

GUAM BOARD OF MEDICAL EXAMINERS

Guam Board of Medical Examiners Regular Board Meeting

Wednesday, August 06, 2025 at 4:00 pm

194 Hernan Cortez Ave. Terlaje Professional Bldg., Suite 209 Hagåtña, GU 96910

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MINUTES

Topic		DECISION(S) / ACTION(S) MADE		Responsible Party	Time	Status
I.	Call to Order	Meeting Chaired by: Dr. Berg		Chair	1612	Called to Order
		A. Roll Call: GBME <u>Virtually Present:</u> ☑Nathaniel B. Berg, M.D., Chairperson ☑Joleen Aguon, M.D., Vice Chairperson ☑Luis G. Cruz, M.D., Secretary ☑Alexander D Wielaard, M.D., Treasurer ☐Ricardo Eusebio, M.D., Member of GMHA ☑Vincent Duenas, MD., Designated GMHA Member	<u>Others Present:</u> Baltazar Hattori III, HPLO/EMS Breanna Sablan, HPLO/EMS Chisa Tillman, OAG Legal Counsel Douglas Moylan, Attorney General <u>Virtually Present:</u> Peter John Camacho, DPHSS Uriah Aguon, Pacific Daily News Kenneth Carr, Public Joaquin Blaz, DPHSS Anna Nicole Perez, 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	<i>Motion to Adopt the Agenda: Dr. Berg.</i>		GBME		Adopted
III.	Review and Approval of Minutes	Draft Minutes dated July 19, 2025 <i>Tabled to Next Meeting Pending Further Review by All Board Members.</i>		GBME		Tabled to Next Meeting
IV.	Treasurer’s Report	Dr. Wielaard provided a brief but increasingly detailed treasurer's report, indicating that fiscal year-to-date collections amounted to \$63,620, with expenditures totaling \$42,993, resulting in a net balance of \$20,627. He expressed growing confidence in the financial clarity and noted that revenue is expected to remain stable in the coming months, minimizing the risk of falling short of the budget. In response to inquiries about funding for activities such as travel to IAMRA, it		Dr. Wielaard		Noted

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		<p>was confirmed that there are sufficient funds available. The speaker also touched on an upcoming agenda item regarding licensing fees, stating that while Guam’s initial and renewal fees are considered high nationally, they are relatively low compared to similar high-cost-of-living regions like Hawaii and California. This suggests the fees may be slightly behind regional standards. The board anticipates future discussions about adjusting fees to support the expansion of its capabilities, with a focus on transparency in how additional funds would be allocated.</p> <p>Dr. Berg noted that while other jurisdictions may have greater resources due to higher volumes or larger infrastructures, Guam is still required to meet the same professional obligations, such as attending national meetings. It was suggested that, given these comparable responsibilities, Guam's licensing fees should arguably be positioned at the higher end of the scale to ensure adequate support for board operations. Dr. Wielaard agreed with this rationale and emphasized the need to await a more detailed financial assessment before making final decisions. Additionally, Dr. Berg discussed the importance of evaluating shared costs across various regulatory boards, such as salary allocations for shared personnel, and considered whether efficiencies or cost savings could be achieved by consolidating certain expenditures with other boards like the Dental Board.</p> <p>Dr. Aguon recommended reaching out directly to other regulatory boards to obtain examples of their budgets and expense structures, noting that some boards might receive subsidies not immediately visible in fee comparisons. She also highlighted that while certain boards may have lower fees, these could be offset by larger volumes of applicants or licensees. Dr. Aguon referenced the CNMI, which recently raised its licensing fees, and recalled prior discussions about assembling a comprehensive proposal to present to the legislature—one that would also be reviewed by the medical community to ensure broad support.</p> <p>Dr. Wielaard clarified that the initial assumption driving the fee review was that Guam’s fees were outdated and significantly below national standards. However, it now appears that Guam is not substantially behind in comparison. Nevertheless, he still sees a clear need to establish a fee structure that adequately supports its operational needs. It was acknowledged that fee comparisons across jurisdictions are nuanced and that, despite not lagging significantly, Guam may still have justifiable reasons to revise its fees based on a deeper understanding of its unique context and resource requirements.</p>			
V.	HPLO Administrator’s Report	<p>A. Resolution 2025-01</p> <p>B. Sablan requested that Resolution 2025-01 be tabled, as it remains under legal review by Attorney Tillman. The board was also informed that a Customer Satisfaction Survey had been launched on August 1, 2025, with a closing date of August 22, 2025. This survey aims to support the department’s accreditation process by gathering feedback from licensees and applicants on service quality and identifying areas for improvement. It was confirmed that reminders would be sent out to encourage participation.</p> <p>Discussion then shifted to the upcoming IAMRA conference. Although the board had applied for financial assistance to support attendance, the request was denied. Despite this, Dr. Berg confirmed his intention to attend, emphasizing the importance of maintaining representation during Guam’s inaugural year as an IAMRA member.</p>	HPLO		Noted

