



CARL T.C. GUTIERREZ
GOVERNOR OF GUAM

MAY 13 1998

Refer to
Legislative Secretary

The Honorable Antonio R. Unpingco
Speaker
Mina'Bente Kuattro na Liheslaturan Guåhan
Twenty-Fourth Guam Legislature
Guam Legislature Temporary Building
155 Hesler Street
Hagåtña, Guam 96910

OFFICE OF THE LEGISLATIVE SECRETARY	
ACKNOWLEDGMENT RECEIPT	
Received By	<u>Jimi Amatao</u>
Time	<u>12:20 p.m.</u>
Date	<u>5-13-98</u>


Dear Speaker Unpingco:

Enclosed please find Substitute Bill No. 595 (COR), "AN ACT TO REPEAL §§12206-12228, RECODIFY §§12201-12205, AND ADD ARTICLE 2 TO CHAPTER 12, ALL TO TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A PHYSICIAN'S PRACTICE ACT.", which I have signed into law today as **Public Law No. 24-208**.

This legislation completely revamps the current laws on Guam relative to physician's practice. The legislation incorporates the recommendations made by the Federation of State Medical Boards and concurs with U.S. Federal Law on the subject.

The "Commission on Licensure to Practice the Healing Art in Guam" is left intact, however, the remainder of current sections relative to physician's practice is entirely changed and is much more inclusive. The legislation expands the description of "impairment" of physicians, and specifies the range of disciplinary actions available to the Guam Board of Medical Examiners to enforce the provisions of this licensing law. There are also provisions for compulsory reporting to ensure that all relevant material has been provided to the board which makes licensing decisions.

Very truly yours,


Carl T. C. Gutierrez
I Maga'lahaen Guåhan
Governor of Guam

00028

Attachment: copy attached for signed bill
original attached for vetoed bill

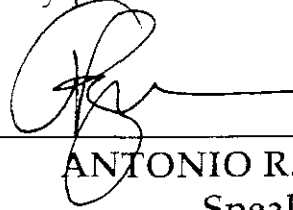
cc: The Honorable Joanne M. S. Brown
Legislative Secretary

Office of the Speaker
ANTONIO R. UNPINGCO
Date: 5/13/98
Time: 9:50 am
Rec'd by: [Signature]
Print Name: Jana [Signature]

MINA'BENTE KUATTRO NA LIHESLATURAN GUAHAN
1998 (SECOND) Regular Session


CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUAHAN

This is to certify that Substitute Bill No. 595 (COR), "AN ACT TO REPEAL §§12206-12228, RECODIFY §§12201-12205, AND ADD ARTICLE 2 TO CHAPTER 12, ALL TO TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A PHYSICIANS PRACTICE ACT," was on the (No.) day of (Month), 1998, duly and regularly passed.



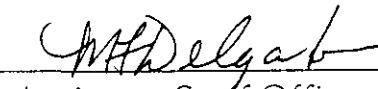
ANTONIO R. UNPINGCO
Speaker

Attested:



JOANNE M.S. BROWN
Senator and Legislative Secretary

This Act was received by *I Maga'lahaen Guahan* this 1st day of May, 1998,
at 12:05 o'clock P.M.



Assistant Staff Officer
Governor's Office

APPROVED:



CARL T. C. GUTIERREZ
I Maga'lahaen Guahan

Date: 5-13-98

Public Law No. 24-208

MINA'BENTE KUATTRO NA LIHESLATURAN GUAHAN
1998 (SECOND) Regular Session

Bill No. 595 (COR)

As substituted by the Committee
on Health and Human Services and
amended on the Floor.

Introduced by:

E. J. Cruz
J. C. Salas
L. F. Kasperbauer
A. C. Blaz
T. C. Ada
F. B. Aguon, Jr.
J. M.S. Brown
Felix P. Camacho
Francisco P. Camacho
M. C. Charfauros
W. B.S.M. Flores
Mark Forbes
A. C. Lamorena, V
C. A. Leon Guerrero
L. Leon Guerrero
V. C. Pangelinan
A. L.G. Santos
F. E. Santos
A. R. Unpingco
J. Won Pat-Borja

AN ACT TO REPEAL §§12206-12228, RECODIFY
§§12201-12205, AND ADD ARTICLE 2 TO CHAPTER
12, ALL TO TITLE 10 OF THE GUAM CODE
ANNOTATED, RELATIVE TO PROVIDING FOR A
PHYSICIANS PRACTICE ACT.

1

BE IT ENACTED BY THE PEOPLE OF GUAM:

1 **Section 1. Repeal.** Sections 12206 through 12228 of Article 2,
2 Chapter 12 of Title 10 of the Guam Code Annotated are hereby repealed.

3 **Section 2. Transfer.** Sections 12201 through 12205 of Article 2,
4 Chapter 12 of Title 10 of the Guam Code Annotated are hereby recodified to
5 and made a part of Article 1, Chapter 12 of Title 10 of the Guam Code
6 Annotated. The Compiler of Laws is hereby authorized to renumber and/or
7 codify those Sections transferred herein.

8 **Section 3.** Article 2 is hereby added to Chapter 12 of Title 10 of the
9 Guam Code Annotated to read as follows:

10 **"ARTICLE 2.**

11 **PHYSICIANS PRACTICE ACT.**

- 12 Section 12201. Statement of Policy.
- 13 Section 12202. Definitions.
- 14 Section 12203. Guam Board of Medical Examiners.
- 15 Section 12204. Examinations.
- 16 Section 12205. Requirements for Full Licensure.
- 17 Section 12206. Graduates of Foreign Medical Schools.
- 18 Section 12207. Licensure by Endorsement and Temporary and
19 Special Licensure.
- 20 Section 12208. Limited Licensure for Physicians in
21 Postgraduate Training.
- 22 Section 12209. Disciplinary Action Against Licensees.
- 23 Section 12210. Impaired Physicians.
- 24 Section 12211. Compulsory Reporting and Investigation.
- 25 Section 12212. Protected Action and Communication.

1 Section 12213. Unlawful Practice of Medicine: Violations and
2 Penalties.

3 Section 12214. Renewal of Licensure.

4 Section 12215. Rules and Regulations.

5 Section 12216. Funding and Fees.

6 Section 12201. Statement of Policy. The practice of medicine
7 is a privilege granted by the people acting through their elected
8 representatives. It is not a natural right of individuals. In the interests
9 of public health, safety and welfare, and to protect the public from the
10 unprofessional, improper, incompetent, unlawful, fraudulent and/or
11 deceptive practice of medicine, it is necessary to provide laws and
12 regulations to govern the granting and subsequent use of the privilege
13 to practice medicine. The primary responsibility and obligation of the
14 Guam Board of Medical Examiners is to protect the people of Guam.

15 Section 12202. Definitions. (a) For purposes of this
16 Article, the definition of the practice of medicine should include the
17 following words and phrases which are defined to mean:

18 (1) advertising, holding out to the public or representing
19 in any manner that one is authorized to practice medicine in the
20 jurisdiction;

21 (2) offering or undertaking to prescribe, order, give or
22 administer any drug or medicine for the use of any other person;

23 (3) offering or undertaking to prevent or to diagnose,
24 correct and/or treat in any manner or by any means, methods, or
25 devices any disease, illness, pain, wound, fracture, infirmity,

1 defect or abnormal physical or mental condition of any person,
2 including the management of pregnancy and parturition;

3 (4) offering or undertaking to perform any surgical
4 operation upon any person;

5 (5) rendering a written or otherwise documented medical
6 opinion concerning the diagnosis or treatment of a patient, or the
7 actual rendering of treatment to a patient within a state by a
8 physician located outside the state as a result of transmission of
9 individual patient data by electronic or other means from within a
10 state to such physician or his or her agent;

11 (6) rendering determination of medical necessity or
12 appropriateness of proposed treatment; and

13 (7) using the designation Doctor, Doctor of Medicine,
14 Doctor of Osteopathy, Physician, Surgeon, Physician and Surgeon,
15 Dr., M.D., D.O. or any combination thereof in the conduct of any
16 occupation or profession pertaining to the prevention, diagnosis
17 or treatment of human disease or condition, unless such a
18 designation additionally contains the description of another
19 branch of the healing arts for which one holds a valid license in
20 the jurisdiction.

21 (b) The definition of exceptions to the Act include the following:

22 (1) students while engaged in training in a medical school
23 approved by the Guam Board of Medical Examiners, or while
24 engaged in graduate medical training under the supervision of the

1 medical staff of a hospital or other health care facility approved by
2 the Guam Board of Medical Examiners for such training, except
3 that those engaged in graduate medical training shall hold a
4 limited license issued by the Guam Board of Medical Examiners
5 for such training;

6 (2) those providing service in cases of emergency where
7 no fee or other consideration is contemplated, charged or received;

8 (3) commissioned medical officers of the armed forces of
9 the United States and medical officers of the United States Public
10 Health Service or the Veterans Administration of the United States
11 in the discharge of their official duties and/or within Federally
12 controlled facilities, provided that such persons who hold medical
13 licenses in the jurisdiction should be subject to the provisions of
14 the Act and provided that all such persons should be fully
15 licensed to practice medicine in one (1) or more jurisdictions of the
16 United States;

17 (4) those practicing dentistry, nursing, optometry,
18 podiatry, psychology or any other of the healing arts in accord
19 with, and as provided by the laws of Guam;

20 (5) those practicing the tenets of a religion or ministering
21 to the sick or suffering by mental or spiritual means in accord with
22 such tenets, provided that no person should be exempt from the
23 public health laws of Guam or the Federal government;

1 (6) a person administering a lawful domestic or family
2 remedy to a member of his or her own family; and

3 (7) those fully licensed to practice medicine in another
4 jurisdiction of the United States who briefly render emergency
5 medical treatment or briefly provide critical medical service at the
6 specific lawful direction of a medical institution or Federal agency
7 that assumes full responsibility for that treatment or service and is
8 approved by the state medical board.

