

GUAM BOARD OF MEDICAL EXAMINERS

Guam Board of Medical Examiners Regular Board Meeting

Wednesday, May 20, 2026 at 4:00 pm

194 Hernan Cortez Ave. Terlaje Professional Bldg., Suite 209

Hagåtña, GU 96910

Join Zoom Meeting:

<https://us06web.zoom.us/j/82262709768?pwd=RNpobfna6shT7P7ehHQxk4LjedHsH5.1>

Meeting ID: 822 6270 9768

Passcode: 809384

MINUTES

Topic	DECISION(S) / ACTION(S) MADE	Responsible Party	Time	Status
I.	Call to Order			
	Meeting Chaired by: Dr. Berg	Chair	1635	Called to Order
	<p>A. Roll Call: GBME <u>Present:</u> <input type="checkbox"/> Luis G. Cruz, M.D., Secretary <input type="checkbox"/> Alexander D Wielaard, M.D., Treasurer <input type="checkbox"/> Ray Tajalle, Physician Assistant Member <input checked="" type="checkbox"/> Geoffrey Galgo, Member</p> <p><u>Virtually Present:</u> <input checked="" type="checkbox"/> Nathaniel B. Berg, M.D., Chairperson <input checked="" type="checkbox"/> Ricardo Eusebio, M.D., Member of GMHA <input checked="" type="checkbox"/> Sungwook "Steve" Kim, Podiatry Member</p>	Chair		Quorum Established
	<p>B. Confirmation of Public Notice: 05/13/2026 and 05/18/2026 Dr. Berg reviewed and found it to be accurate.</p>			Confirmed
	<p>C. Election of Board Officers: Dr. Berg suggested that the election be postponed until the Board's anticipated new members were officially seated. It was noted that Mr. Tajalle was absent and that Dr. Bordallo had already been confirmed and was expected to join the Board by the following month. It was further stated that Dr. Alford had completed her confirmation hearing and, although not yet officially confirmed, there was an expectation that her confirmation would proceed without issue. Dr. Berg expressed that delaying the election until the additional members joined would allow for a more complete Board representation,</p>			Tabled

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		with the exception of the public member position. Additional comments indicated that observations from Dr. Alford's confirmation hearing suggested a favorable outcome with no apparent opposition noted at that time.			
II.	Adoption of Agenda	<i>Motion to Adopt the Agenda: Dr. Berg.</i>	GBME		Adopted
III.	Review and Approval of Minutes	Draft Minutes dated: March 04 & 24, 2026 Dr. Berg noted that only extremely minor syntax errors were identified. Following discussion, the minutes were accepted as presented, subject to the correction of the noted minor syntax errors. Members were also advised that any additional corrections identified at a later time could still be submitted for consideration. <i>Motion to Approve: Dr. Berg.</i>	GBME		Unanimously Approved
IV.	Treasurer's Report	No report	Dr. Wielgaard		No Report
V.	HPLO Administrator's Report	B. Sablan updated Board members regarding the issuance of official GBME email accounts. She reported those credentials had been sent to members individually to allow offsite access to their official email accounts under the gbme.guam.gov domain. Dr. Berg reminded of the importance of utilizing these official email accounts for Board-related communications rather than personal email accounts. A request was made for all members to access and begin using their official accounts by the end of the week. B. Sablan stated she would send the email addresses for the remaining Board members to ensure they know what email address to use.	HPLO		Noted
VI.	Chairperson's Report	Dr. Berg and Dr. Galgo represented Guam at the Federation of State Medical Boards annual meeting held in Baltimore. Dr. Berg reported that a significant portion of the conference discussions focused on the growing impact of AI in healthcare, particularly concerning the need for regulatory frameworks and oversight as AI technologies continue to advance rapidly. Additional topics included physician burnout and other ongoing healthcare issues. Dr. Berg noted that concerns surrounding AI in medicine were widespread among attendees, especially regarding how such technologies may be regulated in the future. Examples discussed at the conference included the implementation of AI-assisted prescription renewal systems in Utah, where AI platforms may interact directly with patients to assess medication renewals without direct human involvement. It was explained that these systems could ask patients questions regarding side effects, current medications, and related medical information, with pharmacies potentially honoring prescriptions renewed through these AI processes. Concerns were raised regarding whether such systems constitute the practice of medicine and how licensing, accountability, and oversight would apply when AI systems are performing functions traditionally handled by	Dr. Berg		Noted