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	<p>Financial constraints were reviewed, with current appropriations showing a remaining balance of \$2,500 out of a \$6,000 budget for FY 2025. A proposed budget modification to reallocate funds from supplies and equipment was denied due to procedural requirements, specifically the need for an approved travel authorization, which cannot proceed without confirmed funding.</p> <p>Concerns were raised regarding the legal mandate to support board member travel to essential conferences. The board agreed that attendance at meetings such as FSMB and IAMRA is critical—particularly as discussions around alternative licensure pathways advance—and emphasized the need to identify sustainable funding mechanisms for future participation in these key events.</p> <p>The board continued its discussion regarding travel funding, with Dr. Wielaard inquiring whether dedicated entries for FSMB and IAMRA conference attendance should be included in the next fiscal year's budget or if such planning was already in progress. In response, B. Sablan confirmed that projected funding for FY26 can include these travel expenses, though actual allocations will depend on the budget's approval. While the historical travel allocation of \$6,000 can serve as a baseline, any necessary increases would require budget modifications once FY26 begins.</p> <p>Currently, for FY25, efforts to reallocate unused funds from supplies and equipment to cover travel costs were denied by BBMR, as the available \$4,000 was insufficient to fund even a single attendee's travel from Guam to Dublin, Ireland. The board was informed that there are no sufficient reserves in the current GBME budget to cover additional travel costs.</p> <p>When Dr. Wielaard questioned why available funds appeared to exist in the financial reports, B. Sablan clarified that the majority of the remaining budget is allocated for salaries—specifically, the salary and benefits of B. Hattori—and that Guam law mandates a 15% reserve in salary accounts. Dr. Wielaard acknowledged the explanation and proposed a separate meeting to review the financial data in greater detail, in order to fully understand the budget structure and constraints.</p> <p>Dr. Berg addressed Dr. Wielaard that as the board moves forward, it must take responsibility for determining how its funds are used—something that has not been fully exercised in past years. Referring to recent discussions with leadership at the Department of Health and Social Services, it was noted that this would be the final year in which the board would not directly control its financial decisions. Starting now, the board intends to assert its authority over the budget, in accordance with the law.</p> <p>Dr. Aguon pointed out that legal clarification is needed, especially since existing legislation outlines certain permitted uses of the budget—such as travel for mandatory meetings—but does not clearly address expenditures like salaries or administrative staff. This ambiguity has contributed to the disconnect between what the law authorizes and how the budget is currently being managed.</p> <p>There was further discussion around the realization that the board, by law, holds authority over the revenues it generates and is responsible for allocating those funds appropriately. However, historically, that authority has not</p>			