9 **Section 12203. Guam Board of Medical Examiners.** (a) There
10 is established, in and for the government of Guam, a Guam Board of
11 Medical Examiners (the 'BOARD') composed of seven (7) members
12 appointed by *I Maga'lahaen Guahan*.

13 (b) At least six (6) of the seven (7) members shall be physicians
14 licensed in Guam, shall be person of recognized professional ability and
15 integrity, and shall have practiced in Guam for at least five (5) years.
16 All members shall be citizens or permanent residents of the United
17 States who have resided in Guam for five (5) years. One (1) of the
18 physician board member shall be the Medical Director of the Guam
19 Memorial Hospital Authority ('GMHA') who meets the above criteria
20 otherwise *I Maga'lahaen Guahan* shall appoint a qualified physician from
21 the GMHA staff. Provided that of the initial members appointed under
22 this Article, appointments shall be made so that three (3) members of
23 the Board, sitting or newly appointed, shall serve for two (2) years, and
24 four (4) members, sitting or newly appointed shall serve for a term of

1 four (4) years, until a successor is appointed and qualified. No member
2 shall serve more than three (3) consecutive terms.

3 The members of the Board sitting at the date of enactment of this
4 Article who meet the requirements and limitations placed upon
5 membership by this Article shall remain in office until the expiration of
6 their respective terms. When a vacancy occurs, *I Maga'lahaen Guahan*
7 shall appoint a new member within sixty (60) days of the
8 commencement of the vacancy. Members of the Board shall receive a
9 stipend and be compensated in the amount of Fifty Dollars (\$50.00) for
10 attending a Board meeting, not to exceed One Hundred Dollars
11 (\$100.00) a month.

12 (c) The Guam Board of Medical Examiners, within the context
13 of this Article and the requirements of due process, shall have the
14 following powers and responsibilities:

- 15 1. promulgate rules and regulations;
- 16 2. select and administer licensing examination(s);
- 17 3. evaluate medical education and training of applicants;
- 18 4. evaluate previous professional performance of
19 applicants;
- 20 5. issue or deny initial or endorsement licenses;
- 21 6. approve or deny applications for license re-registration
22 and renewal;
- 23 7. receive, review and investigate complaints;

1 8. receive, review and investigate reports received from
2 law enforcement agencies, health care organizations,
3 governmental agencies, insurers and other entities having
4 information pertinent to the professional performance of licensees;

5 9. issue subpoenas, subpoenas duces tecum, administer
6 oaths, receive testimony and conduct hearings;

7 10. discipline licensees found in violation of the Medical
8 Practice Act;

9 11. institute actions in its own name and enjoin violators
10 of the Medical Practice Act;

11 12. establish appropriate fees and charges to include
12 support of active and effective pursuit of its legal responsibilities;

13 13. re-instate revoked license at its discretion, but to use
14 such discretionary authority in a consistent manner and with great
15 assurances that the re-instatement of a license will not jeopardize
16 the public; and

17 14. develop and adopt its budget.

18 (d) **Immunity.**

19 There should be no liability, monetary or otherwise, on the
20 part of, and no cause of action for damages should arise against
21 any current or former member, officer, administrator, staff
22 member, committee member, examiner, representative, agent,
23 employee, consultant, witness or any other person serving or
24 having served the Board, either as a part of the Board's operation

1 or as an individual, as a result of any act, omission, proceeding,
2 conduct or decision related to his or her duties undertaken or
3 performed in good faith and within the scope of the function of
4 the Board.

5 (e) **Indemnity.**

6 If a current or former member, officer, administrator, staff
7 member, committee member, examiner, representative, agent,
8 employee, consultant or any other person serving or having
9 served the Board requests the government to defend him or her
10 against any claim or action arising out of any act, omission,
11 proceeding, conduct or decision related to his or her duties
12 undertaken, or performed in good faith and within the scope of
13 the function of the Board, and if such a request is made in writing
14 at a reasonable time before trial, and if the person requesting
15 defense cooperates in good faith in the defense of the claim or
16 action, the government should provide and pay for such defense
17 and should pay any resulting judgment, compromise or
18 settlement.

19 (f) A member of the Board should be subject to removal when
20 he or she:

- 21 1. ceases to be qualified;
- 22 2. is found guilty of a felony or an unlawful act involving
23 moral turpitude by a court of competent jurisdiction;

1 3. is found guilty of malfeasance, misfeasance or
2 nonfeasance in relation to his or her Board duties by a court of
3 competent jurisdiction;

4 4. is found mentally incompetent by a court of competent
5 jurisdiction;

6 5. fails to attend three (3) successive Board meetings
7 without just cause as determined by the Board; or

8 6. is found in violation of the Physicians Practice Act.

9 (g) All physician members of the Board should hold full and
10 unrestricted medical licenses in Guam, should be persons of recognized
11 professional ability and integrity, and should have resided in Guam at
12 least five (5) years and practiced in the jurisdiction long enough to have
13 become familiar with policies and practice in the jurisdiction.

14 (h) The Board's public member who:

15 1. is not a licensed physician or provider of health care;

16 2. have no substantial personal or financial interests in
17 the practice of medicine, or with any organization regulated by
18 the Board; and

19 3. is a resident of Guam.

20 (i) The Board should be authorized to appoint committees from
21 its membership and employ an executive secretary or director and other
22 staff, including an adequate staff of investigators, to effectively perform
23 its duties under the Act. It should also be assigned adequate legal

1 counsel by the Office of the Attorney General and/or be authorized to
2 employ private counsel or its own full-time attorney.

3 (j) Travel, expenses and daily compensation should be paid for
4 each Board member's attendance, in or out of Guam, for education or
5 training purposes directly related to Board duties and approved by the
6 Board.

7 (k) Telephone or other telecommunication conference should be
8 an acceptable form of Board meeting for the purpose of taking
9 emergency action to enforce the Physicians Practice Act, if the president
10 alone or another officer and two (2) Board members believe the situation
11 precludes another form of meeting. The Board should be authorized to
12 establish procedures by which its committees may meet by telephone or
13 other telecommunication conference system to take emergency action.

14 **Section 12204. Examinations.**

15 (a) **Medical Licensing Examination(s).**

16 (1) No person shall receive a license to practice medicine
17 in Guam unless he or she has passed an examination or
18 examinations satisfactory to the Board, including the National
19 Board of Medical Examiners, FLEX, USMLE or future national
20 examination.

21 (2) The Board shall approve the preparation and
22 administration of an examination or examinations, in English, that
23 it deems must be satisfactorily passed as part of its procedure for
24 determining an applicant's qualification for the practice of
25 medicine.

1 (3) Examinations shall be scored in a way to ensure the
2 anonymity of applicants.

3 (4) Examinations shall be conducted at least annually,
4 provided there are five (5) applicants of which one (1) of the
5 applicants must be a resident of Guam.

6 (5) The Board shall stipulate the score required for
7 passing the examination(s). The required passing score should be
8 set before the administration of the examination(s).

9 (6) Applicants shall be required to pass all examinations
10 within a specific period of time after initial application in any
11 jurisdiction. Specific requirements for the satisfactory completion
12 of further medical education should be established by the Board
13 for those applicants seeking to be examined after the specified
14 passing period.

15 (7) The Board shall be authorized to limit the number of
16 times an examination may be taken before the satisfactory
17 completion of further medical education is required of an
18 applicant.

19 (8) Fees for any examination shall be paid by an applicant
20 before the examination is given in accordance with specified
21 deadlines.

22 **(b) Examination Application.** To apply for examination(s), an
23 applicant shall provide the Board, and attest to the following
24 information and documentation, no later than a date set by the Board:

1 (1) his or her full name and all aliases or other names ever
2 used, current address, social security number and date and place
3 of birth;

4 (2) a recent signed photograph, a handwriting sample (A
5 set of fingerprints of the applicant may be requested if available.);

6 (3) an original of all documents and credentials required
7 by the Board, or notarized photocopies or other verification
8 acceptable to the Board of such documents and credentials;

9 (4) a list of all jurisdictions, United States or foreign, in
10 which the applicant is licensed, or has applied for licensure, to
11 practice medicine, or is authorized, or has applied for
12 authorization to practice medicine;

13 (5) a list of all jurisdictions, United States or foreign, in
14 which the applicant has been denied licensure or authorization to
15 practice medicine or has voluntarily surrendered a license or an
16 authorization to practice medicine;

17 (6) a list of all sanctions, judgments, awards, settlements
18 or convictions against the applicant in any jurisdiction, United
19 States or foreign, that would constitute grounds for disciplinary
20 action under the Medical Practice Act or the Board's rules and
21 regulations;

22 (7) a detailed educational history, including places,
23 institutions, dates and program descriptions, of all his or her
24 education, beginning with secondary schooling and including all

1 college, pre-professional, professional and professional
2 postgraduate education;

3 (8) a detailed chronological life history, including places
4 and dates of residence, employment and military service, United
5 States or foreign; and

6 (9) any other information or documentation the Board
7 determines necessary.

8 **(c) Examination Security.**

9 (1) Any individual found by the Board to have engaged in
10 conduct that subverts or attempts to subvert the medical licensing
11 examination process should, at the discretion of the Board, have
12 his or her scores on the licensing examination withheld and/or
13 declared invalid, be disqualified from the practice of medicine
14 and/or be subject to the imposition of other appropriate sanctions.
15 The Federation of State Medical Boards of the United States
16 should be informed of all such actions.

