any adjustments to licensing fees. It was recommended that the Board first determine specific uses for any additional revenue before considering a fee increase, in order to maintain fiscal responsibility and transparency with licensees. A full written report was promised for future distribution. Dr. Aguon reaffirmed that the Board is permitted to allocate its budget toward a range of essential functions, including hiring a dedicated administrator for the GBME administrative responsibilities, as the current arrangement involves shared personnel who also serve other organizations, leaving the Board without focused administrative support. Additionally, budget provisions allow for the retention of legal counsel in instances where the AG's office does not assign a representative for investigations. Funds may also be used to support continuing medical education for providers and to cover the costs of licensing examinations, including associated materials and fees. These potential expenditures could be organized as line items within the budget and would fall under the treasurer's oversight. It was further noted that the account should be maintained under the Health Professional Licensing Office as part of a revolving fund, based on her recent document review. Dr. Berg suggested that a more comprehensive understanding of the Board's financial structure is needed, particularly regarding the sources of funding and the specific areas in which the Board is authorized to allocate its budget. A request was made for Dr. Wielaard to compile a clear summary over the next month, outlining where the Board's funds originate and the parameters of its spending authority. This would help inform the Board's future decisions, including any potential changes to financial practices or budget allocations. A commitment was expressed by Dr. Aguon and Dr. Wielaard to hold weekly working sessions, ideally during lunch hours, to collaboratively review the agenda and work through the Medical Practice Act in detail, including a thorough examination of the Board's rules and regulations. This initiative aims to ensure a clearer understanding of operational procedures. The idea of convening these sessions either at the GBME office or an alternative location was discussed, with the emphasis on maintaining consistency in scheduling. Dr. Berg noted that as long as specific licensure cases or individual matters are not being addressed, there is no restriction on Board members meeting in this manner. However,	Dr. Wielaard		Noted

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		it was acknowledged that if the number of participants reaches a quorum, the meeting must be formally announced in accordance with procedural regulations. Although such meetings are not required to be open to the public, a review of the governing rules was recommended to ensure compliance. The consensus was that these regular, focused sessions are essential for accomplishing substantive progress, as monthly meetings alone are insufficient for addressing the full scope of the Board's responsibilities. In closing the treasurer's report, Dr. Wielaard confirmed there were no additional financial updates, though he did share findings from a review of licensing fees across various states. He noted that Guam's fees are generally comparable to those in most states, with only a few charging significantly more. Given this context, he advised that any substantial increase in fees would require clear justification tied to specific Board functions or needs. Without a defined purpose for additional revenue, such changes would be difficult to support. In response, Dr. Berg pointed out that although Board members are entitled to funding for official travel, they are currently not utilizing this benefit—not for leisure, but to participate in significant regulatory events. One such example is the upcoming International Association of Medical Regulatory Authorities conference in Ireland, which, while sounding appealing, consists of rigorous, full-day sessions that support the Board's development and regulatory effectiveness. It was emphasized that expecting members to personally fund such travel could deter participation and limit professional engagement, distinguishing Guam's situation from that of other boards. This concern could serve as a potential justification for fee adjustments, subject to further discussion and planning. Dr. Aguon offered further support for enhancing the Board's operational capacity, referencing a provision from the Medical Practice Act which authorizes the Board to appoint internal committees and hire an executive secretary or director, as well as additional personnel, including a sufficient number of investigators. It was emphasized that to fulfill its duties effectively, the Board must be supported by a capable and adequately resourced team. In addition to staffing needs, it was noted that the Board is responsible for funding mandatory training for investigators. These points reinforced the broader discussion on the necessity of strategic budget planning and resource allocation in order to develop a more self-sufficient and efficient regulatory body. Dr. Berg acknowledged that the Board has grown to a size where expanding its operational capacity is both necessary and justified. Echoing earlier points of Dr. Aguon, Dr. Berg reiterated that hiring investigators requires not only staffing but also investment in training, which carries significantly higher costs for Guam compared to boards located in the continental U.S. Due to geographic isolation, travel and training expenses are substantially greater, making Guam's financial needs distinct. This disparity could reasonably support the case for slightly higher licensing fees.			
V.	**HPLO Administrator's Report**	**A. HPLO Administrator's Position & Pay** In B. Sablan's absence, Dr. Berg stated that the Board intends to pursue making her appointment as administrator permanent rather than continuing in an acting capacity. The details regarding her position and compensation will be discussed further with T. Arriola during their upcoming meeting.	HPLO		Noted
		B. Resolution 2025-01	HPLO		Noted

