CHAPTER 12
MEDICAL PRACTICES

PART 1

SOURCE: This Chapter is taken from Title XXVIII of the Government Code of Guam, as amended.

2024 NOTE: Pursuant to 5 GCA § 1510, I Maga'hågan/Maga'låhen Guåhan means the "Governor of Guam" and I Maga'håga/Maga'låhi means the "Governor." Pursuant to 2 GCA § 1101, I Liheslatura means the "Legislature." Throughout the Chapter, pronoun references have been modified to include both genders.

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ARTICLE 1
COMMISSION ON THE HEALING ARTS OF GUAM

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§ 12101. Definitions.

For the purpose of this Chapter the following words and phrases shall have the meanings assigned to them, respectively, except where the context otherwise requires:

(a) "Disease" means any blemish, defect, deformity, infirmity, disorder or injury of the human body or mind, or of pregnancy and the effects of any of them.

(b) "The Healing Art" means the art of prevention, detecting or attempting to detect the presence of any disease; of determining or attempting to determine the nature and state of any disease, if present; or preventing, relieving, correcting or curing of or attempting to prevent, relieve, correct or cure any disease; of safeguarding or attempting to safeguard the life of any woman or infant through pregnancy

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and parturition; and of doing or attempting to do any of the acts enumerated in this Subsection. The healing arts include, but are not limited to, acupuncture and oriental medicine, audiology, chiropractic, clinical psychology, school psychology, licensed professional counseling, licensed mental health counseling, marriage and family therapy, cosmetology, dentistry, medicine, surgery, osteopathy, nursing, nursing home administration, nutrition and dietetics, occupational therapy, optometry, pharmacy, physical therapy, respiratory therapy, speech-language pathology, and veterinary medicine.

(c) "To Practice" means to do or attempt to do, or to hold oneself out or to allow oneself to be held out as ready to do, any act enumerated in Subsection (b) of this Section as constituting a part of the healing art for a fee, gift, reward or in anticipation of any fee, gift or reward whether tangible or intangible.

(d) "Commission" means the Commission of Healing Arts created by this Chapter.

(e) "Practice of Optometry" means engaging in that primary healthcare profession, of which the members examine, diagnose, manage, and treat certain conditions and diseases of the human eye, visual systems and associated structures. It includes, but is not limited to, the use of any means or methods for the purpose of determining the refractive condition of the human eye or any muscular or visual anomalies thereof, and employing, adapting or prescribing of lenses, prisms, contact lenses or other ophthalmic appliances. Optometrists certified pursuant to § 12508 of this Title are authorized to make use of diagnostic or selected therapeutic pharmaceutical agents, based on the following conditions and limitations.

(1) Independent use of the following therapeutic pharmaceutical agents as topical preparations: non-steroidal anti-allergics, antibacterials and cycloplegics.

(2) Under a co-management arrangement with an ophthalmologist, the following additional agents may be utilized: oral antiallergics, oral antibacterials, topical or oral anti-glaucoma agents, topical anti-inflammatories, topical anti-virals and oral analgesics.

(3) Co-management is an agreement by which an optometrist and an ophthalmologist share responsibility for patient care.

(4) Optometrists are prohibited from performing surgery. "Surgery," as used in reference to the human eye and its appendages, means any procedure in which human tissue is cut or burned. Surgical procedures include the use of sharp-edged instruments or lasers to cut or burn tissue for therapeutic or photorefractive purposes, but do not include the removal of superficial foreign bodies. A superficial foreign body is defined as one that has not penetrated deeper than the epithelium.

(5) Optometrists utilizing pharmaceutical agents shall be held to the same standard of care as would a physician using the same agents.