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	<p>licensed healthcare professionals. The discussion also addressed broader considerations regarding which components of healthcare may appropriately transition to automated systems, particularly in areas experiencing healthcare workforce shortages. Historical comparisons were made to the adoption of automated laboratory technologies that replaced manual processes over time as accuracy and reliability improved.</p> <p>Dr. Berg further stated that he and Dr. Galgo intended to provide a more comprehensive presentation at the following Board meeting regarding the FSMB meeting, including updates on AI-related developments and issues concerning the licensing of internationally trained physicians. Additionally, Dr. Berg discussed pending legislation awaiting legislative vote. Dr. Berg reiterated the Board's opposition to the legislation but acknowledged that, should it pass, the Board would work to comply with its requirements using available resources. Dr. Berg noted that assurances had been provided regarding the availability of additional staffing and funding to support implementation efforts if the legislation were enacted. He also indicated that the Board would likely have approximately 60 days from the time of signing to comply with any new requirements if it is not vetoed.</p> <p>Dr. Galgo provided additional comments regarding attendance at the FSMB conference in Baltimore, Maryland, and reiterated that artificial intelligence was the predominant topic of discussion throughout two-thirds of the conference. Dr. Galgo also highlighted presentations related to Professional Boundaries Incorporated, a private organization recognized by the FSMB for its work concerning professional boundaries and issues involving sexual harassment in workplace settings. It was noted that PBI offers continuing education opportunities related to professional conduct and boundaries. Dr. Galgo further suggested that the Board may consider implementing a future requirement for physicians, physician assistants, and podiatrists to complete at least two continuing medical education credit hours related to professional boundaries as part of the licensure or license renewal process. This concept was identified as one of the important topics addressed during the conference.</p> <p>Dr. Berg further discussed topics presented, particularly the potential implementation of mandatory CME requirements. He noted that future Board discussions would be necessary to determine whether additional CME topics should be required on an annual or one-time basis, including subjects such as professional boundaries and other historically mandated topics, including HIV education and end-of-life care. Members expressed caution regarding the immediate addition of new mandatory requirements but acknowledged that many licensing boards currently maintain their own CME requirements and programs. Dr. Berg also noted that the FSMB expressed a willingness to assist with</p>			