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		A revised resolution is being prepared as an update to one previously approved by the Board in 2023. This resolution delegates authority—jointly to the HPLO administrator and the Board chair—to review and issue licenses for physician applications considered "clean," meaning those without disciplinary history, pending actions, or ongoing investigations. The intent is to improve the efficiency of the licensing process and expedite the entry of qualified physicians into the community. A finalized version of the resolution will be distributed to the Board for review and comment, with the goal of securing signatures and attestation by the July meeting. Dr. Berg affirmed that the revised licensing resolution aligns with practices adopted by many regulatory boards, particularly during and after the COVID-19 pandemic. An example was cited from New Hampshire, where temporary licenses were issued within 48 hours for applicants with entirely clean records. The importance of having zero concerns or irregularities in such applications was emphasized. Appreciation was expressed for the current process, which now filters out applications with issues—such as entries in the National Practitioner Data Bank—before they even reach the Board, thereby significantly reducing the Board's workload and improving overall efficiency.			
VI.	**Chairperson's Report**	**A. Release and Settlement Agreement: Abner P. Pasatiempo, M.D.** During the chairperson's report, it was noted that a release and settlement agreement concerning Dr. Pasatiempo had been received, but no action was currently required by the Board. B. Hattori explained the matter had been referred to the AG's prosecuting division, with a request for the Board chair to sign off on certain records—though the specifics of those records remain unclear, as the initial communication came through B. Sablan. Upon follow-up, the AG's office directed the Board to consult with their assigned legal representative, but since the Board currently lacks legal counsel, the issue was forwarded to the AG's civil division. As a result, the Board is in a holding pattern without further guidance or a timeline from the AG's office. Dr. Berg emphasized that the Board cannot proceed without legal clarity and expressed frustration at the lack of support. He suggested that this matter might be addressed in the upcoming meeting with T. Arriola, potentially prompting her intervention with the AG's office. Additionally, Dr. Berg remarked that due to the absence of accessible legal counsel, the Board may no longer be able to justify delaying case resolutions indefinitely while awaiting AG responses—an issue that will be further discussed under old business. Dr. Berg announced that they would be sharing a slideshow, which would be recorded for Dr. Ricardo Eusebio, the acting medical director from GMH, at his request to have it. The presentation could potentially be provided to members of the legislature, the front office, and possibly T. Arriola, focusing on a highly relevant topic: the licensing of international medical graduates. These graduates are defined as individuals who have obtained medical degrees from schools outside the United States that are not closely affiliated with the US medical education system, unlike certain Caribbean, Israeli, or Mexican institutions that are considered US equivalents. The presentation aims to provide a comprehensive overview of the current and complex landscape regarding the licensing of foreign medical graduates, a term commonly used for IMGs. Dr. Berg noted a growing interest in facilitating the entry of FMGs into the medical workforce, a topic that has been frequently raised to the board. While previously there was little impetus	Dr. Berg		Noted

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	to act, he emphasized that the current circumstances necessitate progress on this issue. The presentation began with a discussion of ongoing workforce challenges, acknowledging the well-known shortage of physicians in the US and the critical need for specialists in various fields. The presentation continued with an in-depth explanation of the structural requirements for foreign medical graduates seeking to practice in the United States, beginning with the national context of physician shortages. It was highlighted that one-third of Americans reside in physician shortage areas and that the U.S. is currently facing a deficit of approximately 124,000 physicians. Additionally, 25% of all practicing physicians in the U.S. are FMGs, emphasizing that these individuals are already an integral part of the healthcare system. The discussion moved to the licensing pathway, which includes verification by the Educational Commission for Foreign Medical Graduates, a body responsible for validating international medical credentials. Comparable to the Federal Credentialing Verification Service but international in scope, ECFMG's role is to confirm a graduate's medical education and training credentials. It was clarified that ECFMG authorization does not allow a physician to practice, but rather to apply for a U.S. residency, which remains the required and primary entry point for licensure. This applies regardless of a physician's prior experience or training overseas. Once granted ECFMG certification, candidates must complete a U.S.- or Canada-accredited residency program recognized by the Accreditation Council for Graduate Medical Education. Training at facilities such as GRMC or GMH in Guam would not meet this requirement unless they are formally accredited, and the residency must be completed in full—no partial credit or early termination is accepted. Dr. Berg stressed that even experienced foreign specialists, including surgeons, must undergo and complete the entirety of a U.S. residency program. Licensing also previously required passing a three-step examination process: Step 1 (basic medical knowledge), Step 2 (clinical knowledge), and Step 3 (clinical skills evaluation), the latter of which involved simulated or live patient assessments. However, Step 3 has since been removed, streamlining the testing phase but maintaining rigorous requirements through Steps 1 and 2. These steps remain critical for ensuring competency prior to entry into a U.S. residency program and eventual licensure. During the meeting, a discussion was held highlighting the significant challenges foreign medical graduates face in becoming licensed and practicing medicine in the United States, particularly within federally funded institutions. Dr. Berg used the example of requiring mid-career professionals, such as Dr. Aguon, to retake foundational science exams like the USMLE Step 1, likening it to asking a seasoned accountant to retake college-level algebra. This emphasized the impracticality and redundancy of requiring experienced specialists to retest on basic-level knowledge. Step 2 of the USMLE, which assesses clinical skills, remains a requirement, even for seasoned physicians, while Step 3 has been replaced with alternative pathways designed by the Educational Commission for Foreign Medical Graduates. These six ECFMG pathways offer a way for FMGs to demonstrate eligibility to apply for U.S. residency programs, but they do not equate to licensure or the ability to practice independently. The pathways include options such as passing the Occupational English Test, completing an OSCE, graduating from a highly recognized medical school, or			