(f) "Practice of Nursing" means:

(1) "The Practice of Professional Nursing" means the performance for compensation of any act in helping people cope with difficulties in daily living which are associated with their actual or potential health problems or illness problems, or the treatment thereof, which require a substantial amount of scientific knowledge in the biological, physical and social sciences and technical skills, and includes all of the following:

(A) direct and indirect patient care services that insure the safety, comfort, personal hygiene and protection of patients, and the performance of disease prevention and restorative measures;

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(B) direct and indirect patient care services including, but not limited to, the administration of medications and therapeutic agents necessary to implement a treatment, disease prevention or rehabilitative regime prescribed by a licensed physician or dentist;

(C) the performance, according to standardized procedures, of basic health care, testing and preventative procedures, including, but not limited to, skin tests, immunization techniques and the withdrawal of human blood from veins and arteries; or

(D) observation of signs and symptoms of illness, reactions to treatment, general behavior or general physical conditions; and:

(i) determination of whether such signs, symptoms, reactions, behavior or general appearance exhibit abnormal characteristics; and

(ii) implementation, based on observed abnormalities, appropriate reporting, referral, standardized procedures, changes in treatment regime in accordance with standardized procedures or the initiation of emergency procedures. "Standardized procedures" as used in this Section means policies and protocols developed through collaboration among administrators, physicians, nurses and other health professionals of an organized health care system.

(2) "Practice of Practical Nursing" means the performance for compensation of technical services requiring basic knowledge of the biological, physical, behavioral, psychological and sociological sciences of nursing procedures. These standardized procedures leading to predictable outcomes in the observation and care of the ill, injured and infirm, and in the administration of medication and treatments prescribed by any authorized person.

(g) "Chiropractic" means the science, art, and philosophy of things natural, the science of locating and removing interference with the transmissions or expression of nerve forces in the human body, by the correction of misalignments or subluxation of the articulations and adjacent structures, more especially those of the vertebral column and pelvis, for the purpose of restoring and maintaining health. It shall include the use of all natural agencies to assist in the healing art, such as food, water, heat, cold, electricity, mechanical appliances, and the ordering of laboratory tests. The use of imaging procedures shall be limited to skeletal imaging and shall exclude the therapeutic use of X-radiation, the use of contrast studies that introduce dyes, isotopes, or similar contrast media through the skin, orally, via catheterization, or retrograde into any body cavity. It shall exclude operative surgery and the prescription of scheduled drugs.

(h) "Practice of Dentistry" means:

(1) the diagnosis, treatment, correction, change, relief, prevention, prescription of remedy or surgical operation for any disease, pain, deformity, deficiency, injury, lesion or other physical condition of human teeth, gums, jaws, oral cavity or adjacent tissues by an individual or his or her agent or employee, including the prescription or administration of any drug, medicine, biological, prosthetic apparatus, brace, device, anesthetic or other therapeutic or diagnostic substance or technique;

(2) the representation, directly or indirectly, publicly or privately, of an ability or willingness to do any act mentioned in Paragraph (1) of this Subsection; or

(3) with specific reference to the teeth, gums, jaws, oral cavity or adjacent tissues in living persons, for an individual, his or her agent or employee to do, propose, agree or attempt to do or make an examination, or give an estimate of cost with intent to:

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(A) perform surgery, an extraction or any other operation, or to administer an anesthetic in connection therewith;

(B) diagnose or treat any condition, disease, pain, deformity, deficiency, injury, lesion or other physical condition;

(C) correct a malposition;

(D) treat a fracture;

(E) remove calcareous deposits;

(F) replace missing anatomy with an artificial substitute;

(G) construct, make, furnish, supply, reproduce, alter or repair an artificial substitute, or restorative or corrective appliance, or take orders for such work from either a regularly licensed dentist, or place an artificial substitute or restorative or corrective appliance in the mouth or attempt to adjust it;

(H) give interpretations or readings of dental roentgenogram; or

(I) do any other remedial, corrective or restorative work.

(i) "Practice of Medicine" means the diagnosis, correction and treatment in any manner or by any means, methods, devices or instrumentalities of any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal, physical and mental condition, including podiatry and physician assistants under the supervision of a licensed physician of medicine, and podiatry, but does not include the practice of dentistry, nursing, optometry, psychology, chiropractic, or pharmacy by a person licensed under the provisions of this Chapter.

(j) "Practice of Podiatry" means engaging in that primary health care profession, of which the members examine, diagnose, treat and prevent by medical, surgical and mechanical means ailments affecting the human foot and ankle, and the structures governing their functions, but does not include amputation of the foot or the personal administration of a general anesthetic. A podiatrist, under the laws of Guam, is defined as a foot or podiatric physician.