17 (2) Conduct that subverts or attempts to subvert the
18 medical licensing examination process should include, but not be
19 limited to:

20 (a) conduct that violates the security of the
21 examination materials, such as removing from the
22 examination room any of the examination materials;
23 reproducing or reconstructing any portion of the licensing
24 examination; aiding by any means in the reproduction or
25 reconstruction of any portion of the licensing examination;

1 selling, distributing, buying, receiving or having
2 unauthorized possession of any portion of a future, current
3 or previously administered licensing examination;

4 (b) conduct that violates the standard of test
5 administration, such as communicating with any other
6 examinee during the administration of the licensing
7 examination; copying answers from another examinee or
8 permitting one's answers to be copied by another examinee
9 during the administration of the licensing examination;
10 having in one's possession during the administration of the
11 licensing examination any books, notes, written or printed
12 materials or data of any kind, other than the examination
13 distributed; and/or

14 (c) conduct that violates the credentialing process,
15 such as falsifying or misrepresenting educational credentials
16 or other information required for admission to the licensing
17 examination; impersonating an examinee or having an
18 impersonator take the licensing examination on one's
19 behalf.

20 (3) The Board shall provide written notification to all
21 applicants for medical licensure of the prohibitions on conduct
22 that subverts or attempts to subvert the licensing examination
23 process, and of the sanctions imposed for such conduct. A copy of
24 such notification attesting that he or she read and understood the

1 notification should be signed by the applicant and filed with his or
2 her application.

3 **Section 12205. Requirements for Full Licensure.** (a) The
4 applicant shall provide the Board and attest to the following
5 information and documentation in a manner required by the Board:

6 (1) his or her full name and all aliases or other names ever
7 used, current address, social security number, and date and place
8 of birth;

9 (2) a recent signed photograph, a set of fingerprints of the
10 applicant, if requested, and a sample of handwriting;

11 (3) originals of all documents and credentials required by
12 the Board, or notarized photocopies or other verification
13 acceptable to the Board of such documents and credentials;

14 (4) a list of all jurisdictions, United States or foreign, in
15 which the applicant is licensed, or has applied for licensure to
16 practice medicine, or is authorized or has applied for
17 authorization to practice medicine;

18 (5) a list of all jurisdictions, United States or foreign, in
19 which the applicant has been denied licensure or authorization to
20 practice medicine or has voluntarily surrendered a license or an
21 authorization to practice medicine;

22 (6) a list of all sanctions, judgments, awards, settlements
23 or convictions against the applicant in any jurisdiction, United
24 States or foreign, that would constitute grounds for disciplinary

1 action under the Medical Practice Act or the Board's rules and
2 regulations;

3 (7) a detailed educational history, including places,
4 institutions, dates and program descriptions of all his or her
5 education, beginning with secondary schooling and including all
6 college, pre-professional, professional and professional
7 postgraduate education;

8 (8) a detailed chronological life history, including places
9 and dates of residence, employment and military service, United
10 States or foreign; and

11 (9) any other information or documentation the Board
12 determines necessary.

13 (b) The applicant shall possess the degree of Doctor of
14 Medicine or Osteopathy from a medical college or school located in the
15 United States, its territories or possessions, or Canada that was
16 approved by the Board or by a private nonprofit accrediting body
17 approved by the Board at the time the degree was conferred. No person
18 who graduated from a medical school that was not so approved at the
19 time of graduation should be examined for licensure, or be licensed in
20 Guam based on credentials or documentation from that school.

21 (c) The applicant shall have satisfactorily completed at least
22 thirty-six (36) months of progressive postgraduate medical training
23 approved by the Board or by a private nonprofit accrediting body
24 approved by the Board in an institution in the United States, its

1 territories or possessions, or Canada approved by the Board or by a
2 private nonprofit accrediting body approved by the Board.

3 (d) The applicant shall have passed medical licensing
4 examination(s) satisfactory to the Board.

5 (e) The applicant shall have demonstrated a familiarity with the
6 statutes and regulations of Guam relating to the practice of medicine
7 and the appropriate use of controlled or dangerous substances.

8 (f) The applicant shall be physically, mentally and
9 professionally capable of practicing medicine in a manner acceptable to
10 the Board and should be required to submit to a physical, mental or
11 professional competency examination or a drug dependency evaluation
12 if deemed necessary by the Board.

13 (g) The applicant shall not have been found guilty by a
14 competent authority, United States or foreign, of any conduct that
15 would constitute grounds for disciplinary action under the regulations
16 of the Board or the Act. The Board should be authorized, at its
17 discretion, to modify this restriction for cause, but it should be directed
18 to use such discretionary authority in a consistent manner.

19 (h) The applicant, at the discretion of the Board, shall make a
20 personal appearance before the Board or a representative thereof for
21 interview, examination or review of credentials at the request of the
22 Board. At the discretion of the Board, the applicant may be required to
23 present his or her original medical education credentials for inspection
24 at the time of personal appearance.

1 (i) The applicant shall be held responsible for verifying to the
2 satisfaction of the Board the validity of all credentials required for his or
3 her medical licensure. The Board shall review and verify medical
4 credentials and screen applicant records through recognized national
5 physician information services (e.g. the Federation of State Medical
6 Boards' Board Action Data Bank and Credentials Verification Service,
7 the files of the American Medical Association and the American
8 Osteopathic Association, and other national data banks and information
9 resources).

10 (j) The applicant shall have paid all fees and have completed
11 and attested to the accuracy of all application and information forms
12 required by the Board.

13 **Section 12206. Graduates of Foreign Medical Schools.**

14 (a) Such applicants shall possess the degree of Doctor of
15 Medicine or Osteopathy, Bachelor of Medicine or Osteopathy, or a
16 Board-approved equivalent based on satisfactory completion of
17 educational programs acceptable to the Board.

18 (b) Such applicants shall be eligible by virtue of their medical
19 education and training for unrestricted licensure or authorization to
20 practice medicine in the country in which they received that education
21 and training.

22 (c) Such applicants shall have passed an examination acceptable
23 to the Board that adequately assesses the applicants' basic medical
24 knowledge.

1 (d) Such applicants shall be certified by the Educational
2 Commission for Foreign Medical Graduates or its Board-approved
3 successor(s), or by an equivalent Board-approved entity.

4 (e) Such applicants shall have a demonstrated command of the
5 English or Chamorro language satisfactory to the Board.

6 (f) The Board shall be authorized to establish regulations
7 requiring all such applicants to satisfactorily complete at least thirty-six
8 (36) months of Board approved, progressive postgraduate medical
9 training.

10 (g) All credentials, diplomas and other required documentation
11 in a foreign language submitted to the Board by or on behalf of such
12 applicants shall be accompanied by notarized English translations
13 acceptable to the Board.

14 (h) Such applicants shall have satisfied all of the applicable
15 requirements of the United States Immigration and Naturalization
16 Service.

17 **Section 12207. Licensure by Endorsement and Temporary and**
18 **Special Licensure.**

19 (a) **Licensure Without Examination.** The Board is authorized,
20 at its discretion, to issue a license by endorsement to an applicant who:

21 1. has complied with all current medical licensing
22 requirements save that for examination;

23 2. has passed a medical licensing examination given in
24 English in another state, the District of Columbia, a territory or
25 possession of the United States or Canada, provided the Board

1 determines that examination was equivalent to its own current
2 examination;

3 3. has a valid current medical license in another state, the
4 District of Columbia, a territory or possession of the United States
5 or Canada; and

6 4. Required to take SPEX if last examination was taken
7 more than ten (10) years ago.

8 **(b) Endorsement for Certified Applicants:** The Board is
9 authorized, at its discretion, to issue a license by endorsement to an
10 applicant who:

11 1. has complied with all current medical licensing
12 requirements save that for examination; and

13 2. has passed the examination of and been certified by a
14 certifying agency recognized by the Board (e.g., the National
15 Board of Medical Examiners or the National Board of Examiners
16 for Osteopathic Physicians and Surgeons), provided the Board
17 determines that examination was equivalent to its own current
18 examination and was not a specialty board examination.

19 **(c) Endorsement Examination:** Notwithstanding any other
20 provisions of the act, the Board is authorized to require applicants for
21 full and unrestricted medical licensure by endorsement who have not
22 been formally tested by a United States or Canadian medical licensing
23 jurisdiction, a Board-approved medical certifying agency or a Board-
24 approved medical specialty board within a specific period of time

1 before application (e.g. eight (8) or ten (10) years to pass a written
2 and/or oral medical examination approved by the Board for that
3 purpose.)

4 (d) **Temporary Licensure.** The Board is authorized to establish
5 regulations for issuance of a temporary medical license for the intervals
6 between Board meetings. Such a license should:

7 1. be granted only to an applicant demonstrably
8 qualified for a full and unrestricted medical license under the
9 requirements set by the Medical Practice Act and the regulations
10 of the Board; and

11 2. automatically terminate on the date of the next Board
12 meeting at which the holder could be considered for a full and
13 unrestricted medical license.

14 (e) **Special Purpose License to Practice Medicine Across**
15 **Guam/State Lines.** The Board is authorized, at its discretion, to issue a
16 special purpose license to practice medicine across Guam lines to an
17 applicant who:

18 1. holds a full and unrestricted license to practice in at
19 least one (1) other state or United States jurisdiction;

20 2. has not had previous disciplinary or other action taken
21 against him or her by any state or jurisdiction; and

22 3. must be at least qualified to be licensed in Guam.

23 Exceptions to the special purpose license to practice medicine
24 across Guam lines include the following:

1 1. the practice of medicine across state lines by a
2 licensed physician on an irregular or infrequent basis,
3 provided such practice occurs less than once a week or
4 involves less than one percent (1%) of the physician's
5 diagnostic or therapeutic practice;

6 2. the informal practice of medicine by a licensed
7 physician is without compensation or expectation of
8 compensation. (The practice of medicine conducted within
9 the parameters of a contractual relationship shall not be
10 considered informal and shall be subject to regulation by the
11 Guam Board of Medical Examiners.);

12 3. physician specialist, or field of authority is not
13 available locally; and

14 4. the practice of medicine in terms of diagnosis
15 and treatment of a patient is under the responsibility of a
16 locally licensed physician.