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	participating in joint U.S.-international medical programs. Some Caribbean medical schools are cited as examples where graduates are allowed direct entry into the system. There is also a pathway involving completion of six U.S.-based clinical encounters, though all of these are limited to establishing eligibility for residency, not licensure. A substantial portion of the presentation focused on the limitations imposed by Medicare and the Centers for Medicare & Medicaid Services. Dr. Berg emphasized that creating a local licensing structure to facilitate FMG practice, especially to assist GMH, would be ineffective if those physicians cannot be credentialed by Medicare. CMS regulations require that physicians be fully licensed and have completed a U.S.-approved residency program to bill for services. Consequently, any hospital receiving Medicare funds cannot hire or assign clinical duties to physicians who do not meet these standards, or they risk losing accreditation. Furthermore, he clarified that even using GMH as a training facility for foreign residents is not feasible due to the lack of ACGME approval. While foreign physicians might be brought in for observational roles, they cannot function as residents under Medicare's rules. CMS strictly defines who qualifies as a resident for billing purposes and mandates participation in an approved U.S. residency program. Without meeting those standards, hospitals cannot bill Medicare for their services, making it untenable to host or employ such individuals. Dr. Berg reiterated that state or territorial licensure does not override CMS policy. Whether in public institutions like GMH or private practices such as Guam Radiology Consultants, every provider must meet federal enrollment standards. This includes having an unrestricted license and recognized training credentials. The CMS administrative contractors (MACs) routinely deny enrollment to practitioners without U.S.-recognized, ACGME-approved training, rendering foreign postgraduate education insufficient. Without CMS enrollment, practitioners—and the facilities employing them—lose the ability to participate in federally funded programs. Even private insurers such as Aetna follow similar standards and would not credential providers who lack these recognized qualifications. Dr. Berg concluded by referencing several regulatory sources and emphasized the ongoing limitations faced by Guam in addressing workforce shortages through foreign medical graduate licensure, due to rigid federal compliance requirements. Dr. Berg emphasized the importance of recording the discussion to avoid repeatedly explaining the same complex issues regarding FMG licensure and participation in U.S. medical practice. They referenced specific regulations, particularly CMS Form 855I, which outlines the requirements for Medicare participation. According to CMS standards, any physician with only foreign residency training is automatically flagged for insufficient training and denied enrollment, rendering them ineligible to be hired by hospitals receiving Medicare funds—even if they possess a state-issued license. This policy underscores a critical barrier for FMGs seeking to work in places like GMH, regardless of local licensing decisions. Dr. Berg then reviewed how other countries have attempted to address physician shortages through alternative pathways. For instance, Canada and Australia have implemented practice-ready assessment or competency-based models, particularly in rural or underserved areas. While the United States has a similar concept in the form of J-1 visa waivers, these still require U.S. licensure and residency, and do not accept foreign training as a substitute. The			

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	United Kingdom offers an international medical graduate program that includes a structured assessment for foreign-trained physicians and has a higher proportion of FMGs in practice compared to the U.S. New Zealand's approach was examined in detail, with the speaker referencing multiple conversations with the head of New Zealand's licensing board. New Zealand requires FMGs to have graduated from a school listed in the World Directory of Medical Schools, have 33 months of clinical experience within a four-year period, and possess an active medical license from a comparable healthcare system. FMGs must also have a confirmed job offer in New Zealand under supervised practice. This allows them to apply for provisional general registration without needing to take a licensing examination. However, this model restricts eligibility to graduates from countries deemed to have comparable standards—primarily the U.S., Canada, the UK, and Australia. Dr. Berg stressed that New Zealand's approach, while effective for their system, would be nearly impossible to implement in the U.S. due to political and legal constraints. Specifically, they noted that the top sources of FMGs in the U.S.—the Philippines, India, and Pakistan—are excluded from New Zealand's list of accepted countries, as their training systems are not considered equivalent. This exclusionary approach would not be politically acceptable in the U.S. and would not sufficiently address physician shortages even if it were adopted. Ultimately, Dre. Berg concluded that while models like those in New Zealand and the UK offer valuable insights, they are not feasible solutions for the U.S. or territories like Guam due to regulatory, political, and practical limitations. The discussion served to clarify why Guam cannot simply replicate foreign systems and must instead operate within existing CMS and federal regulatory frameworks. Dr. Berg shifted the focus to finding a viable, Guam-specific solution to the challenges surrounding foreign medical graduate licensure, emphasizing that while current federal regulations pose barriers, national reforms are on the horizon. As Guam's representative to the Federation of State Medical Boards' advisory committee, he highlighted their direct involvement in shaping national policies, including initiatives aimed at reentry into practice and broader systemic changes that could eventually ease the pathway for FMGs. Guam must prepare now so it can act swiftly when these national reforms materialize. Central to any local or national solution, the speaker noted, is the need to uphold patient protection through competency standards and structured oversight. Unlike New Zealand's narrow recognition of only a few countries' medical systems, the U.S. will likely need to broaden access while maintaining quality. Structured oversight, although challenging for Guam due to limited infrastructure, could be feasible with the right systems in place. The effort must focus on equitable access—addressing physician shortages in underserved areas like Guam rather than catering to already well-served locales. Dr. Berg reiterated that any proposed system must balance the need to attract highly experienced and well-trained foreign physicians with safeguards that ensure educational equivalency and competence. The goal is to create a pathway that is not excessively burdensome but still maintains public trust. For example, a foreign physician with decades of experience should not be forced to repeat basic science exams irrelevant to their specialty. Instead, the process should offer a fair and enticing way for qualified FMGs to contribute, particularly in rural or high-need			