(k) "Practice of Clinical Psychology" means the assessing and alleviating of emotional and mental disorder in a hospital or clinical setting.

(l) "Practice of Osteopathy" means subscribing to, as a complete school of medicine and surgery, use of all methods of diagnosis and treatment in health and disease, including, without limitation, the prescribing and administration of drugs and biological of all kinds, operative surgery, obstetrics, radiological and other electro-magnetic emission, and placing special emphasis on the inter-relationship of musculoskeletal system to all of the body systems.

(m) "Practice of Pharmacy" means engaging in the preparation, compounding and dispensing of drugs and includes the identification, preservation, proper and safe storage, selection, combination, analysis, standardization, labeling and distribution of drugs, the proper maintenance of any records required by Federal or Guam law, and counseling with respect to pharmaceutical practices.

(n) "Physical Therapy" means the utilization of scientific principles for the evaluation and treatment of any disability, injury or disease by the use of physical, chemical or mechanical means, including, but not limited to, heat, cold, air, light, sound, electricity, water, massage, therapeutic exercise and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting or alleviating dysfunction resulting from such disability, injury or disease; the performance of tests and measurements of neuromuscular function as an aid to the diagnosis or treatment of human

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condition; performance of treatments on the basis of test findings; supervision of selective forms of treatment by trained supportive personnel; dry needling, also known as intramuscular stimulation or therapy, but only as provided in this Article and by Board rules and regulations; and the provision of consultative services for health, education and community agencies; provided, however, that physical therapy shall not include radiology or electrosurgery.

(o) "Practice of Veterinary Medicine" means:

(1) the diagnosis, treatment, correction, in any manner or by any means change, relief or prevention of animal disease, deformity, defect, injury or other physical or mental condition, including the prescription or administration of any drug, medicine, biologic, apparatus, application, surgery, anesthetic or other therapeutic or diagnostic substance or technique, and the use of any procedure for artificial insemination, testing for pregnancy, diagnosing and treating sterility or infertility, or rendering advice with regard to any of these;

(2) the representation, directly or indirectly, publicly or privately, of an ability and willingness to do any act mentioned in Paragraph (1) of this Subsection; or

(3) the use of any title, words, abbreviation or letters in a manner, or under circumstances, which includes the belief that the person using them is qualified to do any act mentioned in Paragraph (1) of this Subsection.

(p) "Acupuncture and Oriental Medicine" means the science and art of examination and diagnosis based on traditional oriental medicine, and treatment of symptoms and diseases by the insertion of needles into the respective three hundred sixty-five (365) major trigger points of twelve (12) meridians, eight (8) extra trigger points of extra meridians, Ashi (regional or local) points, as well as other extra points on the human body, by piercing the skin of the body to control and regulate the flow and balance of vital energy in the body and to treat ailments or diseases of the mind, body, any wound, bodily injury, or deformity. The term includes therapies that use manual, mechanical, thermal, electrical, or electromagnetic treatment based on the principles of oriental medicine to prevent or modify the perception of pain or to normalize physiological functions including pain control for the treatment of diseases or dysfunction of the Yin and Yang organic systems, and includes the application of acupuncture needles, electro-acupuncture, electrodynamics stimulation, i.e., electro-stimulation, neuromuscular stimulation, etc., ultrasound, or diathermy devices, cold lasers, magnets, cupping, moxibustion, heat and cold therapy, i.e., heat and cold pads, heat lamp, infrared heat, etc., hydrotherapy, acupressure, Tui Na, oriental massage, massage therapy, Chi-gong, breathing techniques, therapeutic exercise, manual traction, naturopathy and related natural medicine techniques, and nutrition including the incorporation of drugless substances and herbs as dietary supplements to promote health. Ordering blood and laboratory tests, x-rays, or image tests to assist in making a diagnosis and monitoring of a treatment plan is within the scope of practice of acupuncture and oriental medicine. The practice of acupuncture and oriental medicine does not include operative surgery and the prescription of scheduled drugs.