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	<p>identifying funding opportunities to support CME initiatives, potentially reducing costs associated with obtaining required education. Dr. Berg plans to make time with Dr. Galgo to properly prepare a more detailed presentation to give a summary of the topics discussed during the FSMB at next month's meeting.</p> <p>Dr. Berg provided an additional update regarding the upcoming FSMB annual meeting scheduled to take place next year in Oklahoma City the. Dr. Berg stated that information regarding meeting dates and hotel accommodations would be forwarded to Board members to assist with future planning. Dr. Berg emphasized the importance of strong Board representation at FSMB meetings.</p> <p>Dr. Berg spoke on another issue regarding proposed legislation that would require physicians to disclose whether they practice in the public or private sector and whether they maintain malpractice insurance coverage. He stated that, although the matter was not formally included on the meeting agenda and no Board vote was required, discussion on the issue would take place to keep both Board members and the public informed. Members were advised that a survey would be developed to gather input from licensed physicians throughout Guam regarding the potential impact of the proposed legislation and to assess levels of support or opposition within the medical community. It was further explained that the survey would be reviewed by Board members for input prior to distribution and that the purpose of the effort was to assist the Board in fulfilling its administrative responsibility to evaluate how the legislation could affect Guam's healthcare environment. The survey results were intended to provide feedback representing a broad spectrum of the physician community.</p> <p>Dr. Eusebio asked if any discussion had taken place with any physician prior to the introduction of the bill. He expressed concern regarding the perceived impact of the legislation on physicians, and noted that similar regulatory requirements did not appear to be applied to other professional groups.</p> <p>Dr. Berg stated that awareness of the proposed legislation was first obtained through media sources and noted concern that physicians and other stakeholders had not been consulted prior to the introduction of the bill. He further observed that the legislation does not appear to apply to other licensed professionals such as attorneys or teachers, and expressed concern regarding the lack of prior engagement with the physician community. Dr. Berg indicated that, in his view, greater consultation should occur before the introduction of legislation affecting healthcare professionals, particularly in a small community such as Guam where direct communication with stakeholders is feasible.</p> <p>Dr. Berg shared concern that the proposed legislation may not meaningfully address the most pressing healthcare needs within the community, with reference made to other priority areas such as healthcare services and system demand at GMH. The importance of improved communication between the</p>			

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	<p>legislature and the physician community was emphasized, along with the suggestion that input could have been obtained prior to the introduction of the bill. He reiterated that a survey of licensed physicians would be developed to gather feedback on the issue, and Board members were reminded to utilize official GBME email accounts for formal communications. Dr. Berg clarified that while discussions regarding the survey process would occur, formal Board meetings would not be required for administrative steps related to survey development and distribution, provided that all actions remain publicly documented as appropriate.</p>			
VIII	<p>Old Business</p> <p>A. Complaint(s):</p> <p>1. GBME-CO-20-005 – Received: 09/18/2020</p> <p>Dr. Berg reported that a letter of reprimand had been issued and that the physician in question had remitted payment and requested an extension to allow additional time to arrange a required physician assessment. It was noted that the physician had been cooperative throughout the process, with appropriate and consistent communication and no concerns identified regarding compliance. An extension to the enrollment deadline was approved in consideration of these circumstances.</p> <p>Dr. Berg further stated that communication had taken place with the physician’s attorney, who confirmed that there was no objection to the requirements and that the physician was willing to comply. The request for additional time was attributed to personal circumstances necessitating scheduling flexibility, as well as the need to ensure adequate clinical coverage at the physician’s facility during the period of compliance.</p> <p>2. GBME-CO-2022-010 – Received: 06/21/2022</p> <p>Dr. Galgo confirmed that a legal opinion was still pending in relation to the matter and provided a brief overview of the case and the status of the ongoing investigation for the Board’s information.</p> <p>Dr. Galgo acknowledged the presence of family members participating via Zoom and extended condolences regarding the deceased family member. He noted that he was currently assigned to a long-standing case and referenced a potential recusal issue involving a Board member associated with Guam Regional Medical City, who was not present for the meeting. Dr. Galgo proceeded with providing a brief summary of the case.</p>	<p>Dr. Cruz</p> <p>Dr. Galgo</p>		<p>On-Going</p> <p>On-Going</p>