17 (f) **Special Licensure.** The Board is authorized to issue
18 conditional, restricted or otherwise circumscribed licenses as it
19 determines necessary.

20 **Section 12208. Limited Licensure for Physicians in**
21 **Postgraduate Training.** (a) To be eligible for limited licensure, the
22 applicant should have completed all the requirements for full and
23 unrestricted medical licensure, except postgraduate training or specific
24 examination requirements.

1 (b) The application for limited licensure shall be made directly
2 to the Board in the jurisdiction where the applicant's postgraduate
3 training is to take place. The institution supervising the applicant's
4 postgraduate training program director shall have established
5 procedures whereby the status of an applicant's limited license is
6 verified prior to acceptance into a postgraduate training program, and
7 such acceptance shall be made only after an applicant demonstrates that
8 he or she holds a limited license issued by the Board specifically for the
9 purpose of postgraduate training.

10 (c) The Board shall be directed to establish by regulation
11 restrictions for the limited license to assure that the holder will practice
12 only under appropriate supervision and at locations acceptable to the
13 Board.

14 (d) The limited license shall be renewable annually with the
15 approval of the Board and upon the written recommendation of the
16 supervising institution, including a written evaluation of performance,
17 until such time as Board regulations require the achievement of full and
18 unrestricted medical licensure.

19 (e) The program directors responsible for postgraduate training
20 shall report to the Board, in writing, any disciplinary actions taken
21 against an individual with a limited license. They shall also report to
22 the Board, in writing, any individual who has not been advanced in the
23 program or who has been dropped from the program for performance
24 or ethical reasons. Directors of postgraduate training programs should

1 also be required to submit an annual written report to the Board on all
2 individuals enrolled in their programs. This annual report shall include
3 any disciplinary actions taken against, or restrictions placed upon, any
4 individual in the program. The report shall also include the reason(s)
5 for any individual's failure to advance in the program, as well as a full
6 explanation of any individual's absence from the program of fourteen
7 (14) days or more. Failure to submit such a report to the Board shall be
8 considered a violation of the mandatory reporting provisions of the
9 Medical Practice Act, and shall be grounds to initiate such disciplinary
10 action as the Board deems appropriate, including fines levied against
11 the supervising institution and suspension of the program director's
12 medical license.

13 (f) The disciplinary provisions of the Physicians Practice Act
14 shall apply to the holders of the limited license as if they held full and
15 unrestricted medical licensure.

16 (g) The issuance of a limited license shall not be construed to
17 imply that a full and unrestricted medical license will be issued at any
18 future date.

19 **Section 12209. Disciplinary Action Against Licensees.**

20 (a) **Range of Actions.** The range of disciplinary actions
21 available to the Board include, but not limited to, the following:

- 22 1. revocation of the medical license;
- 23 2. suspension of the medical license;
- 24 3. probation;

- 1 4. stipulations, limitations, restrictions and conditions
- 2 relating to practice;
- 3 5. censure, including specific redress, if appropriate;
- 4 6. reprimand;
- 5 7. chastisement;
- 6 8. monetary redress to another party;
- 7 9. a period of free public or charity service;
- 8 10. satisfactory completion of an educational, training
- 9 and/or treatment program or programs;
- 10 11. fine; and
- 11 12. payment of disciplinary costs.

12 The Board at its discretion may take such actions singly or in
13 combination as the nature of the violation requires.

14 **(b) Letter of Concern.** The Board is authorized to issue a
15 confidential letter of concern to a licensee when, though evidence does
16 not warrant formal proceedings, the Board has noted indications of
17 possible errant conduct by the licensee that could lead to serious
18 consequences and formal action. In its letter of concern the Board is
19 authorized, at its discretion, to request clarifying information from the
20 licensee.

21 **(c) Examination/Evaluation.** The Board is authorized, at its
22 discretion, to require professional competency, physical, mental or
23 chemical dependency examination(s) or evaluation(s) of any applicant

1 or licensee, including withdrawal and laboratory examination of bodily
2 fluids.

3 (d) **Grounds for Action.** The Board is authorized to take
4 disciplinary action for unprofessional or dishonorable conduct, which
5 should be defined to mean, but not be limited to, the following:

6 1. fraud or misrepresentation in applying for or
7 procuring a medical license or in connection with applying for or
8 procuring periodic re-registration of a medical license;

9 2. cheating on, or attempting to subvert, the medical
10 licensing examination(s);

11 3. the commission or conviction of a gross misdemeanor
12 or a felony, related to the practice of medicine, or the entry of a
13 guilty or nolo contendere plea to a gross misdemeanor or a felony
14 charge;

15 4. conduct likely to deceive, defraud or harm the public;

16 5. making a false or misleading statement regarding his
17 or her skill, or the efficacy or value of the medicine treatment or
18 remedy prescribed by him or her or at his or her direction in the
19 treatment of any disease or other condition of the body or mind;

20 6. representing to a patient that an incurable condition,
21 sickness, disease or injury can be cured;

22 7. willfully or negligently violating the confidentiality
23 between physician and patient, except as required by law;

1 8. negligence in the practice of medicine as determined
2 by the Board;

3 9. being found mentally incompetent or of unsound
4 mind by any court of competent jurisdiction;

5 10. being physically or mentally unable to engage safely in
6 the practice of medicine;

7 11. practice or other behavior that demonstrates an
8 incapacity or incompetence to practice medicine;

9 12. the use of any false, fraudulent or deceptive statement
10 in any document connected with the practice of medicine;

11 13. practicing medicine under a false or assumed name;

12 14. aiding or abetting the practice of medicine by an
13 unlicensed, incompetent or impaired person;

14 15. allowing another person or organization to use his or
15 her license to practice medicine;

16 16. commission of any act of sexual misconduct, which
17 exploits the physician-patient relationship in a sexual way;

18 17. habitual or excessive use or abuse of drugs, alcohol or
19 other substances that impair ability;

20 18. prescribing, selling, administering, distributing,
21 ordering or giving any drug legally classified as a controlled
22 substance, or recognized as an addictive or dangerous drug for
23 other than medically accepted therapeutic purposes;

1 19. violating any state or Federal law or regulation
2 relating to controlled substances;

3 20. obtaining any fee by fraud, deceit or
4 misrepresentation;

5 21. employing fraudulent billing practices;

6 22. directly or indirectly giving or receiving any fee,
7 commission, rebate or other compensation for professional
8 services not actually and personally rendered, though this
9 prohibition should not preclude the legal functioning of lawful
10 professional partnerships, corporations or associations;

11 23. disciplinary action of another state or jurisdiction
12 against a license or other authorization to practice medicine based
13 upon acts or conduct by the licensee similar to acts or conduct that
14 would constitute grounds for action as defined in this Section, a
15 certified copy of the record of the action taken by the other state or
16 jurisdiction being conclusive evidence thereof;

17 24. failure to report to the Board any adverse action taken
18 against him or her by another licensing jurisdiction, United States
19 or foreign, by any peer review body, by any health care
20 institution, by any professional or medical society or association,
21 by any governmental agency, by any law enforcement agency or
22 by any court for acts or conduct similar to acts or conduct that
23 would constitute grounds for action as defined in this Section;

1 25. failure to report to the Board surrender of a license or
2 other authorization to practice medicine in another state or
3 jurisdiction, or surrender of membership on any medical staff or
4 in any medical or professional association or society while under
5 disciplinary investigation by any of those authorities or bodies for
6 acts or conduct similar to acts or conduct that would constitute
7 grounds for action as defined in this Section;

8 26. any adverse judgment, award or settlement against the
9 licensee resulting from a medical liability claim related to acts or
10 conduct similar to acts or conduct that would constitute grounds
11 for action as defined in this Section;

12 27. failure to report to the Board any adverse judgment,
13 settlement or award arising from a medical liability claim related
14 to acts or conduct similar to acts or conduct that would constitute
15 grounds for action as defined in this Section;

16 28. failure to transfer pertinent and necessary medical
17 records to another physician in a timely fashion when legally
18 requested to do so by the subject patient or by a legally designated
19 representative of the subject patient;

20 29. improper management of medical records;

21 30. failure to furnish the Board, its investigators or
22 representatives, information legally requested by the Board;

23 31. failure to cooperate with a lawful investigation
24 conducted by the Board;

1 32. willful negligence in complying with the regulations of
2 the Guam Board of Allied Health Examiners or the Guam Board of
3 Nurse Examiners pertaining to physician supervision of physician
4 assistants and advance nurse practitioners;

5 33. violation of any provision(s) of the Medical Practice
6 Act or the rules and regulations of the Board or of an action,
7 stipulation or agreement of the Board;

8 34. failure to follow generally accepted infection control
9 procedures; and

10 35. failure to comply with any state statute or board
11 regulation regarding a licensee's reporting responsibility for HIV,
12 HVB (hepatitis B virus) or HVC (hepatitis C virus) sero-positive
13 status.

14 **Section 12210. Procedures for Enforcement and Disciplinary**
15 **Action. (a) Board Authority.** The Board is empowered to commence
16 legal action to enforce the provisions of the Medical Practice Act and to
17 exercise full discretion and authority with respect to disciplinary
18 actions.

19 **(b) Separation of Functions.** In the exercise of its power, the
20 Board's investigative and judicial functions are to assure fairness and
21 the Board should be required to act in a consistent manner in the
22 application of disciplinary sanctions.