(q) "Speech-Language Pathology" and "Audiology" means:

(1) "Practice of Speech-Language Pathology" means the rendering or offering to render to individuals, groups, organizations or the public any service in speech or language pathology involving the non-medical application of principles, methods and procedures for the measurement, testing, diagnosis, prediction, counseling and instruction related to the development and disorders of speech, voice or language for the purpose of non-medical diagnosing, preventing, treating and ameliorating such disorders and conditions in individuals and groups of individuals; and

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(2) "Practice of Audiology" means the application of principles, methods and procedures of measurement, testing, appraisal, prediction, aural rehabilitation, aural habilitation, consultation, hearing-aid selection, counseling, instruction and research related to hearing, and disorders of hearing, for the purpose of non-medical diagnosis, prevention, identification, amelioration or the modification of communicative disorders, involving speech, language, auditory function or other aberrant behavior related to hearing disorders.

(r) "Physician Assistants" means a skilled individual nationally certified by examination, administered by the National Certifying Commission for Physician Assistants, as being qualified by practical and academic training to provide a specific medical service delegated to him or her by a licensed physician or group of physicians who is responsible for the performance of that physician assistant. Licensure requirements, scope of practice, and procedures governing the practice for such individuals are to be promulgated by the Guam Board of Medical Examiners.

(s) "Individual, Family and Marriage Therapist" means a skilled individual qualified by practical and academic training to provide planned intervention to help the client(s) enlarge competencies, and increase problem solving skills and coping abilities. Licensure requirements and scope and procedures of practice for such individuals shall be promulgated by the Board of Allied Health Examiners.

(t) "Practice of Occupational Therapy" means the treatment provided to people whose lives have been disrupted by physical injury or illness, developmental problems, the aging process or psychosocial difficulties in order to assist each individual to achieve and/or return to an independent and productive life by teaching the individual techniques to prevent disability, by assisting the individual in recovery from illness or accident, and by promoting the development of functions which have been impaired or delayed. The treatment provided may include, but shall not be limited to, the adaptation of the environment and selection, design and fabrication or assistive and orthotic devices, and other technology to facilitate development and promote the acquisition of functional skills.

(u) "Practice of Respiratory Therapy" means the treatment and the management of pulmonary diseases with medications and machines provided to patients whose condition or illness is that of breathing.

(v) "Practice of Dietetics and Nutrition" means the integration and application of scientific principles derived from the study of food, nutrition, biochemistry, metabolism, nutrigenomics, physiology, food management, and from behavioral and social sciences in achieving and maintaining health throughout the life span and in providing nutrition care services, including medical nutrition therapy; assessing and evaluating the nutritional needs of individuals and groups, and determining resources and constraints in the practice setting, including ordering nutrition-related laboratory tests to check and track nutrition status and monitor effectiveness of dietary plans and orders; establishing priorities, goals and objectives that meet nutritional needs and are consistent with available resources and constraints; providing nutrition counseling in health and disease; developing, implementing, and managing nutrition care systems; evaluating, making changes in, and maintaining appropriate standards of quality in food and nutrition services; and ordering therapeutic diets, for the prevention, management, and treatment of disease. This term includes, but is not limited to, nutrition assessment; nutrition diagnosis; nutrition intervention, including the ordering of patient diets, nutritional supplements; monitoring and evaluation of nutrition care plans; nutrition support, including the ordering of enteral and parental nutrition, medical food; dietary and nutritional counseling and education regarding food, nutrient and prescription drug interactions; and the development and administration of nutrition care standards and systems. The practice of dietetics and nutrition does not include the medical differential diagnosis of the health status of an individual.

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(w) "Practice of Cosmetology" means any and all, or any combination of the following practices: arranging, dressing, curling, waving, machineless permanent waiving, permanent waving, cleansing, cutting, singeing, bleaching, tinting, coloring, straightening, dyeing, brushing, beautifying or otherwise treating by any means the hair of any person. The massaging, cleaning or stimulating the scalp, face, neck, arms, bust or upper part of the human body, by means of the hands, devices, apparatus or appliances, with or without the use of cosmetic preparations, antiseptics, tonics, lotions or creams. Beautifying the face, neck, arms, bust or upper part of the human body, by use of cosmetic preparations, antiseptics, tonics, lotions or creams. The removing of superfluous hair from the body of any person by the use of electrolysis, or by the use of depilatories or by the use of tweezers, chemicals, preparations or by the use of devices or appliances of any kind or description, except by the use of light waves, commonly known as rays. The cutting, trimming, polishing, tinting, coloring, cleansing or manicuring the nails of any person; and, the massaging, cleansing, treating or beautifying the hands of any person.