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		<p>been exercised, and budget development has instead been managed externally, specifically through HPLO, without direct input or oversight from the board. Dr. Berg acknowledged this systemic disconnect and called for a change, reiterating that while there is no suggestion of financial mismanagement by staff, there is a lack of alignment between what the law prescribes and how operations are currently handled.</p> <p>Dr. Berg concluded with appreciation for the efforts being made to better understand the board's finances and a collective recognition that the current fiscal year must serve as a transitional period—one where the board becomes more actively involved in financial planning and ensures compliance with its statutory responsibilities.</p> <p>Dr. Wielaard confirmed he would not be able to attend the upcoming IAMRA conference, prompting further discussion on the importance of maintaining Guam's presence at the international level.</p> <p>Dr. Berg reiterated the significance of IAMRA, explaining that it holds its meetings biennially and that Guam had recently been admitted as a distinct and independent member—separate from the United States—after a deliberate effort by IAMRA to include Guam and reduce its membership fees. Given this inaugural opportunity, he emphasized the necessity of having at least one representative present to ensure Guam remains actively engaged and visible within the international regulatory community.</p> <p>The board was reminded that participation is particularly crucial as global medical licensure standards evolve, especially with the anticipated development of international regulatory frameworks that could shape alternative pathways to medical licensure. Guam's early involvement would not only ensure its perspectives are considered but also help safeguard against policies that could unintentionally disadvantage the territory. Drawing parallels to Guam's participation in FSMB, it was noted that attending such conferences is vital to voice concerns and protect Guam's unique interests in broader regulatory discussions. B. Sablan then confirmed that her report had concluded.</p>			
VI.	Chairperson's Report	<p>Dr. Berg noted in his report that discussions surrounding the development of a Physicians' Health Program are ongoing, though there were no new updates to report at this time. More substantial information is expected in the coming meetings. He highlighted a significant upcoming event: a visit to Guam and the CNMI in early January by Dr. H. Chaudhry, President and CEO of the FSMB, along with the FSMB Board Chair. The visit is part of the FSMB's regular outreach to its member jurisdictions and is viewed as an important opportunity for the Guam Board to demonstrate its activities and role as a participating member board.</p> <p>Dr. Berg also shared that FSMB has requested Guam's assistance in encouraging further regional collaboration. Specifically, Guam and Hawaii have been asked to help engage Samoa, the only U.S. jurisdiction not currently part of FSMB, in joining the organization. In addition, FSMB expressed interest in visiting Palau with the goal of encouraging it to join as an international or associate member, similar to Canada's relationship with the FSMB. Given Palau's close alignment with U.S. regulatory practices and its patient referral patterns—often to Manila and the U.S.—a stronger relationship with FSMB is seen as mutually beneficial. Dr. Berg concluded the report by indicating that more details regarding these developments will be shared as the January visit approaches and invited any questions from the board.</p>	Dr. Berg		Noted