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	healthcare systems like the Guam Department of Public Health. Several U.S. jurisdictions were cited as early adopters of innovative, scope-restricted licensing models. States such as Tennessee and Missouri have implemented conditional or assistant physician licenses under structured supervision. These licenses are intended for individuals who may not have matched into U.S. residencies but are otherwise competent. While current Medicare policies still prohibit billing for such providers, legislative changes are anticipated that would eventually allow their integration into the healthcare workforce. Dr. Berg laid out a conceptual model for Guam based on a tiered, variable system, starting with knowledge verification—possibly via the ECFMG—followed by clinical skills assessments specific to the physician's specialty. This would be followed by a period of supervised practice, eventually leading to independent practice. The model was described as a pyramid, where only qualified individuals progress, but the structure must be designed to avoid overwhelming the system or unfairly burdening applicants. Finally, the proposed framework includes standardized assessments, supervised integration, restricted licensure at the onset, and a clear, progressive pathway toward full, unrestricted licensure. Dr. Berg emphasized the urgency for Guam to position itself ahead of national changes, preparing infrastructure and policy mechanisms now so the territory can respond effectively and sustainably when broader federal reforms are enacted. During the closing portion of the presentation, it was emphasized that Guam should prepare to implement reforms in anticipation of national changes regarding the licensure and integration of foreign-trained physicians. The speaker outlined the importance of developing model legislation, possibly through the FSMB, akin to the Interstate Medical Licensure Compact, which would serve as a template that states and territories could choose to adopt. There was also mention of forming a policy evaluation committee under the FSMB to guide this initiative. Multi-state collaboration and shared assessment standards were strongly encouraged to facilitate physician mobility across jurisdictions once qualified under similar frameworks. Further discussion highlighted the need for pilot programs to test these models in real-world settings and to gather data on performance outcomes, including malpractice and disciplinary trends. The GBME was reaffirmed as the sole licensing and regulatory body for physicians in Guam, and it was stressed that this authority should remain intact. The Board was encouraged to engage local stakeholders, secure legislative champions, and collaborate with both national and international regulatory organizations such as FSMB and the IAMRA. The need for a structured timeline was presented, suggesting that Guam should aim to pass relevant legislation by the following summer to avoid falling behind other jurisdictions. The speaker also addressed the broader national context, suggesting that forthcoming federal policy shifts—particularly under a possible new Trump administration—may support streamlined immigration for skilled professionals, including physicians. Given this potential shift, Guam was urged to proactively prepare by evaluating international training standards, consulting with local medical associations and facilities, and considering engagement with Filipino graduate medical education programs to ensure compatibility. The presentation concluded by affirming that the current moment is the appropriate time to act, noting that only			

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	recently have multiple models become available to review and tailor for Guam's specific needs. Dr. Berg expressed optimism that collaboration with IAMRA and further exploration of international education systems could inform a robust, inclusive approach. Dr. Wielaard highlighted a noteworthy issue regarding CMS regulations, pointing out that training institutions accredited by ACGME-I are not recognized as qualifying for CMS eligibility. He emphasized that even though ACGME-I accredited facilities are becoming more prevalent globally, graduates from these programs still do not meet CMS criteria for participation. This distinction could lead to confusion, especially as more international programs adopt ACGME-I standards, mistakenly assuming they align with U.S. eligibility requirements. Dr. Berg elaborated on the controversy surrounding ACGME-I and similar international accreditations, noting that although institutions like St. Luke's may hold international designations, these do not equate to U.S. standards required by CMS. He clarified that accreditations such as JCO-I or ACGME-I are fundamentally different from their U.S. counterparts, emphasizing that institutions like those in the Philippines lack essential components such as a National Practitioner Data Bank, which is critical for U.S. accreditation and regulatory compliance. Referencing past discussions within the FSMB, Dr. Berg recalled significant resistance to accepting international designations as valid equivalents for U.S. credentialing, highlighting that ACGME-I programs had been presented as potential pathways but were ultimately rejected due to their failure to meet U.S. standards. He further suggested that organizations like ACGME and JCO have been criticized for issuing these international approvals in a manner perceived as profit-driven, raising concerns about the integrity and rigor of such designations. Ultimately, Dr. Berg concluded that licensure should be based strictly on recognized U.S. standards and boards, reinforcing the FSMB's leadership role in upholding these requirements. Dr. Aguon highlighted Missouri's approach of creating a special designation known as "assistant physician," which allows individuals to operate similarly to mid-level providers under the supervision of a fully licensed physician, particularly in underserved areas. This designation enables a form of state-level licensure while circumventing some traditional requirements. However, it was noted by Dr. Berg, that despite the innovative approach, such assistant physicians are still not permitted to work in CMS-accredited hospitals due to federal restrictions, although the model may hold future potential pending regulatory changes. The discussion acknowledged that these assistant physicians typically work under direct supervision, with oversight and final responsibility falling to a fully licensed physician, and their practice is typically limited to specific areas such as family medicine. Dr. Berg further clarified that although some facilities in underserved areas are funded through Medicaid rather than Medicare, Medicaid often aligns with CMS rules, thus presenting similar regulatory challenges. The broader conversation emphasized the importance of Guam examining models like those implemented in Missouri and Tennessee as part of a strategic effort to bring in more providers to address local shortages. It was stressed that although such models are promising, many are still untested or contingent on future changes in federal legislation, particularly in relation to Medicare and Medicaid regulations. Dr. Berg underlined that Guam must conduct thorough evaluations of these state-based strategies to determine which might be adaptable or viable within the island's unique			