23 **(c) Administrative Procedures.** The existing administrative
24 procedures act or similar statute, in whole or in part, should either be
25 applicable to, or serve as the basis of, the procedural provisions of the

1 Medical Practice Act. The procedural provisions should provide for
2 investigation of charges by the Board; notice of charges to the accused;
3 an opportunity for a fair and impartial hearing for the accused before
4 the Board or its examining committee; an opportunity for representation
5 of the accused by counsel; the presentation of testimony, evidence and
6 argument; subpoena power and attendance of witnesses; a record of
7 proceedings; and judicial review by the courts in accordance with the
8 standards established by the jurisdiction for such review.

9 (d) **Standard of Proof.** The Board should be authorized to use
10 preponderance of the evidence as the standard of proof in its role as
11 trier of fact.

12 (e) **Informal Conference.** Notwithstanding any provision of
13 law, the Board is authorized at its discretion to meet in informal
14 conference with an accused licensee who seeks, or agrees to, such a
15 conference. Disciplinary action taken against a licensee as a result of
16 such an informal conference and agreed to in writing by the Board and
17 the accused licensee should be binding and a matter of public record.
18 However, license revocation and suspension shall be dealt with in
19 open hearing. The holding of an informal conference shall not
20 preclude an open hearing if the Board determines such is necessary.

21 (f) **Summary Suspension.** The Board is authorized to
22 summarily suspend a license prior to a formal hearing when it believes
23 such action is required due to imminent threat to public health and
24 safety. The Board is authorized to summarily suspend a license by

1 means of a vote conducted by telephone conference call, or other
2 electronic means, if appropriate Board officials believe such prompt
3 action is required. Proceedings for a formal hearing should be
4 instituted simultaneously with the summary suspension. The hearing
5 shall be set within thirty (30) days of the date of the summary
6 suspension. No court action shall lift or otherwise interfere with such
7 suspension while the Board proceeds in a timely fashion. However, the
8 Board shall at the request of the court provide a brief summary.

9 (g) **Cease and Desist Orders/Injunctions.** The Board is
10 authorized to issue a cease and desist order and/or obtain an injunction
11 to restrain any person or any corporation or association and its officers
12 and directors from violating the provisions of the Medical Practice Act.
13 Violation of an injunction should be punishable as contempt of court.
14 No proof of actual damage to any person is required for issuance of a
15 cease and desist order and/or an injunction, nor should issuance of an
16 injunction relieve those enjoined from criminal prosecution for violation
17 of the Medical Practice Act.

18 (h) **Board Action Reports.** All the Board's final disciplinary
19 actions and license denials, including related findings of fact and
20 conclusions of law, shall be matters of public record. Such actions and
21 denials shall be promptly reported to the Board Action Data Bank of the
22 Federation of State Medical Boards of the United States within thirty
23 (30) days of the action being taken, to any other data repository required
24 by law and to the media. Voluntary surrender of and voluntary

1 limitation(s) on the medical license of any person shall also be matters
2 of public record and shall also be reported to the Federation of State
3 Medical Boards of the United States and to any other data repository
4 required by law.

5 (i) **Tolling Periods of License Suspension or Restriction.** The
6 Board shall provide, in cases of license suspension or restriction, that
7 any time during which the disciplined physician practices in another
8 jurisdiction without comparable restriction, it shall not be credited as
9 part of the period of suspension or restriction.

10 **Section 12211. Impaired Physicians.** (a) For purposes of this
11 Article the term "*impairment*" is defined as the inability of a licensee to
12 practice medicine with reasonable skill and safety by reason of:

- 13 1. mental illness; or
- 14 2. physical illness, or condition, including, but not
15 limited to, those illnesses or conditions that would adversely
16 effect cognitive, motor or perceptive skills; or
- 17 3. habitual or excessive use or abuse of drugs, defined by
18 law as controlled substances, of alcohol or of other substances that
19 impair ability.

20 (b) The Board shall have available to it an impaired physician
21 program approved by the Board and charged with the management of
22 physicians who are in need of evaluation and treatment. Such programs
23 may either be provided under the auspices of the Board, or through a

1 formalized contract with an independent entity whose program meets
2 the standards set by the Board.

3 (c) The Board shall be authorized, at its discretion, to require a
4 licensee or applicant to submit to a mental or physical examination, or a
5 chemical dependency evaluation conducted by an independent
6 evaluator designated by the Board. The results of the examination or
7 evaluation should be admissible in any hearing before the Board,
8 despite any claim of privilege under a contrary rule or statute. Every
9 person who receives a license to practice medicine, or who files an
10 application for a license to practice medicine, shall be deemed to have
11 given consent to submit to mental or physical examination or a chemical
12 dependency evaluation, and to have waived all objections to the
13 admissibility of the results in any hearing before the Board. If a licensee
14 or applicant fails to submit to an examination or evaluation when
15 properly directed to do so by the Board, unless failure was due to
16 circumstances deemed to be beyond the licensee's control, the Board
17 shall be permitted to enter a final order upon proper notice, hearing and
18 proof of refusal.

19 (d) If the Board finds, after examination and hearing, that a
20 licensee is impaired, the Board is authorized to take one (1) or more of
21 the following actions:

- 22 1. direct the licensee to submit to care, counseling or
23 treatment acceptable to the Board;

1 2. suspend, limit or restrict the physician's medical
2 license for the duration of the impairment; and/or

3 3. revoke the physician's medical license.

4 (e) Any licensee or applicant who is prohibited from practicing
5 medicine under this provision shall, at reasonable intervals, be afforded
6 an opportunity to demonstrate to the satisfaction of the Board that he or
7 she can resume or begin the practice of medicine with reasonable skill
8 and safety. A license shall not be reinstated, however, without the
9 payment of all applicable fees and the fulfillment of all requirements as
10 if the applicant had not been prohibited.

11 (f) While all impaired physicians shall be reported to the Board
12 in accordance with the mandatory reporting requirements of the
13 Medical Practice Act, unidentified and unreported impaired physicians
14 shall be encouraged to seek treatment. To this end the Board shall be
15 authorized, at its discretion, to establish rules and regulations for the
16 review and approval of a medically directed, Impaired Physician
17 Program ('IPP'). Those conducting a Board approved IPP treatment
18 program shall be exempt from the mandatory reporting requirement
19 relating to an impaired physician who is participating satisfactorily in
20 the program, or their report shall be held in confidence and without
21 action by the Board, unless or until the impaired physician ceases to
22 participate satisfactorily in the program. The Board shall require that
23 any impaired physician whose participation in an approved IPP is
24 unsatisfactory shall be reported to the Board as soon as that

1 determination is made. Participation in an approved IPP shall not
2 protect an impaired physician from Board action resulting from a report
3 of his or her impairment from another source. The Board shall be the
4 final authority for approval of an IPP and shall be permitted to
5 withdraw or deny its approval at its discretion.

6 **Section 12212. Compulsory Reporting and Investigation.**

7 (a) Any person shall be permitted to report to the Board in
8 writing any information he or she has reason to believe indicates a
9 medical licensee is, or may be, medically incompetent, guilty of
10 unprofessional conduct, or mentally or physically unable to engage
11 safely in the practice of medicine.

12 The following shall be required to report to the Board promptly
13 and in writing any information that indicates a licensee is, or may be,
14 medically incompetent, guilty of unprofessional conduct, or mentally or
15 physically unable to engage safely in the practice of medicine; and any
16 restriction, limitation, loss, or denial of a licensee's staff privileges or
17 membership that involves patient care:

- 18 1. all physicians licensed under the Act;
- 19 2. all licensed health care providers;
- 20 3. the state medical association and its components;
- 21 4. all hospitals and other health care institutions in
22 Guam, to include hospitals, clinics, managed care organizations,
23 etc.;
- 24 5. all government/with services involving health care
25 activities;

- 1 6. all law enforcement agencies in Guam;
- 2 7. all courts in Guam; and
- 3 8. all peer review bodies in Guam.

4 (b) A medical licensee's voluntary resignation from the staff of a
5 health care organization or voluntary limitation of his or her staff
6 privileges at such an organization shall be promptly reported to the
7 Board by the organization and the licensee if that action occurs while
8 the licensee is under formal or informal investigation by the
9 organization or a committee thereof for any reason related to possible
10 medical incompetence, nonprofessional conduct, or mental or physical
11 impairment.

12 (c) Malpractice insurance carriers and affected licensees shall be
13 required to file with the Board a report of each final judgment,
14 settlement or award against insured licensees. Licensees not covered by
15 malpractice insurance carriers shall be required to file the same
16 information with the Board regarding themselves. All such reports
17 shall be made to the Board promptly (e. g. within thirty (30) days).

18 (d) Upon receiving reports concerning a licensee, or on its own
19 motion, the Board shall be permitted to investigate any evidence that
20 appears to show a licensee is, or may be, medically incompetent, guilty
21 of unprofessional conduct, or mentally or physically unable to engage
22 safely in the practice of medicine.

23 (e) Any person, institution, agency or organization required to
24 report under this provision of the Medical Practice Act who does so in

1 good faith shall not be subject to civil damages or criminal prosecution
2 for so reporting.

3 (f) To assure compliance with compulsory reporting
4 requirements, specific civil penalties shall be established for
5 demonstrated failure to report up to Ten Thousand Dollars (\$10,000.00)
6 per instance.

7 (g) The Board shall promptly acknowledge all reports received
8 under this Section. Persons or entities reporting under this Section shall
9 also be promptly informed of the Board's final disposition of the matters
10 reported.

11 **Section 12213. Protected Action and Communication.**

12 (a) **Immunity.** There shall be no monetary liability on the part
13 of, and no cause of action for damages should arise against, any current
14 or former member, officer, administrator, staff member, committee
15 member, examiner, representative, agent, employee, consultant,
16 witness, or any other person serving or having served the Board, either
17 as a part of the Board's operation or as an individual, as a result of any
18 act, omission, proceeding, conduct or decision related to his or her
19 duties undertaken or performed in good faith and within the scope of
20 the function of the Board.