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VII.	EXECUTIVE SESSION: 5 GCA 8 §8111	<p>EXECUTIVE SESSION: 5 GCA 8 §8111</p> <p>Dr. Berg extended gratitude to the Attorney General and Assistant Attorney General for attending and began by expressing the board's ongoing concern regarding the limitations of executive session use, particularly in matters related to physician well-being. While acknowledging the administrative nature of licensing and the legal framework that governs professional behavior, he emphasized that holding a medical license should not mean forfeiting one's right to privacy—especially when dealing with sensitive mental health or substance abuse issues.</p> <p>A historical example from North Carolina was cited, in which a prominent physician tragically took his own life rather than disclose deeply personal medical issues in a public board meeting due to the lack of confidentiality protections. That event spurred widespread reform across the U.S., resulting in most jurisdictions adopting policies allowing for executive sessions to protect such disclosures—policies that Guam has yet to implement. Dr. Berg emphasized the urgent need for Guam to align with this national standard and advocated for narrowly defined executive session use that balances transparency with the critical need for confidentiality in highly personal matters. Dr. Berg expressed a willingness to collaborate closely with the Attorney General's office to develop legally compliant procedures and, if necessary, to explore legislative amendments that would grant the board the ability to handle certain matters in executive session. The intention is not to create a blanket policy but rather to ensure protection of physician applicants and patients alike, especially given Guam's small, closely connected community where public disclosures can have significant personal and professional ramifications.</p> <p>Further examples were provided, including a case discussed by the incoming president of the national Physicians' Health Program, where a licensure gap raised concern. The applicant had experienced a period of substance abuse treatment, which he preferred to disclose privately. In such instances, Dr. Berg argued, executive sessions are both appropriate and necessary. He reiterated that his intention is to uphold the law while also advocating for the tools needed to protect public safety and physician mental health, and called for ongoing dialogue with the Attorney General's office to clarify current legal allowances and identify areas for potential reform.</p> <p>Attorney General D. Moylan, accompanied by Assistant Attorney General C. Tillman, addressed the board to provide legal clarification regarding the permissibility of executive sessions for matters related to physician licensure. He acknowledged the board's concerns about protecting sensitive applicant information but affirmed that under current Guam law—specifically 5 GCA § 8111(c)(2)—there is no legal provision allowing licensing boards to hold executive sessions to discuss individual applicants, including those with recruitment or qualifying issues related to licensure. He noted that the typical statutory justifications for executive sessions are limited to litigation, certain personnel matters, and exceptions related to public employee relations, none of which apply in this context.</p> <p>He emphasized that while the board's desire to protect privacy is understandable, any change in that practice would require legislative action. Therefore, if the board wishes to gain such authority, the appropriate course would be to petition the Guam Legislature for an amendment to the relevant statute. Furthermore, D. Moylan advised that any decision or discussion related to a specific licensure candidate should be placed on a future board agenda and should not be addressed in the current session, given the lack of statutory authority to do so in private. He clarified that the</p>	Dr. Berg		Noted

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	<p>general inquiry regarding whether applicants with sensitive matters could be discussed in executive session was the appropriate scope for today’s discussion, reinforcing the need for transparency and adherence to current law. Dr. Berg expressed gratitude to the Attorney General and Assistant Attorney General for their presence and reaffirmed the board’s understanding that discussions involving sensitive matters such as physician mental health must comply with existing legal limitations. While acknowledging the clear legal constraints against holding executive sessions for licensure issues, he emphasized the importance of protecting physician privacy, particularly when discussing mental health or substance abuse concerns, which are often deeply personal and potentially stigmatizing.</p> <p>Dr. Berg referenced the board’s intent to pursue a legislative amendment that would allow limited executive session use for specific, narrowly defined circumstances involving physician well-being and patient confidentiality. He offered to collaborate closely with the Attorney General’s office in drafting such legislation to ensure full compliance with existing legal frameworks and to avoid unintended consequences. Additionally, he proposed consulting the Federation of State Medical Boards for examples of how other jurisdictions handle similar matters.</p> <p>Using a recent applicant as an example, Dr. Berg clarified that the board had wished to offer the option of executive session to the individual due to the sensitive nature of his situation, but, knowing they could not, had instead informed him in advance that the discussion would be public. The applicant, who had already addressed similar matters with the California board, explicitly waived any concern about public disclosure. Therefore, the board intended to proceed with the matter in an open forum.</p> <p>Dr. Berg emphasized that the board’s objective was not to obscure proceedings or avoid transparency, but rather to create a narrowly tailored and legally sound process that protects the personal dignity of physician applicants and the privacy of patients in Guam’s small community. He further expressed the desire to establish guardrails for future boards and attorneys general to prevent misuse of executive sessions, should legislative change be pursued. Finally, Dr. Berg invited other board members to share their views while the Attorney General was still present to ensure a collaborative and informed discussion moving forward.</p> <p>Dr. Wielaard contributed additional insight regarding the board’s broader goals, particularly its desire to take a more proactive role in advancing quality improvement initiatives across the island’s healthcare system. He emphasized that these efforts are closely tied to enhancing accountability and aligning with practices commonly observed in other jurisdictions, where peer review and quality assurance activities are protected from public disclosure.</p> <p>Dr. Wielaard noted that in many hospital and medical staff environments, confidentiality is a critical component of effective peer review processes. Such protection encourages healthcare professionals to report mistakes or identify areas needing improvement without fear of public exposure or legal repercussions. Without a safeguard like executive session, individuals may be reluctant to participate honestly in these discussions, which could ultimately hinder efforts to improve patient safety and care quality.</p> <p>Dr. Wielaard acknowledged that while he could not cite specific current examples, the principle remains relevant: transparency must be balanced with the need for candid dialogue in quality improvement processes. The concern is</p>			