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	healthcare context. There was also a warning against implementing legislation without board consultation, referencing a misstep in Tennessee where the legislature acted independently and had to later reverse and revise its actions. He advocated for close collaboration between Guam's regulatory board, legislature, executive branch, and hospital systems to ensure a coordinated and effective path forward. It was reaffirmed that the FSMB is willing to provide assistance by connecting Guam with other state boards that are actively working on similar initiatives. The discussion concluded with a reaffirmation of the board's leadership role in driving this effort and a commitment to ongoing collaboration with stakeholders to ensure Guam is well-positioned for future healthcare workforce developments.			
	B. Temporary License:			
	1. **Shamsi M. Vatannia** Dr. Berg clarified that, following updated information, the applicant in question is no longer under active investigation and holds an active, unrestricted medical license. While the chair initially could not issue a temporary license, clarification confirmed eligibility, and the matter will now be addressed under new business for full board consideration. The applicant, an OB-GYN practicing since 2006, was previously involved in two delivery cases at a hospital that resulted in no reported harm and no legal actions. However, despite the absence of formal notification while she was still employed, a report was submitted to the National Practitioner Data Bank recommending possible supervision. The applicant is currently pursuing legal action to have that entry removed. There has been no disciplinary action from the California Medical Board. In light of this context, the board member expressed full support for issuing a temporary license with a 90-day period for the applicant to submit all necessary documentation for review toward permanent licensure. The board discussed in detail the application of an OB-GYN whose licensure eligibility had initially been questioned due to a perceived investigation by the California Medical Board. After clarification was provided through a second letter from the applicant, it was determined that there was no active or punitive investigation and that her license remains unrestricted. Dr. Wielaard noted that the confusion stemmed from a language issue in the initial communication. While some members had not seen the clarifying letter, it was confirmed that the applicant had stated she was not under investigation, and Dr. Berg emphasized the importance of allowing the applicant time to supply all documentation for a complete review. Concerns were raised regarding a report in the National Practitioner Data Bank involving supervision recommendations following two cases at a hospital where she previously worked. However, there had been no patient harm, no lawsuits, and no actions taken by the California Board. Based on this information, Dr.	GBME		

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		Berg stated support for issuing a 90-day temporary license, during which time the applicant would be required to provide detailed records, including perspectives from the hospital's privilege committee and further clarification regarding the data bank entry. Dr. Wielaard acknowledged this as a standard procedure previously followed in similar cases. A letter would be sent to the applicant outlining the need for further documentation as part of the evaluation process for permanent licensure.			
		2. Joel J. Paulino The board reviewed the application of Dr. Paulino, noting that he was not eligible for a temporary license due to his expired license status. Dr. Aguon had previously reviewed the case with Dr. Berg and confirmed that although Dr. Paulino could not be granted a temporary license, he may still be eligible for a permanent one. Additional concerns included his failure to submit CME documentation—possibly due to the misunderstanding surrounding the temporary license process—and a need for clarification regarding a prior employment termination. As Dr. Paulino is from Guam, the board expressed an interest in encouraging his application for permanent licensure, provided he submits the required CME documentation, applies under the correct licensure category, and formally addresses the circumstances of his termination. A letter will be prepared requesting this information, and the board will consider his application during the next scheduled meeting, as permanent licenses cannot be issued between sessions.	GBME		
VII.	Old Business	**A. Complaint(s):** Dr. Berg addressed two long-standing disciplinary cases that have been awaiting legal guidance, expressing concern over continued delays due to the limited resources of the AG's office. Emphasizing the prolonged nature of these cases and the rights of the complainants to timely resolutions, Dr. Berg noted that it is no longer feasible to depend on the AG's office for assistance. He requested that Dr. Cruz reassess the cases under review and determine whether they can be resolved without legal input, as was more easily done in the past. Given the absence of a dedicated legal representative, the board was encouraged to independently evaluate whether legal advice is essential or if the cases can be resolved based on the board's own judgment, ensuring timely action and closure.	Dr. Berg		Noted
		1. GBME-CO-20-005 – Received: 09/18/2020 Dr. Berg and Dr. Cruz discussed how to proceed with a long-pending disciplinary case that has been stalled due to the absence of legal input from the AG's office. Dr. Cruz confirmed there have been no recent updates and inquired about POC on the Guam Board to help move the case forward. Dr. Berg clarified that while the board previously had immediate access to legal counsel, they no longer do. As a result, the board has begun reassessing whether legal review is truly necessary in each case or if decisions can be made independently using existing board authority and precedent. Dr. Cruz will re-evaluate the case and return with a recommendation at the next board meeting—either confirming that legal input is essential or suggesting that the board proceed with resolution based on their own review and authority.	Dr.. Cruz		On-Going, Absence of Legal Input
		2. GBME-CO-2022-010 – Received: 06/21/2022	Dr. Aguon		On-Going