(x) Other Healing Arts Profession as allowed by Guam Laws.

SOURCE: GC § 27000. Subsection (b) amended by P.L. 12-004:1 (Mar. 21, 1973), P.L. 14-029:8 (May 27, 1977) and P.L. 16-123:1 (Dec. 28, 1982). Subsections (e), (f), and (g) amended by P.L. 16-123:2 (Dec. 28, 1982). Subsections (b) and (i) amended, (r) added by P.L. 18-042:9-11 (Aug. 28, 1986). Subsection (r) repealed and reenacted by P.L. 18-049:13 (Dec. 30, 1986). Subsection (s) added by P.L. 19-019:1 (Aug. 22, 1988). Subsection (g) amended by P.L. 20-107:1 (Oct. 17, 1989). Subsection (i) amended by P.L. 21-033:7 (May 17, 1991). Subsection (t) added by P.L. 22-140:IV:6(b) (Sept. 29, 1994). Subsection (e) repealed and reenacted by P.L. 23-009:1 (Apr. 22, 1995). Entire Article repealed and reenacted by P.L. 24-321:1 (Dec. 28, 1998). Subsections (b) and (i) amended and subsections (g), (n), (p), (v) repealed and reenacted by P.L. 36-138:2-7 (Dec. 28, 2022). Subsection (r) amended by P.L. 38-043:2 (Aug. 18, 2025). Subsection (b) amended by P.L. 38-131:3 (June 3, 2026).

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters were altered to adhere to the Compiler's alpha-numeric scheme.

§ 12102. Prohibition.

(a) No person shall practice the healing art on Guam who is not:

(1) licensed so to do under the provisions of this Article; or

(2) exempted under the provisions of this Chapter.

(b) No person shall practice the healing art on Guam otherwise than in accordance with the terms of his or her license, or of his or her registration as the case may be.

SOURCE: GC § 27100, as amended by P.L. 16-123:3 (Dec. 28, 1982). Transferred from Article 2 and renumbered from § 12201 to § 12102 by P.L. 24-208:2 (May 13, 1998). Repealed and reenacted by P.L. 24-321:1 (Dec. 28, 1998).

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

§ 12103. Commission.

(a) There is within the government of Guam a "Commission on the Healing Arts of Guam," (Commission) consisting of eleven (11) members appointed by I Maga'hågan/Maga'låhen Guåhan as follows:

(1) the Director of Public Health and Social Services, or a designee from the Department;

(2) the Chairperson of the Board of Nurse Examiners;

(3) the Chairperson of the Board of Medical Examiners;

(4) the Chairperson of the Board of Examiners for Dentistry;

(5) the Chairperson of the Board of Examiners for Pharmacy;

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(6) the Chairperson of the Board of Allied Health Examiners;

(7) the Chairperson of the Board of Examiners for Optometry;

(8) the Chairperson of Board of Cosmetology;

(9) the Chief Medical Officer of the Guam Memorial Hospital Authority;

(10) the Director of the Guam Behavioral Health and Wellness Center, or a designee from the Department; and

(11) one (1) member from the Mayors Council. The Commission shall elect a president and vice-president.

The Director of the Department of Public Health and Social Services, or the designee of the Director, shall be the secretary and treasurer of the Commission.

(b) The Commission shall make, and from time to time may alter, such rules as it deems necessary for the conduct of its business and for the execution and enforcement of the provisions of this Chapter.

(c) The Commission shall review rules and regulations promulgated by the

(1) Board of Medical Examiners,

(2) Board of Nurse Examiners,

(3) Board of Examiners for Dentistry,

(4) Board of Examiners for Optometry,

(5) Board of Examiners for Pharmacy,

(6) Board of Allied Health Examiners, and

(7) Board of Cosmetology

for the purpose of standardizing, as much as possible, requirements for licensure for all professions in the practice of healing arts.