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	<p>He stated that the matter originated from a complaint submitted in June 2021 concerning the death of a 75-year-old female patient in August 2018, who had multiple significant comorbidities, including diabetes, chronic atrial fibrillation, and congestive heart failure, and who was also a double amputee. The patient had been admitted to Guam Regional Medical City in 2018 and reportedly did not receive a cardiology consultation during her hospitalization. It was noted that no echocardiogram was performed during the admission, with reliance placed on prior imaging from 2017. The hospitalization lasted approximately three days, during which concerns were raised by family members regarding the patient’s ongoing symptoms, including vomiting and instability, and objections were made to discharge. It was further reported that there were allegations of inadequate communication between the discharging physician and the patient’s family regarding discharge instructions.</p> <p>Following discharge, it was stated that the patient experienced rapid clinical deterioration and was returned to the hospital via ambulance shortly thereafter, ultimately suffering a cardiac arrest and death within hours of readmission. The complaint included allegations of negligent care, failure to communicate with the family, and concerns regarding the circumstances surrounding discharge and subsequent death. Dr. Galgo noted that the case had undergone multiple procedural steps, including assignment to multiple Board members and involvement of the Attorney General’s office, which had obtained medical records but had not yet received peer review documentation. He further explained that delays in the investigation were attributed in part to a vacancy within the Attorney General’s office, specifically the absence of assigned legal counsel to the matter, which had impacted the progression of the case.</p> <p>Dr. Berg stated that the AG’s office should be requested to expedite the longstanding case, noting that it was the oldest pending matter before the Board. Dr. Berg further explained that delays had occurred due to complications involving hospital records, peer review documentation, and clarifications regarding authority to obtain complaint-related materials. It was noted that while the medical records had been obtained, the peer review documentation remained outstanding and was still not available to the Board.</p>			

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	<p>In response, Dr. Galgo confirmed that the medical records were in the Board’s possession but reiterated that the peer review had not been provided, emphasizing its importance to the investigation. Dr. Berg indicated that, while peer review had been previously requested by prior investigators, the Board could proceed with preparing a report without it if deemed appropriate by the investigator, and expressed support for moving forward in coordination with the family and the facility.</p> <p>Dr. Galgo then proposed a motion to engage an independent local physician, preferably a hospitalist with relevant clinical expertise, to conduct a review of the case and provide an expert opinion. Dr. Berg supported this approach, clarifying that the intent would be to obtain an independent clinical assessment rather than a formal peer review, and suggested utilizing on-island resources to minimize cost and avoid potential conflicts of interest. It was further noted that hospitalists are typically not in direct competition due to facility-based practice structures, which may facilitate an impartial review.</p> <p>Dr. Berg directed B. Sablan to proceed with identifying a qualified local specialist to review the case at a reasonable cost without requiring a formal motion, emphasizing efficiency in advancing the investigation.</p> <p>Dr. Galgo additionally raised a procedural concern regarding delays in obtaining peer review documentation from the hospital, citing limited responsiveness from the AG’s office in securing necessary materials. He suggested consideration of utilizing statutory authority under the Physician Practice Act to address barriers in obtaining institutional documentation needed for the investigation.</p> <p>Dr. Berg advised that requesting hospital peer review documentation would likely be difficult and could potentially establish an unintended precedent, noting that such materials are internal to the facility and not part of the Board’s independent decision-making process. He emphasized that the Board could rely on its own review of the medical records, supplemented</p>			

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	<p>by an independent opinion from a similarly qualified specialist, rather than relying on internal hospital determinations.</p> <p>Dr. Berg recommended that Dr. Galgo proceed with reviewing the case materials and that efforts be made to obtain an independent opinion in a timely manner, ideally within the following month or shortly thereafter, depending on availability. Dr. Berg further noted that reliance on external institutional peer review could delay proceedings unnecessarily and may not be required if sufficient information is already available through medical records and independent clinical review.</p> <p>Dr. Galgo indicated agreement with proceeding in this manner, while noting that if a suitable local hospitalist or internist could not be identified due to conflicts of interest or availability, alternative external resources such as the Center for Personalized Education for Physicians and Health Professionals (CPAP) could be considered. Dr. Berg acknowledged this contingency but recommended first pursuing options through the FSMB, which may be able to assist in identifying qualified reviewers, potentially at reduced or no cost, based on inter-board collaboration.</p> <p>B. Sablan clarified that the preferred reviewer would be a hospitalist, and Dr. Eusebio confirmed agreement that the case should first be reviewed locally given the availability of qualified specialists on island. It was further noted that the review process may rely on the professional and ethical willingness of physicians to participate in such evaluations, rather than any formal obligation.</p> <p>Dr. Berg directed that logistical arrangements be initiated to secure a qualified hospitalist review through appropriate channels, including potential coordination with local government or health system resources to facilitate time allocation for the review. Dr. Berg concluded by expressing appreciation for efforts to advance the case and noted that proceeding with an independent local review represented a positive step toward timely resolution.</p>			
	<p>3. GBME-CO-2025-003 – Received: 06/12/2025</p>	Dr. Berg		On-Going