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	The board discussed this case which had not been assigned due to awaiting legal input. It was explained that historically, the board had consistent legal counsel present at every meeting, such as S. Taitano and R. Weinberg, who were deeply familiar with the board's rules and regulations. This presence made obtaining legal input routine and straightforward. However, with the loss of steady legal counsel and current limited access to the Attorney General's office, the board acknowledged that many cases had been delayed unnecessarily while waiting for legal advice. It was noted that the board has managed to resolve cases effectively without such input recently. Therefore, the board agreed to reassess the remaining cases awaiting legal input to determine if legal involvement is truly necessary. This case would be assigned for a thorough review by Dr. Aguon and Dr. Berg to decide whether it can proceed without legal counsel.			
	3. **GBME-CO-2025-002 – Received: 04/15/2025** During the meeting, Dr. Berg acknowledged the need to recuse himself from the case. B. Hattori placed Dr. Berg and Dr. Cruz in the virtual waiting room to allow for an unbiased review of the case. Dr. Aguon confirmed that the case had been formally assigned and that the investigation was currently ongoing, with further updates expected to be presented at the next board meeting.	Dr. Aguon		On-Going
	B. Hearing: GBME-DPA-2025-01 The board initiated a discussion with Dr. Carr, who had been invited to present a case. Before proceeding, Dr. Berg inquired whether Dr. Carr wished to hold the discussion in executive session due to the nature of the case. Dr. Carr confirmed that an open session was acceptable. Dr. Berg then outlined the process, explaining that Dr. Carr would be given ample time to present the case, which would be transcribed and recorded by B. Hattori. Board members would receive the full presentation to review in detail prior to making a decision at the next board meeting. The chair emphasized the board's intent to provide a timely yet thoughtful review and clarified that a decision would not be made during the current session. Dr. Carr was then offered the choice of delivering the entire presentation without interruption or allowing questions throughout. Dr. Carr elected to begin the session with a five-minute verbal summary before taking questions, explaining that although he had already submitted a written appeal accompanied by 12 unsolicited testimonials, he wished to provide a personal account of his situation. He described the disciplinary action taken by the California Medical Board as a distant and overly generalized assessment of his conduct, focused solely on the treatment of his late wife and unrelated to his professional cardiology practice. Dr. Carr emphasized that the decision-makers in California had neither interacted with him directly nor consulted any of his patients or colleagues, all of whom had consistently expressed strong support for his clinical practice. He detailed his extensive experience in cardiology spanning 40 years—35 in Oceanside, California, and the	GBME		Noted

Topic	DECISION(S) / ACTION(S) MADE	Responsible Party	Time	Status
	last five in Alaska—underscoring his readiness and eagerness to serve the people of Guam. The testimonials submitted with his appeal, he asserted, provide a more accurate reflection of his character and competence as a physician, and were all voluntarily offered in his defense. Dr. Carr explained that his involvement in prescribing medications for his wife occurred only during brief gaps in her care, when she was abruptly cut off by other providers. His intention, he stated, was to prevent her from experiencing debilitating pain and potential exposure to illicit substances. He acknowledged that, while he may have blurred ethical lines out of compassion, his motivations were based on care, not negligence. He affirmed that he has not prescribed any controlled substances since 2020 and has since completed probationary requirements in California, including courses in pain management, medical recordkeeping, and medical ethics—which he found to be genuinely valuable. He expressed concern about what he perceived as repeated punitive actions, noting that his Alaska license had recently been sanctioned for the same conduct already addressed in California, resulting in the loss of his hospital position. Dr. Carr characterized this as a form of double jeopardy and questioned whether he would continue to face sanctions in every jurisdiction where he applied for licensure. He concluded by appealing to the board for compassion and understanding, reiterating his lessons learned and strong desire to contribute to Guam's medical community. Following Dr. Carr's presentation, Dr. Berg acknowledged the sincerity of his statement and expressed appreciation for the personal and professional insight he shared. He emphasized that while the presentation was moving and the circumstances understandable—especially among fellow physicians—it did not yet determine the outcome of the board's decision. Nonetheless, the desire Dr. Carr expressed in continuing to provide medical care was recognized as a natural extension of the medical profession. Dr. Berg then proceeded to ask a clarifying question regarding Dr. Carr's current eligibility to participate in Medicare and Medicaid programs, noting that a significant portion of Guam's patient population relies on these services, making this a relevant and necessary aspect of his application to address. In response, Dr. Carr clarified that he remains credentialed with Medicare, Medicaid, Premier Healthcare, Aetna, and most other insurance providers, noting that the only exception is the VA system, which denied credentialing without offering an avenue for appeal. He explained that in many cases, maintaining his credentials required submitting letters similar to the appeal he presented to the board, outlining the context of his disciplinary situation. When asked about his probationary status with the California Medical Board, Dr. Carr stated he is currently one year into a 35-month probation. He has completed all mandated courses and is now required to report quarterly to a probation officer and pay a $25,000 investigative reimbursement fee, of which he has paid approximately 60%. However, he acknowledged that since losing			

Topic	DECISION(S) / ACTION(S) MADE	Responsible Party	Time	Status
	his employment in January, fulfilling the financial requirement has become increasingly difficult. Dr. Carr confirmed that he had been fully employed until January 28, 2025, when his employment was unexpectedly terminated. Dr. Berg clarified that if the California Medical Board were to acknowledge Dr. Carr's completion of probation or if the Guam Board were to grant licensure under probationary terms, such licensure would not alter the status of his California probation. The board emphasized that any action taken in Guam would respect the original adjudication by the California board and would not serve to re-adjudicate the matter. Dr. Carr acknowledged and agreed to these terms. Dr. Berg then opened the floor to questions from the board members, encouraging them to address any outstanding concerns directly with Dr. Carr. Dr. Wielaard inquired whether the disciplinary action taken by the California Medical Board was limited solely to Dr. Carr's prescribing practices for his late wife or if it also involved other patients. The question was framed in the context of understanding the full scope of the allegations, acknowledging the personal and professional challenges Dr. Carr faced, and aimed to clarify whether any other prescribing issues extended beyond the care he provided to his wife. Dr. Carr clarified that approximately 95% of the prescription-related issues cited by the California Medical Board involved his late wife. He acknowledged one instance where he prescribed medication to her biological son, his former stepson, but stated that additional prescriptions attributed to him were, in his belief, forged by the stepson. Dr. Carr explained that this individual, who he described as a drug addict, had been stealing his mother's medication, selling it on the street, and even offering her street drugs after depleting her prescribed supply. He recounted that the stepson had at one point replaced her legitimate medication with street substances, which ultimately led to her death by fentanyl overdose in 2020 while she was under the care of another pain management specialist. Dr. Carr stated that this information emerged when the stepson attempted to use the situation as blackmail after being expelled from the home. According to Dr. Carr, the stepson later reported the issue to the California Medical Board as an act of retaliation. Dr. Berg requested that he submit a detailed written explanation addressing all patient cases referenced in the California Medical Board documents, beyond the situation involving his late wife. This request stemmed from the acknowledgment that additional patients were cited in the board's findings, and clarification on each of those cases would aid in the Board's deliberation. Dr. Carr immediately responded by identifying a third patient as his ex-stepson's fiancée, who had lived in his home and was prescribed short-term Xanax for anxiety and asthma, though he emphasized that no narcotics were involved. He			