21 (b) **Indemnity.** If a current or former member, officer,
22 administrator, staff member, committee member, examiner,
23 representative, agent, employee, consultant, or any other person serving
24 or having served the Board requests the government of Guam to defend
25 him or her against any claim or action arising out of any act, omission,

1 proceeding, conduct or decision related to his or her duties undertaken
2 or performed in good faith and within the scope of the function of the
3 Board, and if such a request is made in writing at a reasonable time
4 before trial, and if the person requesting defense cooperates in good
5 faith in the defense of the claim or action, the government of Guam shall
6 provide and pay for such defense and shall pay any resulting judgment,
7 compromise or settlement.

8 (c) **Protected Communication.**

9 1. Every communication made by or on behalf of any
10 person, institution, agency, or organization to the Board or to any
11 person(s) designated by the Board relating to an investigation or
12 the initiation of an investigation, whether by way of report,
13 complaint or statement, shall be privileged. No action or
14 proceeding, civil or criminal, shall be permitted against any such
15 person, institution, agency or organization by whom or on whose
16 behalf such a communication was made in good faith.

17 2. The protections afforded in this provision shall not be
18 construed as prohibiting a respondent, or his or her legal counsel,
19 from exercising the respondent's Constitutional right of due
20 process under the law.

21 **Section 12214. Unlawful Practice of Medicine: Violations and**
22 **Penalties.** (a) It shall be declared unlawful for any person, corporation
23 or association to perform any act constituting the practice of medicine as
24 defined in the Medical Practice Act without first obtaining a medical

1 license in accordance with that Act and the rules and regulations of the
2 Board.

3 (b) The Board shall be authorized to issue a cease and desist
4 order and/or obtain injunctive relief against the unlawful practice of
5 medicine by any person, corporation or association.

6 (c) Any person, corporation or association performing any act
7 constituting the practice of medicine, as defined in the Medical Practice
8 Act or causing or aiding and abetting such action, shall be deemed
9 guilty of a felonious offense.

10 (d) A physician located in another state practicing within the
11 state by electronic or other means without a license, full, special purpose
12 or otherwise, issued by the Board shall be deemed guilty of a felonious
13 offense.

14 **Section 12215. Renewal of Licensure.** (a) At the time of
15 renewal of licensure, the Board shall require the licensee to demonstrate
16 to its satisfaction his or her continuing qualification for medical
17 licensure. The application form for license reregistration shall be
18 designed to require the licensee to update and/or add to the
19 information in the Board's file relating to the licensee and his or her
20 professional activity. It shall also require the licensee to report to the
21 Board the following information.

22 1. any action taken against the licensee by:

23 (i) any jurisdiction or authority, United States or
24 foreign that licenses or authorizes the practice of medicine;

- (ii) any peer review body;
- (iii) any health care organization;
- (iv) any professional medical society or association;
- (v) any law enforcement agency;
- (vi) any court; and
- (vii) any governmental agency for acts or conduct similar to acts or conduct described in the medical practice act as grounds for disciplinary action;

2. any adverse judgment, settlement or award against the licensee arising from a professional liability claim.

3. the licensee's voluntary surrender of, or voluntary limitation on, any license or authorization to practice medicine in any jurisdiction, including military, public health and foreign;

4. any denial to the licensee of a license or authorization to practice medicine by any jurisdiction, including military, public health and foreign;

5. the licensee's voluntary resignation from the medical staff of any health care organization or voluntary limitation of his or her staff privileges at such an organization if that action occurred while the licensee was under formal or informal investigation by the organization, or a committee hereof, for any reason related to possible medical incompetence, unprofessional conduct, or mental or physical impairment;

1 6. the licensee's voluntary resignation or withdrawal
2 from a national, state or county medical society, association or
3 organization if that action occurred while the licensee was under
4 formal or informal investigation or review by that body for any
5 reason related to possible medical incompetence, unprofessional
6 conduct, or mental or physical impairment;

7 7. whether the licensee has abused or has been addicted
8 to or treated for addiction to alcohol or any chemical substance
9 during the registration period;

10 8. whether the licensee has had any physical injury or
11 disease or mental illness within the registration period that
12 affected or interrupted his or her practice of medicine; and

13 9. the licensee's completion of continuing medical
14 education or other forms of professional maintenance and/or
15 evaluation, including specialty board certification or
16 recertification, within the registration period.

17 (b) The Board shall be authorized, at its discretion, to require
18 continuing medical education for license re-registration and to require
19 documentation of that education.

20 (c) The licensee shall be required to sign the application form
21 for license re-registration and have it notarized. Failure to report fully
22 and correctly shall be grounds for disciplinary action by the Board.

23 (d) The Board shall be directed to establish an effective system
24 for reviewing re-registration forms. It shall also be authorized to

1 initiate investigations and/or disciplinary proceedings based on
2 information submitted by licensees for license re-registration.

3 **Section 12216. Rules and Regulations.** The Board shall adopt
4 and enforce rules and regulations to carry into effect the provisions of
5 the Medical Practice Act and to fulfill its duties under the Act. The
6 Board shall adopt rules and regulations in accordance with the
7 Administrative Adjudication Law.

8 **Section 12217. Funding and Fees.** The Board shall be fully
9 supported by the revenues generated from its activities, including fees,
10 charges and reimbursed costs. All such revenues, including fines, shall
11 be deposited to the Health Professional Licensing Office Revolving
12 Fund. This Fund shall receive all interest earned on the deposit of such
13 revenues. Such funds should be appropriated continuously and should
14 be used by the Board only for administration and enforcement of the
15 Medical Practice Act.

16 The Board shall develop and adopt its own budget reflecting
17 revenues, including the interest thereon, and costs associated with each
18 health care field regulated. Revenues, and interest thereon, from each
19 health care field regulated should fully support Board regulation of that
20 field. The budget should include allocations for establishment and
21 maintenance of a reasonable reserve fund.

22 All Board fees and charges shall be set by the Board pursuant to
23 its proposed budget needs. Reasonable notice should be provided for
24 all increases or decreases in fees and charges.

1 A designated officer of the Board, at the direction of the Board,
2 should oversee the collection and disbursement of funds.

3 The Guam Auditor's Office, or the equivalent State office should
4 audit the financial records of the Board annually and report to the Board
5 and *I Liheslaturan Guahan.*"

6 **Section 4. Severability.** If any of the provisions of this Act or
7 the application thereof to any person or circumstance are held invalid,
8 such invalidity shall not affect any other provision or application of this
9 Act, which can be given effect without the invalid provision or
10 application, and to this end the provisions of this Act are severable.

11 **Section 5. Effective Date.** The provisions contained in
12 this Act shall take effect upon enactment.

24-208

Committee on Health and Human Services
24th Guam Legislature

155 Hesler Street
Agana, Guam 96910
Tel: (671) 472-3581 • Fax: (671) 472-3582

April 20, 1998

Honorable Antonio R. Unpingco
Speaker
Twenty Fourth Guam Legislature
155 Hesler Street
Agana, Guam 96910

VIA: Chairperson, Committee on Rules, Government Reform and Federal Affairs

Dear Mr. Speaker:

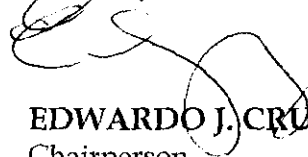
The Committee on Health and Human Services, to which was referred Bill No. 595 (COR), "AN ACT TO ENACT A NEW ARTICLE 2 TO CHAPTER 12, TO REPEAL AND TRANSFER CERTAIN SECTIONS ALL PERTAINING TO TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A PHYSICIANS PRACTICE ACT," has had the same under consideration and now wishes to report back the same with the recommendation to do pass as substituted.

The Committee votes are as follows:

- To Do Pass
- Not to Pass
- Abstain
- Inactive File

A copy of the Committee Report and other pertinent documents are attached for your immediate reference and information.

Sincerely,





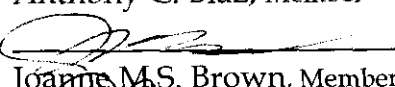
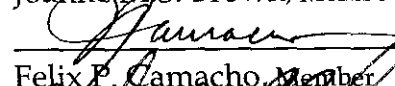
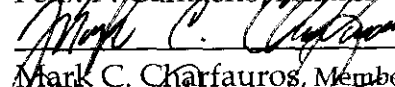

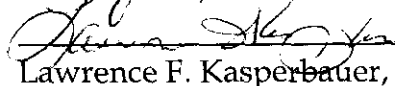
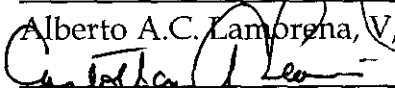
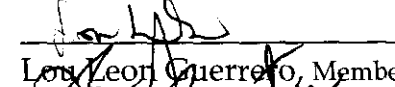
EDUARDO J. CRUZ, MD
Chairperson.

Enclosure:

Committee Health and Human Services
Vote Sheet on
Substitute Bill No. 595 (COR)

AN ACT TO ENACT A NEW ARTICLE 2 TO CHAPTER 12, TO REPEAL AND TRANSFER CERTAIN SECTIONS ALL PERTAINING TO TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A PHYSICIANS PRACTICE ACT.