(d) The Commission shall maintain a register of all persons licensed to practice the healing art on Guam, and each Board shall notify the Commission not less than annually of persons licensed under its supervision.

(e) The Commission shall meet at least annually to review and make recommendations to the Division of Health Planning within DISID any plans relative to the community needs assessment and recommendation in areas of health manpower resources for licensed professionals in the healing arts, and other related health services.

SOURCE: GC § 27101, as amended by P.L. 16-123:4 (Dec. 28, 1982) and 16-125:6 (Dec. 30, 1982); Subsection (a) amended by P.L. 17-021:3 (Aug. 18, 1983); subsection (e) added by P.L. 20-107:4 (Oct. 17, 1989) Transferred from Article 2 and renumbered from § 12202 to § 12103 by P.L. 24-208:2 (May 13, 1998). Repealed and reenacted by P.L. 24-321:1 (Dec. 28, 1998).

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

P.L. 26-076:55 (Mar. 12, 2002) abolished the Guam Health Planning and Development Agency as a division of Department of Integrated Services for Individuals with Disabilities (DISID). Despite the abolishment of this entity, the reference in subsection (e) has not been repealed or amended.

2013 NOTE: P.L. 32-024:2 (May 6, 2013) renamed the Department of Mental Health and Substance Abuse to the Guam Behavioral Health and Wellness Center. Reference to the Department of Mental Health and Substance Abuse was changed to Guam Behavioral Health and Wellness Center pursuant to P.L. 32-024:4.

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§ 12104. Personnel.

(a) The Department of Public Health and Social Services shall be the Department responsible for the implementation of this Act and may establish the Division of Commission of the Healing Arts and Licensure for the purpose of this Act.

(b) The Director of the Department of Public Health and Social Services shall provide such office space, staff, supplies, equipment, vehicle and assistants as may be necessary for the work of the Commission for each of the examining boards, including statutorily created boards and the execution and enforcement of this Chapter.

(c) The Attorney General shall provide legal services to the Commission and the Boards of Examiners without a fee.

SOURCE: GC § 27102, as amended by P.L. 16-123:5 (Dec. 28, 1982). Transferred from Article 2 and renumbered from § 12203 to § 12104 by P.L. 24-208:2 (May 13, 1998). Repealed and reenacted by P.L. 24-321:1 (Dec.28, 1998).

2018 NOTE: Subsection designations added pursuant to the authority granted by 1 GCA § 1606.

§ 12105. Codification.

If need be, the Compiler of Laws is hereby authorized to appropriately codify this Act.

SOURCE: GC § 27103, as amended by P.L. 16-123:6 (Dec. 28, 1982). Transferred from Article 2 and renumbered from § 12204 to § 12105 by P.L. 24-208:2 (May 13, 1998). Repealed and reenacted by P.L. 24-321:1 (Dec. 28, 1998).

§ 12106. 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.

SOURCE: GC § 27104, as amended by P.L. 15-148 (Jan. 8, 1981) and P.L. 16-123:7 (Dec. 28, 1982); amended by P.L. 20-107:2 (Oct. 17, 1989); amended by P.L. 21-033:6 (May 17, 1991). Transferred from Article 2 and renumbered from § 12205 to § 12106 by P.L. 24-208:2 (May 13, 1998). Repealed and reenacted by P.L. 24-321:1 (Dec. 28, 1998).

§ 12107. Effective Date.

The provisions contained in this Act shall take effect upon enactment.

ARTICLE 2
PHYSICIANS PRACTICE ACT

SOURCE: §§ 12206-12228 repealed by P.L. 24-208:1 (May 13, 1998) and new §§ 12201-12217 added by P.L. 24-208:3. The original §§ 12201-12205 recodified as §§ 12102-12106 by P.L. 24-208:2.