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	agreed to submit a written supplement to his verbal testimony and confirmed he would include further clarification on all patient-related issues, promising to provide the documentation promptly to assist the Board's review. Dr. Berg reiterated the importance of receiving the materials soon to allow sufficient time for careful evaluation by all members. Dr. Wielaard sought further clarification from Dr. Carr regarding a restriction noted in the California Medical Board documents, specifically related to his ability to supervise or work with mid-level providers. The member recalled this stipulation being part of the disciplinary conditions and asked Dr. Carr to explain its origin and relevance within the broader context of his probation. This inquiry was framed as a continuation of earlier questions to ensure a complete understanding of the circumstances described in the board's records. Dr. Carr explained that he was unsure why the California Medical Board included the restriction on his ability to supervise mid-level providers, as he felt it was unrelated to his offense. He noted that throughout his 40-year career, including in Alaska, he regularly worked with nurse practitioners and physician assistants. However, when the Alaska Medical Board mirrored this restriction, it conflicted with corporate employment requirements in Alaska. The corporate office in Tennessee mandated that he comply with the restriction, which ultimately led to his termination despite his strong performance. Dr. Carr expressed confusion over the necessity of this restriction and that it was simply imposed by California and copied by Alaska. Dr. Carr confirmed that, to his knowledge, there were no incidents involving prescriptions written by mid-level providers under his supervision. He said the issue never came up and he believed the restriction was just a standard clause the board added, which puzzled him. Dr. Wielaard expressed that he had no further questions but emphasized the board's appreciation for the applicant's effort to assist the people of Guam and for sharing personal details that are often not evident in applications and documents. He highlighted the importance of recognizing that physicians and licensees are human, capable of making mistakes and facing ethical challenges, and conveyed empathy for the difficult circumstances the applicant endured. The chair thanked the speaker and then invited Dr. Cruz and Dr. Uggen to proceed. The chair thanked the speaker and then invited Dr. Cruz and Dr. Uggen to proceed. Dr. Agua indicated that she had no specific questions at the moment and would review the additional documentation provided. Dr. Cruz also stated that he had no comments or questions at that time. Dr. Berg then thanked Dr. Carr and encouraged him to submit any further documentation or explanations as soon as			

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		possible, ideally within a couple of days before the next meeting, to assist the board in better understanding his situation. He expressed empathy for Dr. Carr's difficult circumstances, acknowledging the challenges of making personal and professional decisions after a long career, and appreciated his perseverance despite the hardships. It was emphasized that while the board is bound by regulatory constraints and may not be able to grant a license, they recognize the human aspect behind the situation. Dr. Berg assured Dr. Carr that if the board requires him to appear again, he would be notified and reminded him that the final decision would be made collectively by the board during the next meeting, which may include an executive session due to the sensitive nature of the issues. Dr. Carr affirmed his willingness to comply with whatever is required. Dr. Aguan apologized to Dr. Berg for and then asked Dr. Carr to provide clarification regarding the February 2nd, 2023, action from Markel Service Incorporated, which appeared related to a malpractice case. Dr. Carr explained that the case involved a patient at a small rural hospital in Southeast New Mexico who suffered multiple cardiac arrests and required specialized surgical intervention unavailable at that facility. He described how he managed the patient by inserting a balloon pump and arranging for transfer to a larger hospital with cardiac surgery capabilities, but due to a hailstorm, the patient's transport was delayed, resulting in the patient's death. Dr. Carr was blamed for the outcome despite the extraordinary circumstances, and the case was settled for economic reasons without his knowledge or consent. He expressed frustration about the settlement process and noted that he only became aware of it when the Alaska Medical Board examiner questioned him about the failure to report it, prompting him to self-report the case. When Dr. Berg asked if she needed a written explanation, Dr. Aguon responded that the verbal explanation sufficed but appreciated the clarification.			
		C. Evaluation Summary: Takehide Umeda: Dr. Berg inquired whether all board members had received and reviewed the assessment conducted as part of the CPEP process, to which B. Hattori confirmed that he had distributed it via email. Dr. Berg stated that, after personally reviewing the assessment, he felt it sufficiently clarified the issues raised during the initial review process and considered Dr. Umeda's performance was satisfactory. Dr. Aguon affirmed that the assessment indicated he was "good to go." Both Dr. Wielaard and Dr. Cruz confirmed that they had no issues with the assessment. Given the consensus, Dr. Berg moved to close the matter and recommended that Dr. Umeda be granted an unrestricted license. *Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.*	GBME		Unanimously Approved
VIII.	New Business	**A. Applicants for Full Licensure:**			
		1. Shawn J. Reed The board reviewed the application of Dr. Reed, a recent graduate of the U.S. medical education system who is nearing the completion of his emergency medicine residency in Florida, an ACGME-accredited program.	GBME		Unanimously Approved