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	<p>that, without some form of confidentiality, any information disclosed during these discussions may become public and potentially discoverable, deterring meaningful participation. He concluded by expressing a personal interest in seeing the board positioned to do more in this area and encouraged consideration of whether such matters might also justify the use of executive session under a potential legislative amendment.</p> <p>Dr. Berg clarified that if the board were to subpoena documents protected under existing confidentiality laws—such as hospital peer review records—those materials should, by their nature, remain confidential and be reviewed in a protected setting, likely requiring executive session. He supported Dr. Wielaard’s comment, emphasizing that sensitive materials like these could not be responsibly or legally examined in an open session.</p> <p>D. Moylan, responded by acknowledging the complexity of the issue and committed to further investigating how such confidential materials—including HIPAA-protected documents—should be handled under the board’s own rules and regulations. He noted that, under Guam’s current Open Government Law, even executive session transcripts must eventually be made public after one year, which raises further challenges when dealing with sensitive or protected information. He agreed to have C. Tillman, review the relevant board regulations to better understand how they intersect with open government requirements.</p> <p>Dr. Berg acknowledged the complications and reiterated a desire for consistent standards across all government boards in Guam, while recognizing that the nature of the medical licensing board’s work may present unique circumstances that warrant careful legal review.</p> <p>Dr. Aguon expressed concern over the current investigative process used by the Guam Board of Medical Examiners, noting that unlike most boards which employ independent investigators, the Guam board lacks that infrastructure and often relies on its own members to conduct investigations. Dr. Aguon highlighted a significant procedural issue—that when an investigation is underway, not all board members are permitted equal access to the full complaint and response records, despite ultimately being expected to participate in adjudicating the case. This limited access impairs their ability to fully understand the facts, ask relevant questions, and make informed decisions, especially in complex or high-stakes cases. She questioned whether this limitation is formally codified or merely a matter of practice and advocated for more transparency and access in order to carry out board duties effectively.</p> <p>In response, D. Moylan referenced the Guam Board of Medical Examiners’ Administrative Rules and Regulations, which were established in 2001 under Public Law 24-208. He acknowledged that the board holds multiple responsibilities—including licensing, application review, and investigations—and affirmed that due process protocols are indeed outlined in those regulations. He also committed to having C. Tillman, review the rules in greater detail to clarify the board’s legal authority and constraints in regard to information access during investigations. He then asked Dr. Berg, whether the board currently has any open investigations, signaling an interest in understanding the immediate applicability of these concerns.</p> <p>Dr. Berg and Dr. Aguon voiced that the board currently has several open investigations, including some that have been pending for a significant amount of time and require additional assistance. Appreciation was expressed to D. Moylan for assigning legal counsel to support the Board in resolving these cases, emphasizing the importance of legal</p>			