§ 12201. Statement of Policy.
§ 12202. Definitions.
§ 12203. Guam Board of Medical Examiners.
§ 12204. Examinations.
§ 12205. Requirements for Full Licensure.
§ 12206. Graduates of Foreign Medical Schools.
§ 12206.1. Guam Conrad 30 J-1 Physician Waiver Program.
§ 12206.2. Internationally-Trained Physicians (ITPs) Interim Provisional License.
§ 12206.3. Interim Provisional License to Permanent License.
§ 12206.4. Enforcement and Disciplinary Authority.
§ 12206.5. Determination of Need Requirement.

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§ 12206.6. Rulemaking.
§ 12206.7. Construction; Separate Licensure Pathways.
§ 12207. Licensure by Endorsement and Temporary and Special Licensure.
§ 12208. Limited Licensure for Physicians in Postgraduate Training.
§ 12209. Disciplinary Action Against Licensees.
§ 12210. Procedures for Enforcement and Disciplinary Action.
§ 12211. Impaired Physicians.
§ 12212. Compulsory Reporting and Investigation.
§ 12212.1. Public Disclosure of a Physician Profile.
§ 12212.2. Method of Disclosure. [Repealed.]
§ 12212.3. Disclaimers and Explanatory Statements. [Repealed.]
§ 12213. Protected Action and Communication.
§ 12214. Unlawful Practice of Medicine: Violations and Penalties.
§ 12215. Renewal of Licensure.
§ 12216. Rules and Regulations.
§ 12217. Funding and Fees.
§ 12218. License on Basis of Years of Practice in Guam. [Repealed.]
§ 12219. Persons Licensed Elsewhere. [Repealed.]
§ 12220. Proof of Qualifications. [Repealed.]
§ 12221. Revocation, Suspension or Annulment of License. [Repealed.]
§ 12222. Prohibitions. [Repealed.]
§ 12223. Alteration of Documents. [Repealed.]
§ 12224. Unfairness of Examiner. [Repealed.]
§ 12225. False Swearing. [Repealed.]
§ 12226. Refusal to Certify; Hearing. [Repealed.]
§ 12227. Exemptions. [Repealed.]
§ 12228. Same. [Repealed.]
§ 12229. Revolving Fund.
§ 12230. Penalty.
§ 12231. Good Faith Immunity.

§ 12201. Statement of Policy.

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

§ 12202. Definitions.

(a) For purposes of this Article, the definition of the "practice of medicine" should include the following words and phrases which are defined to mean:

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

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

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(3) offering or undertaking to prevent or to diagnose, correct and/or treat in any manner or by any means, methods, or devices any disease, illness, pain, wound, fracture, infirmity, defect or abnormal physical or mental condition of any person, including the management of pregnancy and parturition;

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

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

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

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

(8) Physician assistant" shall mean a Board licensed person, qualified by academic and practical training, who provides patient services under the indirect supervision of a licensed physician. A physician assistant is not an independent practitioner.

(9) "Podiatric medicine" shall mean the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot and ankle, including the tendons that insert into the foot, and the non-surgical treatment of the muscles and tendons of the leg governing the functions of the foot.

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

(1) students while engaged in training in a medical school approved by the Guam Board of Medical Examiners, or while engaged in graduate medical training under the supervision of the medical staff of a hospital or other health care facility approved by the Guam Board of Medical Examiners for such training, except that those engaged in graduate medical training shall hold a limited license issued by the Guam Board of Medical Examiners for such training;

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

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

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

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

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

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

(8) A licensed physician or podiatrist or physician assistant who resides outside of Guam within a State, Federal jurisdiction or country is not subject to Guam medical licensure requirements where said licensed physician is providing consultation to a Guam licensed physician through the use of telemedicine technology if:

(A) the non-resident licensed consulting physician or podiatrist or physician assistant operates no clinical practice or office on Guam;

(B) the non-resident licensed consulting physician or podiatrist or physician assistant does not render any final written or otherwise documented final medical opinion concerning the diagnosis or treatment of a patient on Guam directly to the patient; and

(C) the non-resident licensed consulting physician or podiatrist or physician assistant does not render any treatment to any patient on Guam.

(D) The non-resident licensed consulting physician or podiatrist or physician assistant may render care and provide final diagnostic and treatment decisions without an active Guam license if the consultant is to act as a receiving physician or podiatrist or physician assistant for the patient in the consultant's jurisdiction.