COMMITTEE MEMBER	TO PASS	NOT TO PASS	ABSTAIN	INACTIVE FILE
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 Eduardo J. Cruz, MD, Chairperson	✓	_____	_____	_____
 John Camacho Salas, Vice Chairperson	✓	_____	_____	_____
Antonio R. Unpingco, Speaker & Ex-Officio	✓	_____	_____	_____
Anthony C. Blaz, Member	_____	_____	_____	_____
 Joanne M.S. Brown, Member	✓	_____	_____	_____
 Felix P. Camacho, Member	✓	_____	_____	_____
 Mark C. Charfauros, Member	✓	_____	_____	_____
 William BSM Flores, Member	✓	_____	_____	_____
Mark Forbes, Member	_____	_____	_____	_____
 Lawrence F. Kasperbauer, Member	x	_____	_____	_____
Alberto A.C. Lamorena, V, Member	_____	_____	_____	_____
 Carlotta A. Leon Guerrero, Member	✓	_____	_____	_____
 Lon Leon Guerrero, Member	✓	_____	_____	_____
Francis E. Santos, Member	_____	_____	_____	_____

Committee on Health and Human Services
Report On
Bill No. 595 (COR)

AN ACT TO ENACT A NEW ARTICLE 2 TO CHAPTER 12, TO REPEAL AND TRANSFER CERTAIN SECTIONS ALL PERTAINING TO TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A PHYSICIANS PRACTICE ACT.

Introduced by Senators
E. J. Cruz, J. C. Salas, L. F. Kasperbauer and A. C. Blaz.

PUBLIC HEARING:

The Committee on Health and Human Services, to which was referred Bill No. 595 (COR), "AN ACT TO ENACT A NEW ARTICLE 2 TO CHAPTER 12, TO REPEAL AND TRANSFER CERTAIN SECTIONS ALL PERTAINING TO TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A PHYSICIANS PRACTICE ACT," conducted a public hearing on Monday, April 6, 1998, starting 8:30 a. m., at the Legislative Public Hearing Room.

MEMBERS PRESENT:

Senator Edwardo J. Cruz, Chairperson of the Committee on Health and Human Services convened the hearing promptly at 8:30 a.m. Committee members and other Senators present were: John C. Salas, Vice-Chairperson, William B.S.M. Flores, Lou Leon Guerrero, Carlotta A. Leon Guerrero, Frank B. Aguon, Jr. and Francisco P. Camacho.

TESTIMONY:

Appearing before the Committee was Dr. Robert Leon Guerrero, a member of the Guam Board of Medical Examiners. At the outset, Dr. Leon Guerrero informed the Committee that although he has several questions, he supports the overall intent and requests that Bill No. 596 be passed. Dr. Leon Guerrero enlightened the Committee that the Medical Practice Act has not been amended for approximately 15 years. According to Dr. Leon Guerrero, the last time the Board formally reviewed legislation recommending amending the Medical Act was in 1991. This was a result of draft legislation authored by then Senator Joe T. San Agustin which never passed. After questioning by the Committee, Dr. Leon Guerrero also stated that Bill No. 595 incorporates suggested recommendations

from the Federal State Model Board and urged the Committee and other members of the Guam Legislature to act favorably on the Act.

There being no further witnesses, the Chairperson adjourned the Committee's hearing on Bill No. 595.

FINDINGS:

The Committee finds that:

Passage of Bill No. 595 is designed to update the practice of medicine into the 20th century. The legislation is not new - it has been submitted to the Legislature for consideration since 1991. More importantly, Bill No. 595 concurs with U.S. Federal Laws as well as the recommendations of the Federation of State Medical Boards of the United States.

RECOMMENDATION:

The Committee, having reviewed the testimonies presented at the public hearing, does hereby recommend to the Legislature that Bill No. 595 (COR), "AN ACT TO ENACT A NEW ARTICLE 2 TO CHAPTER 12, TO REPEAL AND TRANSFER CERTAIN SECTIONS ALL PERTAINING TO TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A PHYSICIANS PRACTICE ACT," be passed as substituted

Profile on Bill No. 595 (COR)

Brief Title:	"Physicians Practice Act."
Date Introduced:	April 1, 1998.
Main Sponsors:	Senators E. J. Cruz, J. C. Salas, L. F. Kasperbauer and A. C. Blaz.
Committee Referral:	From the Committee on Rules, Government Reform and Federal Affairs to the Committee on Health on Human Services.
Public Hearing:	Monday, April 6, 1998, at the Legislative Public Hearing Room.
Official Title:	AN ACT TO ENACT A NEW ARTICLE 2 TO CHAPTER 12, TO REPEAL AND TRANSFER CERTAIN SECTIONS ALL PERTAINING TO TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A PHYSICIANS PRACTICE ACT.
Recommendation:	To do pass as substituted by the Committee on Health and Human Services.

OVERVIEW AND INTENT:

It is the intent of Bill No. 595 to update the current statutes governing physicians practice on Guam. The legislation concurs with U.S. Federal Law and more importantly the recommendations made by the Federation of State Medical Boards.

ANALYSIS:

Section 1. Repeals Sections 12206 through 12228 of Article 2, Chapter 12, of Title 10 of the Guam Code Annotated.

Section 2. Transfer Sections 12201 through 12205 of Article 2, Chapter 12, of Title 10 of the Guam Code Annotated to Article 1, Chapter 12, of Title 10 of the Guam Code Annotated. Authorizes the Compiler of Laws codify the affected sections.

Section 3. Adds a new Article 2 to Chapter 12 of Title 10 of the Guam Code Annotated to read as follows:

"ARTICLE 2.

PHYSICIANS PRACTICE ACT.

Section 12201. Statement of Policy. Outlines the primary responsibility and obligation of the Guam Board of Medical Examiners to the people of Guam.

Section 12202. Definitions. Clarifies the meaning, usage and intent of certain words and phrases used throughout the Act.

Section 12203. Guam Board of Medical Examiners. Establishes a Guam Board of Medical Examiners (the 'BOARD') composed of seven (7) members appointed by the Governor, as well as the powers and responsibilities of the Board.

Section 12204. Examinations. Provides that No person shall receive a license to practice medicine in Guam unless he or she has passed an examination or examinations satisfactory to the Board. This section also outlines the procedures and requirements for applying for a license.

Section 12205. Requirements for Full Licensure. Outlines the requirements that applicants must submit to the Board prior to processing the applicants request for licensure.

Section 12206. Graduates of Foreign Medical Schools. Provides that applicants from foreign medical schools shall possess the degree of Doctor of Medicine or Osteopathy, Bachelor of Medicine or Osteopathy or a Board approved equivalent based on satisfactory completion of educational programs acceptable to the Board.

Section 21207. Licensure By Endorsement and Temporary and Special Licensure. Provides that the Board is authorized, at its discretion, to issue a license by endorsement to an applicant who meets the requirements set forth by the Board.

Section 12208. Limited Licensure for Physicians in Postgraduate Training. (a) Provides that the in order to qualify for limited licensure, the applicant should have at least completed all the requirements for full and unrestricted medical licensure except postgraduate training or specific examination requirements.

Section 12209. Disciplinary Action against Licensees. Range of Actions: The range of disciplinary actions available to the Board is delineated.

Section 12210. Procedures for Enforcement and Disciplinary Action. The Board is empowered to commence legal action to enforce the provisions of the medical practice act and to exercise full discretion and authority with respect to disciplinary actions.

Section 12211. Impaired Physicians. For purposes of this Article the term "impairment" is defined as the inability of a licensee to practice medicine.

Section 12212. Compulsory Reporting and Investigation. Provides that any person submit a report to the Board in writing any information he or she has reason to believe indicates a medical licensee is or may be medically incompetent, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of medicine.

Section 12213. Protected Action and Communication. There shall be no monetary liability on the part of and against, any current or former member, officer, administrator, staff member, committee member, examiner, representative, agent, employee, consultant, witness, or any other person serving or having served the Board, either as a part of the Board's operation or as an individual, as a result of any act, omission, proceeding, conduct, or decision related to his or her duties undertaken or performed in good faith and within the scope of the function of the Board.

Section 12214. Unlawful Practice of Medicine: Violations and Penalties. Stipulates that it shall be declared unlawful for any person, corporation, or association to perform any act constituting the practice of medicine as defined in the medical practice act without first obtaining a medical license in accordance with that act and the rules and regulations of the Board.

Section 12215. Renewal of Licensure. At the time of renewal of licensure, the Board shall require the licensee to demonstrate to its satisfaction his or her continuing qualification for medical licensure. The application form for license re-registration shall be designed to require the licensee to update and/or add to the information in the Board's file relating to the licensee and his or her professional activity. It shall also require the licensee to report to the Board the following information.

Section 12216. Rules and Regulations. The Board shall adopt and enforce rules and regulations to carry into effect the provisions of the medical practice act and to fulfill its duties under the act. The Board shall adopt rules and regulations in accordance with the Administrative Adjudication Law.

Section 12217. Funding and Fees. The Board shall be fully supported by the revenues generated from its activities, including fees, charges and reimbursed costs. All such revenues including fines shall be deposited to the Health Professional Licensing Office Revolving Fund. This fund shall receive all interest earned on the deposit of such revenues. Such funds should be appropriated continuously and should be used by the Board only for administration and enforcement of the medical practice act.

Section 4. Severability. If any of the provisions of this Act or the application thereof to any person or circumstance are held invalid, such invalidity shall not affect any other provision or application of this Act, which can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

Section 5. Effective Date. The provisions contained in this Act shall take effect upon enactment.



24th Guam Legislature
Committee on Rules, Government
Reform and Federal Affairs
Senator Mark Forbes, Chairman

APR 09 1998
MEMORANDUM

RECEIVED
24TH GUAM LEGISLATURE
COM. HEALTH & HUMAN SVCS.
DATE: 4/9/98 By: [Signature]
3:20 pm

TO: Chairman
Committee on Health and Human Services

FROM: Chairman ~~[Signature]~~
Committee on Rules, Government Reform and Federal Affairs

SUBJECT: Referral- Bill No. 595

The above Bill is referred to your Committee as the principal committee. It is recommended you schedule a public hearing at your earliest convenience.

Thank you for your attention to this matter.