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	<p>input before finalizing any decisions to ensure compliance with territorial laws and regulations. While the Board is making progress in adjudicating cases, legal guidance remains essential due to the complex and nuanced nature of the law involved. There was a strong desire for clearer guidance on investigations to facilitate timely case resolution and enable the sharing of sensitive information among board members. The Board is mindful of confidentiality and the importance of discussing cases only within appropriate forums, yet members seek clarity on what information they are permitted to access and discuss to make well-informed decisions. Currently, investigations are conducted on a case-by-case basis, often without the benefit of dedicated investigators, which is uncommon compared to most other boards that employ independent investigators. Dr. Berg expressed interest in exploring models from other jurisdictions such as Alabama, Ohio, and Arizona, where investigators with specialized skills are hired to assist with investigations. This approach would address the challenge that many board members may lack investigative experience, ensuring more thorough and professional case reviews. Dr. Aguon noted that the Board's current practice of self-conducted investigations is unusual, with very few boards operating similarly, and there was recognition that this may hinder efficiency and thoroughness in handling cases.</p> <p>D. Moylan addressed the need to request funding from the legislature, with ongoing efforts involving the chief medical examiner. He noted that due process protections are outlined in Article 8 of the administrative rules and regulations. The determination of who will serve as investigators is primarily a logistical matter managed within the department, depending on funding and position availability. The office's role is to guide the board through the process, ensuring compliance with the rules for all parties involved. The main challenge identified involves both logistical coordination and the legal obligation to ensure investigations are conducted promptly and concluded in a timely manner.</p> <p>Dr. Berg highlighted the challenges faced by small communities like Guam and the Virgin Islands, where there are very few specialists in certain fields, making it difficult to assign investigations internally without conflicts of interest. Consequently, they must hire off-island experts who possess the necessary specialty knowledge, but engaging these individuals is complicated by state procurement processes, including the need for RFPs, which contrasts with larger states where investigators can be sourced locally without such formalities. Dr. Berg emphasized the financial and time burdens this imposes, citing a specific case involving an orthopedic surgeon that was both costly and prolonged. He advocated for legislative changes to allow more flexible and expedited hiring of private investigators, particularly retired attorneys or police detectives with community knowledge and investigative training, to enhance the thoroughness and speed of investigations. Dr. Berg expressed a strong desire to collaborate with the legislature to amend rules and regulations prudently, ensuring the board can fulfill its duties efficiently and within the law without becoming an outlier. Additionally, he mentioned the Federation of State Medical Boards as a valuable resource offering free or low-cost training for medical board attorneys, including networking opportunities and expert guidance, which could support the board's legal team. Dr. Berg committed to sharing information about upcoming Federation events and resources, encouraging engagement to benefit from this supportive professional community.</p>			

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		C. Tillman clarified an important concern raised by Dr. Aguon regarding access to investigative information. Dr. Aguon noted that currently, board members seem to only receive full access to information when a complaint reaches a certain threshold of seriousness. In response, C. Tillman stated she had reviewed both the statute and the standard operating procedures provided earlier and found that the statute, as written, grants the board authority to investigate complaints without specifying restrictions on the sharing of information. This suggests that all relevant investigative information should be accessible to the board in order to make informed decisions. C. Tillman committed to reviewing the matter further upon returning to the office and promised to provide a written, concrete response for the board's review. Dr. Aguon expressed appreciation for this clarification and support, with gratitude extended for the legal team's time and involvement. Dr. Berg also welcomed continued legal presence at future meetings involving significant issues and committed to presenting the board's concerns in a more organized format going forward, expressing appreciation for the ongoing collaboration.			
VIII	Old Buisness	A. Complaint(s):			
		GBME-CO-20-005 – Received: 09/18/2020 Dr. Berg confirmed that the board is still awaiting input from legal counsel regarding 20-005 and 22-010. No updates or developments had occurred since the last meeting, and both Dr. Aguon and Dr. Cruz reported that they had not received any new information from legal counsel. It was acknowledged that the cases are being reviewed by the Attorney General's office due to their complexity, and the board expressed hope that the matters would be resolved by the next scheduled session. <i>Tabled Pending Legal Opinion: Dr. Berg.</i>	L. Cruz		On-Going, Pending Legal Opinion
		GBME-CO-2022-010 – Received: 06/21/2022 <i>Tabled Pending Legal Opinion: Dr. Berg.</i>	J. Aguon		On-Going, Pending Legal Opinion
		GBME-CO-2025-002 – Received: 04/15/2025 B. Sablan explained that they were awaiting legal guidance from Attorney Tillman and proposed tabling the matter until that guidance was received. Dr. Aguon questioned whether all ongoing investigations were being delayed pending legal opinion and raised concerns about access to investigative reports. B. Sablan clarified that it is not standard HPLO practice to share investigative reports directly with board members, but a synopsis could be provided if needed. Dr. Aguon was serving as acting chair for the case and was not previously informed that the case was being tabled. She emphasized she was not requesting the report to be read aloud at the meeting, but instead sought clarification on whether the board had the authority to review full reports and move forward if necessary. B. Sablan explained that typically the investigator presents the report and recommendations to the board, but in this case, due to procedural uncertainty and lack of shared documentation, they felt it was appropriate to pause until legal clarification was obtained. Dr. Aguon noted that, given her role in overseeing the	A. Wielaard		Complaint Closed due to Lack of Jurisdiction and Legal Recommendation