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	<p>An update was provided regarding the complaint involving a physician who rendered services through the Department of Veterans Affairs or VA-contracted services for a disability examination. It was noted that the complainant alleged the evaluation did not meet the standard of care. Because the physician was not initially licensed in Guam and was practicing under a California license, the complaint was first referred to California for review, as jurisdiction was tied to the state of licensure during the time of service.</p> <p>Dr. Berg further explained that the physician subsequently obtained a Guam license, after which the Board initiated steps to pursue an investigation; however, the license later expired before the investigation could be completed. As a result, the matter was again referred back to California due to jurisdictional limitations at that time. It was then reported that the physician has since renewed their Guam license, thereby re-establishing jurisdiction for the Guam Board to proceed with the investigation.</p> <p>Dr. Berg indicated that the investigation would now move forward under Guam jurisdiction and stated that they would personally take responsibility for the case due to familiarity with the complex licensing and jurisdictional issues involved. He also noted that difficulties had been encountered in obtaining relevant records, with conflicting information provided by the VA and the contracted service provider regarding responsibility for maintaining and releasing medical documentation. Dr. Berg indicated that these records issues would need to be resolved as part of the investigation and stated that a further update would be provided at the next meeting.</p>			
	<p>4. GBME-CO-2025-005 – Received: 10/28/2025</p> <p>This complaint was presented involving an allegation of abandonment of care related to a physician who had been off-island and temporarily unavailable due to personal circumstances. It was explained that appropriate coverage arrangements had been communicated by the physician to the covering providers, including instructions to inform the patient that care would resume upon the physician’s return, with no cessation of care intended. However, it was reported that this information was not correctly conveyed to the patient, resulting in a misunderstanding that the physician was no longer providing care.</p>	Dr. Berg		Complaint Closed without Prejudice

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	<p>Dr. Berg indicated that the matter had been reviewed and confirmed with the physician, who later followed up with the patient, and it was understood that the patient had re-engaged in care and the issue had been resolved from the provider’s perspective. Multiple attempts were made to contact the patient for clarification and follow-up; however, the patient did not respond to repeated outreach efforts. Based on the lack of continued engagement from the complainant and the resolution described by the physician, Dr. Berg indicated an intent to dismiss the case without prejudice, allowing for the possibility of reopening the matter should the complainant choose to re-engage or pursue the issue in the future. The case was therefore proposed for closure in the absence of an active complaint, with the understanding that it could be revisited if new information were provided.</p> <p><i>Motion to Close without Prejudice: Dr. Berg.</i></p>			
	<p>5. GBME-CO-2025-006 – Received: 12/02/2025</p> <p>Dr. Berg reported on efforts to address a clinical disagreement involving pediatric ophthalmology care for a pediatric patient, noting that Guam does not currently have a pediatric ophthalmologist available for consultation. It was explained that there was a significant difference of opinion regarding the standard of care provided, and that the matter was not being viewed as a disciplinary issue aimed at restricting any physician’s clinical privileges, but rather as a clinical disagreement between providers.</p> <p>Dr. Berg stated that discussions were underway with USC to arrange a consultative meeting with a pediatric ophthalmology specialist in order to provide expert input on optimal care for the patient and to assist in clarifying the differing clinical perspectives. He emphasized the intent to mediate the matter and turn it into an educational opportunity, and perhaps create a liaison with the pediatric ophthalmologist at USC.</p> <p>Dr. Berg noted that both parties involved in the case would be able to benefit from the input of an internationally recognized specialist, with the goal of fostering understanding and potentially improving future pediatric ophthalmology care on Guam. Dr. Berg anticipated providing an update next month.</p>	Dr. Berg		On-Going, Update Next Board Meeting
	<p>6. GBME-CO-2026-001 – Received: 01/16/2026</p>	Dr. Bordallo		On-Going