Topic	DECISION(S) / ACTION(S) MADE	Responsible Party	Time	Status
	His expected completion date is June 30th. Dr. Berg noted that the board has approved similar cases in the past under the condition of pending final documentation. Dr. Reed completed his undergraduate studies at Brigham Young University, earned his medical degree from the University of Utah in 2021, and is finishing a four-year residency program. His FCVS and National Practitioner Data Bank records were found to be clear, and he holds a U.S. passport. He recommended granting Dr. Reed, a full and unrestricted license, contingent upon official notification of his residency completion, stating there were no other concerns as long as he maintained good standing during the final weeks of his program. *Motion to Approve: Dr. Berg; 2nd: Dr. Wielaard.*			
	2. Ivan Yue The board reviewed the application of Dr. Ivan, an emergency room physician currently stationed with the Marines at Naval Hospital Okinawa. He completed his undergraduate studies at the University of California, San Diego, and earned his medical degree in 2020 from the Uniformed Services University of the Health Sciences. Dr. Ivan completed his residency in emergency medicine at the Naval Medical Center San Diego, commonly referred to in military circles as Balboa. His application materials, including his FCVS and National Practitioner Data Bank reports, revealed no discrepancies or concerns. He holds a U.S. passport, and there are no restrictions or issues noted with his education, training, or credentials. He is expected to serve in Guam on an intermittent basis. *Motion to Approve: Dr. Berg; 2nd: Dr. Wielaard.*			Unanimously Approved
	3. Harry Sandoval Yu The board discussed the application of a foreign medical graduate who completed both a U.S. residency and a fellowship in oncology. His application was found to be generally clean, with no disciplinary actions, no issues reported in the National Practitioner Data Bank, and multiple state licenses in good standing. However, Dr. Cruz raised a concern regarding the absence of a formal verification of employment from the company through which the applicant has been working for several years. Although the applicant submitted a release allowing the locum company to provide information, no actual letter confirming employment was included in the application packet. It was agreed that if verification of employment consistent with the applicant's self-reported history were provided, the board would be amenable to proceeding with licensure approval, contingent upon that pending documentation. *Motion to Approve: Dr. Berg; 2nd: Dr. Wielaard.*			Unanimously Approved
	4. Christina J. Cote The board reviewed the application of a PM&R, Physical Medicine and Rehabilitation specialist, who is currently practicing in Maine. Her application was found to be in excellent order, with no concerning			Unanimously Approved

Topic		DECISION(S) / ACTION(S) MADE	Responsible Party	Time	Status
		elements or entries in the National Practitioner Data Bank. She provided appropriate documentation of CME and verified employment history. Additionally, she holds an active and unrestricted medical license in the state of Maine. Based on this thorough review, Dr. Wielaard found no issues and advised the board to grant her full licensure. *Motion to Approve: Dr. Berg; 2nd: Dr. Wielaard.*			
		5. Christopher Paul McDonald Carbullido The board reviewed the application of a locally originating applicant who attended Pacific Northwest University of Health Sciences for medical school and is currently in the final month of his residency with the University of Hawai'i Family Medicine Program. He is expected to begin practicing at GRMC upon completion of his training. The only pending item on his application is the formal certification of residency completion. A minor discrepancy related to his name format in the FCVS documentation was noted but deemed insignificant. Overall, the board found no substantive issues with his application and considered him eligible for licensure pending residency verification. *Motion to Approve: Dr. Berg; 2nd: Dr. Wielaard.*			Unanimously Approved
		B. Licensure Eligibility: The following were presented in PowerPoint by Dr. Berg during Chairperson's Report.			
		1. International Medical Graduate (IMG) Pathways	GBME		Noted
		2. Physicians in Graduate Training and Site Approval Dr. Aguon raised the issue of graduate medical education training sites on Guam, specifically in relation to the collaboration between Guam's medical institutions such as GMH and GRMC with the New York Institute, the DO school bringing residents to Guam. She noted that the GBME may hold the authority to approve clinical training sites, which is why the topic had been placed on the meeting agenda. In response, Dr. Berg acknowledged the importance of clarifying the regulatory scope concerning training site approval, especially for temporary or affiliate arrangements that differ from fully ACGME-accredited programs. Citing similar practices in places like Palau and Walter Reed, he suggested that facilitating temporary residency rotations could potentially alleviate some of Guam's healthcare workforce shortages. Dr. Aguon offered to research the relevant laws and regulations concerning the GBME oversight of training sites and agreed to collaborate with B. Hattori to provide a detailed report at a future meeting. The board collectively agreed on the importance of further clarifying this regulatory responsibility.	GBME		Noted
		3. Supervised Training from U.S. Hospital equivalent to ACGME Accredited Training	GBME		Noted
IX.	**Announcement**	**Next meeting is tentatively scheduled for Wednesday, July 09, 2025 at 4:00 pm**	GBME		Set Date
X.	**Adjournment**	*Motion to Adjourn: Dr. Berg.*	GBME	1823	Adjourned

Minutes Drafted by: FLAME TREE Freedom Center, Inc. Date Submitted:

Submitted by the GBME Secretary: Date:

Approved by the GBME with or without changes: Date:

Certified by or Attested by the Chairperson: Date: 7/9/2025