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		<p>investigation, she believed she could speak on its progress, and B. Sablan acknowledged that Dr. Wielaard, as the board lead for the case, might ultimately be the one to present the report to the board.</p> <p>Due to potential conflicts of interest some members of the board were recused. R. Wielaard leading the discussion emphasized the importance of due process, confidentiality, and impartiality, particularly in small jurisdictions like Guam, where such matters can quickly become public. In light of these concerns, the board followed best practices to separate investigative duties from decision-making responsibilities to avoid potential bias.</p> <p>An initial jurisdictional review confirmed the board's authority over the matter, leading to the engagement of a non-board investigator with a medical background, prior experience on the GBME, and extensive knowledge of the Physician Practice Act and board procedures. The external investigator, also a national consultant with the FSMB, conducted a thorough review of the complaint, the response, and any available supporting documents.</p> <p>The findings of the investigation indicated that the complaint alleged a wide range of issues, including safety or standard of care violations, fraudulent billing and documentation, legal or ethical breaches, and misrepresentation of credentials. However, the investigator noted a significant lack of supporting evidence, with the only documentation being a text message exchange that did not substantiate the claims. The complaint was ultimately described as potentially defamatory due to the absence of evidence.</p> <p>Dr. Wielaard further advised that allegations involving billing fraud should be handled by appropriate federal agencies such as the Office of Inspector General, CMS, insurance companies, or the FBI, and that issues related to malpractice fall under Guam's medical malpractice arbitration system and judicial process. Based on these conclusions, Dr. Wielaard recommended that the board request a more formal and specific complaint—detailing exact incidents and evidence such as patient IDs and dates—or consider closing the case altogether for lack of evidence. The matter was then turned over to the Dr. Aguon and the board for further discussion, with the suggestion that legal counsel, particularly Attorney C. Tillman, be consulted before proceeding.</p> <p>Dr. Aguon confirmed that the complaint failed to demonstrate any violation of the Medical Practice Act or the board's regulations, which are the core areas under the board's jurisdiction. This interpretation was affirmed by legal counsel, C. Tillman, who clarified that it is ultimately the board's decision whether to proceed. C. Tillman explained that if the complaint lacks substantive evidence or does not rise to the level of a legal issue—such as criminal or fraudulent conduct—the board is within its authority to close the case. She further noted that closing the case could be the most appropriate course of action to avoid unnecessary expenditure of time, unless more specific concerns are raised in the future, in which case a legal memo could be provided for guidance.</p>			