MARK FORBES

Attachment



Twenty-Fourth Guam Legislature
Senator Edwardo J. Cruz, MD

Chairperson, Committee on Health and Human Services
155 Hesler Street, Agana, Guam 96910 • Tel: 472-3581 • Fax: 472-3582

PUBLIC HEARING

Monday April 6, 1998

8:30 to 12:30 p.m., Legislative Public Hearing Room

Agenda

8:30 to 9:00 a.m. **Bill 595** - AN ACT TO ADD A NEW ARTICLE 7 TO CHAPTER 12 OF TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A GUAM MEDICAL PRACTICE ACT.

9:00 to 9:30 a.m. **Bill 594** - AN ACT TO REPEAL AND REENACT ARTICLE 6, CHAPTER 12, OF TITLE 10, OF THE GUAM CODE ANNOTATED RELATIVE TO THE GUAM BOARD OF EXAMINERS FOR PHARMACY PRACTICE ACT.

9:30 to 10:00 a.m. **BILL 501**-AN ACT TO REPEAL AND RE-ENACT §12313, ARTICLE 3, CHAPTER 12, 10 GUAM CODE ANNOTATED, RELATIVE TO ADVANCED PRACTICE REGISTERED NURSE, AND AMEND §12229, ARTICLE 2 AND §12600 AND §12617.1, ARTICLE 6, CHAPTER 12, 10 GCA.

10:00 to 10:30 a.m. **Bill 592** - AN ACT TO FURTHER AMEND §§18201, 18203(a) AND (g) ALL OF ARTICLE 2, CHAPTER 18 OF TITLE 16 OF THE GUAM CODE ANNOTATED, AS REPEALED AND REENACTED BY P.L. NO. 24-122, RELATIVE TO THE IMPLIED CONSENT LAW AND SURRENDER OF A DRIVER'S LICENSE.

10:30 to 11:00 a.m. **Bill 591** - AMENDMENT(S) TO P.L. 24-67: AN ACT TO REPEAL AND RE-ENACT §2303 OF TITLE 10, GUAM CODE ANNOTATED, TO REQUIRE THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIRECTOR TO PROVIDE SUBSIDIZED IN HOUSE DENTAL CARE FOR ECONOMICALLY INDIGENT CHILDREN THROUGH THE AGE OF SIXTEEN(16).

11:00 to 11:30 a.m. **Bill 596** - AN ACT TO AMEND SECTION 3201, ARTICLE 2, CHAPTER 3, DIVISION 1, OF TITLE 10 OF THE GUAM CODE ANNOTATED RELATIVE TO REESTABLISHING THE GUAM CANCER REGISTRY WITHIN THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES AND TO REPEAL §80113.1 OF CHAPTER 80, DIVISION 4, PART 2 OF TITLE 10 OF THE GUAM CODE ANNOTATED.

11:30 to 12:30 p.m. **Bill 598** - AN ACT RELATIVE TO GOVERNMENT OF GUAM EMPLOYEES HEALTH BENEFIT PLAN §§4301 AND 4302, ARTICLE 2, CHAPTER 4 OF GCA AND ESTABLISHING A HEALTH CARE PROVIDER COMMISSIONER IN §12201, ARTICLE 2, CHAPTER 12 OF TITLE 22 GCA, AND ESTABLISHING A GUAM HEALTH BENEFIT PLAN WITH THE MEDICALLY INDIGENT PROGRAM BY AMENDING §2901 THROUGH §2913.68 OF ARTICLE 9, CHAPTER 2 OF TITLE 4GCA AND TO CITE AND MAKE KNOWN THE ACT AS THE "GUAM HEALTH BENEFIT ACT OF 1998."

The Committee welcomes your attendance and input in the form of written and/or oral testimony during the hearing. Thank you for your attention on this matter, and if you should need any special accommodations or questions please contact Angela or Rose at 472-3581.



Twenty-Fourth Guam Legislature

Senator Edwardo J. Cruz, MD

Chairperson, Committee on Health and Human Services
155 Hesler Street, Agana, Guam 96910 • Tel: 472-3581 • Fax: 472-3582

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Senator Edwardo J. Cruz, MD

Chairperson

Committee on Health and Human Services

Suite 1-A, Sinajana Shopping Mall Phase II,

#777 Route 4, Sinajana, Guam 96926

E-Mail Address: ejc@senecruz.guam.net

Tel: 472-3581 Fax: 472-3582



MEMORANDUM

March 31, 1998

To: Members, Committee on Health and Human Services
Ex-Officio Speaker Antonio R. Unpingco Fax No.: 472-3500
Vice Speaker Anthony C. Blaz 472-3562
Sen. Elizabeth Barrett-Anderson 472-3433
Sen. Joanne M.S. Brown 472-4090
Sen. Felix P. Camacho 472-9747
Sen. Mark C. Charfauros 472-3440
Sen. William B.S.M. Flores 472-3511
Sen. Mark Forbes 477-5036
Sen. Lawrence F. Kasperbauer 475-2000
Sen. Alberto A.C. Lamorena 472-3588
Sen. Carlotta M. Leon Guerrero 477-1323
Sen. Lou A. Leon Guerrero 472-3832
Sen. Francis E. Santos 477-3048

From: Chairman & Vice Chairman Fax No.: 472-3582

Subj: Notice of Public Hearing
Monday, April 6, 1998
8:30 to 12:30 p.m.

The Committee on Health and Human Services will be conducting a Public Hearing on Monday, April 6, 1998, starting at 8:30 a.m. to 12:30 p.m. at the Legislative Public Hearing Room.

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Attached is a copy of the Agenda.

We look forward to your participation and attendance.

Sincerely,

EDUARDO J. CRUZ, MD
Chairman

JOHN CAMACHO SALAS
Vice Chairman

CC: All Senators



Senator Edwardo J. Cruz, MD
Chairperson
Committee on Health and Human Services
Suite 1-A, Sinajana Shopping Mall Phase II,
#777 Route 4, Sinajana, Guam 96926
E-Mail Address: ejc@senecruz.guam.net
Tel: 472-3581 Fax: 472-3582



MEMORANDUM

March 31, 1998

To: Governor's Office
Bureau of Planning, Director
Department of Administration, Director
Bureau of Budget Management & Research, Director
Department of Revenue and Taxation
Guam Retirement Fund
Department of Education
Guam Federation of Teachers
Mayors Council, Executive Director

Fax No.: 477-4826
477-1812
477-6788
472-2825
472-2643
475-8922
477-6284
734-8085
477-8777

From: Chairman & Vice Chairman
Fax No.: 472-3582

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EDUARDO J. CRUZ, MD
Chairman

JOHN CAMACHO SALAS
Vice Chairman

CC: All Senators

RL/at



Senator Edwardo J. Cruz, MD

Chairperson

Committee on Health and Human Services

Suite 1-A, Sinajana Shopping Mall Phase II,

#777 Route 4, Sinajana, Guam 96926

E-Mail Address: ejc@senecruz.guam.net

Tel: 472-3581 Fax: 472-3582



MEMORANDUM

March 31, 1998

To: The Dept. of Public Health & Social Services, Director Fax No.: 734-5910
The Dept. of Mental Health & Substance Abuse, Director 649-6948
Guam Memorial Hospital, Administrator 649-0145
Guam Health Planning & Development Agency, Director 477-3956
Dept. of Integrated Services for Individuals with Disabilities, Director 477-2892
GGARP/SPIMA, Director 477-9015
Guam Nursing Association, President 477-6877

From: Chairman & Vice Chairman Fax No.: 472-3582

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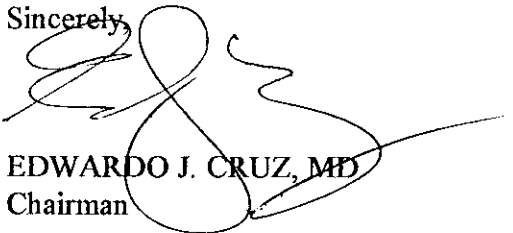
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Chairman


JOHN CAMACHO SALAS
Vice Chairman

CC: All Senators

RL/at



Senator Edwardo J. Cruz, MD

Chairperson

Committee on Health and Human Services

Suite 1-A, Sinajana Shopping Mall Phase II,

#777 Route 4, Sinajana, Guam 96926

E-Mail Address: ejc@senecruz.guam.net

Tel: 472-3581 Fax: 472-3582



MEMORANDUM

March 31, 1998

To:	Calvo's Insurance Underwriter's, Inc., Division Manager	477-4141
	Commission on Licensure	477-4733
	Doctor's Clinic, President	646-1725
	FHP, Governmental Affairs Manager	646-6923
	GMHP, Office Manager	477-1784
	Guam Cancer Society, President	477-9450
	Guam Medical Society, President	646-4206
	Moylan's Insurance/MultiCover, Regional Manager	649-5386
	PMC Isla Health System, Director of Clinics	649-4507
	Seventh Day Adventis Clinic, Public Relations	649-0709
	StayWell Insurance, Plan Administrator	477-5096

From: Chairman & Vice Chairman Fax No.: 472-3582

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Monday, April 6, 1998
8:30 to 12:30 p.m.

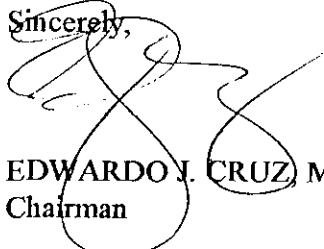
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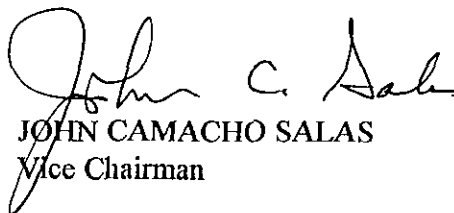
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Chairman


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CC: All Senators

RL/at