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	<p>Dr. Berg announced that Dr. Bordallo would meet with the complainant on June 3rd, after which the investigation would proceed. He provided general guidance for newer Board members, noting that in evaluating complaint timelines, consideration is given to whether any delay poses a risk to public safety or requires immediate intervention.</p> <p>Dr. Berg explained that, in the present matter, the physician involved is not practicing in Guam and there have been no indicators of ongoing risk to the public, such as repeated complaints or allegations of gross negligence. As such, he expressed confidence that it was appropriate for Dr. Bordallo to proceed with the scheduled meeting prior to the initiation of a formal investigation.</p> <p>Dr. Berg further emphasized that safeguarding public safety remains the primary consideration in all cases and acknowledged that, in rare circumstances, the Board may need to act promptly to protect the public prior to the completion of a full investigation; however, it was clarified that such circumstances were not present in this case.</p>			
	<p>7. GBME-CO-2026-002 – Received: 01/18/2026 Dr. Wielaard was absent from the meeting and could not give a report. Dr. Berg stated that while there was no immediate risk requiring expedited action with this case, all complaints continue to be processed as quickly as possible.</p>	Dr. Wielaard		On-Going
VIII.	<p>New Business</p> <p>A. Complaint(s):</p> <p>1. GBME-CO-2026-003 – Received: 03/03/2026 Dr. Berg informed members that the Board had received its first podiatric complaint on March 3rd, noting that its review had been delayed due to not making the last Board meeting agenda and subsequent delays related to the typhoon. Dr. Berg outlined the general procedural framework for handling such complaints, beginning with an initial jurisdictional review to confirm that the respondent is a licensed podiatrist and that the complaint pertains to a healthcare-related matter appropriate for Board oversight, rather than a personal dispute outside the Board’s purview.</p> <p>Dr. Berg explained that, once a complaint is deemed appropriate for investigation, it is formally transmitted to the licensee with supporting documentation, and the licensee is</p>	GBME		Ongoing

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	<p>typically provided 30 days to respond, with extensions granted when warranted by circumstances such as travel or other legitimate delays. Dr. Berg further described the investigator's role, noting that there may be opportunities to meet with both the complainant and the licensee during the course of the review process.</p> <p>Dr. Berg emphasized a preference for resolving matters at the earliest and most appropriate level possible, noting that many cases may be addressed through clarification of misunderstandings, facilitated discussion, or, where necessary, third-party input or informal resolution processes. It was further noted that some cases may be effectively resolved through investigator involvement, depending on the circumstances and the needs of the complainant. The matter was then transitioned to Dr. Kim for further discussion regarding investigative procedures.</p> <p>Dr. Kim reported that she had begun reviewing the podiatric complaint and had requested additional information regarding the respondent's licensure status. It was confirmed that the podiatrist no longer held an active license in Guam, with the license having expired in 2024, and therefore was not currently practicing within the jurisdiction.</p> <p>Dr. Berg clarified that when a respondent is not actively licensed in Guam, the Board typically notifies the complainant of this limitation and assists in identifying the appropriate jurisdiction in which the podiatrist is currently licensed so that the complaint may be redirected as appropriate. It was further explained that the Board is unable to investigate individuals who do not hold an active Guam license but will support complainants in ensuring the matter is referred to the relevant licensing authority.</p> <p>Dr. Berg additionally noted that if the individual later regains licensure in Guam, the Board may reopen or initiate an investigation at that time. The importance of interjurisdictional cooperation was emphasized, with reference to participation in the FSMB framework to ensure that licensees cannot avoid accountability by moving between jurisdictions. He also stated that, in cases involving conduct occurring in other states or territories, appropriate coordination is undertaken to ensure complaints are reviewed by the relevant regulatory body.</p>			