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		<p>Board members generally concurred that there were no apparent violations and that the complaint was unsupported by adequate documentation or detail. Dr. Aguon emphasized that since the board only has jurisdiction over issues related to the Medical Practice Act and board regulations, and since no such violations had been demonstrated, the current complaint does not warrant further action. Dr. Duenas agreed, stressing the importance of not speculating about what may exist beyond the information presented. Ultimately, a motion was made to close the case based on the lack of jurisdiction and the legal recommendation provided, noting that any future, more substantiated complaint would be treated as a new filing. There was also consensus that the complainant should be notified of the board's reasoning behind the decision to close the case, and C. Tillman confirmed that such notification is standard procedure.</p> <p><i>Motion to Close: Dr. Aguon; 2nd: Dr. Wielaard.</i></p>			
		<p>GBME-CO-2025-003– Received: 06/12/2022</p> <p>Dr. Berg was still in the process of reviewing the records that had been received.</p>	Dr. Berg		On-Going, Reviewing Records
		<p>GBME-CO-2025-004 – Received: 06/12/2025</p> <p>B. Hattori reported that they are still awaiting a report from the Board of Cosmetology.</p>	B. Hattori		On-Going, Pending Report from Board of Cosmetology
		B. Hearing: GBME-DPA-2025-01:			
		<p>The Board entered into discussion regarding the application of Dr. Carr, who was present and acknowledged that his case would be reviewed in open session. Dr. Berg emphasized the Board's responsibility as a member of the Federation of State Medical Boards (FSMB) to honor decisions made by other jurisdictions, noting that if another state revokes or restricts a license, Guam must recognize those terms rather than reinvestigating. Drawing from precedent with physicians monitored for substance abuse in other states, Dr. Berg suggested that Dr. Carr might be permitted to practice in Guam if the hiring institution, Guam Regional Medical City (GRMC), developed a written monitoring plan ensuring compliance with the restrictions imposed by the California Medical Board.</p> <p>Dr. Carr clarified that he had no history of substance abuse and did not want the public to misunderstand, while reiterating that GRMC already had monitoring protocols in place that could align with his probationary requirements. Dr. Berg explained that while institutions like GRMC and GMH routinely credential and monitor physicians, the Board required a formal plan directly addressing California's stipulations to satisfy both local and FSMB standards. Board members discussed the distinction between licensure and credentialing, with some noting that although Dr. Carr met the statutory requirements for licensure, the Guam Board could still impose conditions tied to California's probationary terms. The consensus emerged that Guam could issue Dr. Carr a probationary license mirroring the restrictions in California, with his practice limited to GRMC so that institutional oversight could be guaranteed. GRMC's CEO, who also serves as a Board member, disclosed his potential conflict of interest but affirmed that GRMC could feasibly establish such a monitoring plan. He stressed that Dr. Carr's California license remained active</p>	GBME		Provide Conditional License, Restricted to Practice at GRMC

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		<p>though probationary, distinguishing it from revocation, and suggested that Guam's licensure mirror California's terms until those restrictions were lifted.</p> <p>After further deliberation, Board members agreed that Dr. Berg and J.Aguon would draft stipulations reflecting California's probation requirements, submit them to GRMC, and condition licensure on GRMC's acceptance and implementation of those terms. The Board indicated a willingness to approve Dr. Carr's license contingent upon this process, with his practice restricted to GRMC until California fully removed his probationary status.</p> <p><i>Motion to Provide Conditional License, Restricted to Practice at GRMC : Dr. Berg; 2nd: Dr. Wielaard</i></p>			
VIII.	New Business	A. Application(s) for Full Licensure			
		1. William R. Fox <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.</i>	GBME		Unanimously Approved
		2. Colton T. Bush <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.</i>			Unanimously Approved
		3. Daniel C. Taitano <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.</i>			Unanimously Approved
		4. John W. Yeoman <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.</i>			Unanimously Approved
IX.	Announcement	Next meeting is tentatively scheduled for Wednesday, September 10, 2025 at 4:00 pm.	GBME		Set Date
X.	Adjournment	<i>Motion to Adjourn: Dr. Berg.</i>	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: 9/10/2025

Certified by or Attested by the Chairperson:

Date: 9/10/2025