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	<p>Dr. Kim indicated that she would proceed with assisting the complainant in identifying the appropriate licensing jurisdiction, and it was noted that B. Hattori would provide additional support in notifying the various boards as needed.</p>			
	<p>B. Applications for Full Licensure:</p>			
	<p>1. Janine T. VanSant <i>Motion to Approve: Dr. Berg; 2nd: Dr. Galgo.</i></p>	GBME		Unanimously Approved
	<p>2. Sarah L. Kalliath <i>Motion to Approve: Dr. Berg; 2nd: Dr. Galgo.</i></p>			Unanimously Approved
	<p>3. Rebecca A. Miksad <i>Motion to Approve: Dr. Berg; 2nd: Dr. Galgo.</i></p>			Unanimously Approved
	<p>4. Amgad Mohamed A. Moussa <i>Motion to Approve: Dr. Berg; 2nd: Dr. Galgo.</i></p>			Unanimously Approved
	<p>5. Jacqueline Mahn Kwan Wong Dr. Berg suggested asking Todu Guam Foundation to work with Dr. Wong to submit a temporary application to facilitate an expedited start to practice while the application undergoes thorough review. It was proposed that the application fee for the temporary permit be waived, particularly in light of delays caused by the absence of Dr. Wielaard, who had been expected to participate in the review process. Dr. Berg emphasized that the circumstances of Dr. Wielaard being absent were not viewed negatively but rather as an example of scheduling conflicts that can occur.</p> <p>Dr. Berg further noted that initiating a temporary application would allow the applicant to begin practice promptly while ensuring that Dr. Galgo would not be forced to rush through the review process. B. Hattori expressed agreement with the proposed approach, indicating that the organization would likely support the process if the fee were to be waived. Dr. Berg concluded that waiving the fee would be an appropriate administrative decision.</p>			Noted
	<p>6. Matthew R. Knouse <i>Motion to Approve: Dr. Berg; 2nd: Dr. Galgo.</i></p>			Unanimously Approved
	<p>7. Lesley Anne Portugal <i>Motion to Approve: Dr. Berg; 2nd: Dr. Galgo.</i></p>			Unanimously Approved

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		8. Coleen M. Haynes <i>Motion to Approve: Dr. Berg; 2nd: Dr. Galgo.</i>			Unanimously Approved
		9. Vincent T. Han <i>Motion to Approve: Dr. Berg; 2nd: Dr. Galgo.</i>			Unanimously Approved
		10. Emerita A. Pizarro <i>Motion to Approve: Dr. Berg; 2nd: Dr. Galgo.</i>			Unanimously Approved
		C. Collaborative Practice Agreement:			
		1. Kazue T. Johansen The Board conducted an administrative vote regarding the renewal of Dr. Johansen's collaborative agreement as a physician assistant. Due to professional association, Dr. Berg asked Dr. Galgo to refrain from voting but could remain present during the discussion as the matter was considered administrative in nature. The other Board members present unanimously voted to approve the renewal of the collaborative agreement.	GBME		Unanimously Approved
IX.	Announcement	Next meeting is tentatively scheduled for Wednesday, June 10, 2026 at 4:00 pm	GBME		Set Date
X.	Adjournment	<i>Motion to Adjourn: Dr. Berg.</i>	GBME	1743	Adjourned

Minutes Drafted by: FLAME TREE Freedom Center, Inc.

Date Submitted: 06/02/2026

Submitted by the GBME Secretary:

Date:

Approved by the GBME with or without changes:



Date: 06/10/2026

Certified by or Attested by the Chairperson:



Date: 06/10/2026