(E) The non-resident licensed consulting physician or podiatrist or physician assistant may render care and provide diagnostic and treatment recommendations without an active Guam license if the consulting physician or podiatrist or physician assistant acts jointly and directly with the local attending physician or podiatrist or physician assistant of the patient who is the subject of the consultation.

(F) The non-resident licensed consulting physician or podiatrist or physician assistant rendering consultation shall abide by all local and federal laws with regard to patient confidentiality.

(c) For purposes of this article, the definition of "Graduates of Foreign Medical Schools" means individuals who obtained a degree in medicine, osteopathy, or podiatry outside the United States or Canada, which would qualify the individual to practice medicine, osteopathy, or podiatry in the jurisdiction in which the degree was obtained.

SOURCE: Added as part of Article 2 by P.L. 24-208:3 (May 13, 1998). Subsection (b)(8) added by P.L. 29-092:3. (July 18, 2008). Subsections (a)(7) and (b)(4), (7), (8) amended by P.L. 38-042:3-5 (Aug. 18, 2025); (a)(8) reenacted by P.L. 38-042:2(b), renumbered as (a)(9) by the Compiler. Subsections (a)(7) and (b)(7), (8) amended by P.L. 38-043:3-4 (Aug. 18, 2025); (a)(8) transferred by P.L. 38-043:9(b). Subsection (c) added by P.L. 38-107:2 (Apr. 7, 2026).

2012 NOTE: In maintaining the general codification scheme of the GCA the Compiler changed the hierarchy of subsections beginning with "lowercase roman numerals" to "uppercase letters" in subsection (b)(8).

§ 12203. Guam Board of Medical Examiners.

(a) There is established, in and for the government of Guam, a Guam Board of Medical Examiners (Board) composed of nine (9) members who shall be nominated and appointed by I Maga'hågan/Maga'låhen Guåhan, with the advice and consent of I Liheslaturan Guåhan.

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(1) At least six (6) of the nine (9) members shall be physicians, Doctors of osteopathy, or surgeons licensed in Guam, one (1) shall be a physician assistant licensed in Guam and one (1) shall be a podiatrist licensed in Guam. The members of the Board who are licensed healthcare providers shall be persons of recognized professional ability and integrity, and shall have practiced in Guam for at least five (5) consecutive years immediately preceding the appointment.

(2) All members of the Board shall be citizens or permanent residents of the United States who have resided in Guam for at least five (5) consecutive years immediately preceding the appointment.

(3) One (1) of the physician board members shall be the Medical Director of the Guam Memorial Hospital Authority (GMHA); who meets the above criteria; otherwise, I Maga'hågan/Maga'låhen Guåhan shall nominate and appoint a qualified Physician from the GMHA staff.

(4) Provided that of the initial members appointed under this Article, appointments shall be made so that three (3) members of the Board, sitting or newly appointed, shall serve for two (2) years, and four (4) members, sitting or newly appointed shall serve for a term of four (4) years, until a successor is appointed and qualified.

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

(1) promulgate rules and regulations;

(2) select and administer licensing examination(s);

(3) evaluate medical education and training of applicants;

(4) evaluate previous professional performance of applicants;

(5) issue or deny initial or endorsement licenses;

(6) approve or deny applications for license re-registration and renewal;

(7) receive, review and investigate complaints;

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

(9) issue subpoenas, subpoenas duces tecum, administer oaths, receive testimony and conduct hearings;

(10) discipline licensees found in violation of the Medical Practice Act;

(11) institute actions in its own name and enjoin violators of the Medical Practice Act;

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

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

(14) develop and adopt its budget.

(15) receive, review and investigate a peer review finding and action received from a health care organization pertinent to the professional performance of a licensee. Upon the receipt of an appeal of a peer review finding and action, the Board shall have:

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(A) the responsibility to review the peer review findings and action by a health care organization, and shall have the authority to either,

(i) uphold the peer review action and finding;

(ii) refer the peer review action back to the initiating health care organization for further consideration or reconsideration; or

(iii) reverse, vacate, or otherwise "void" the peer review action and findings.

(c) Immunity. There should be no liability, monetary or otherwise, on the part of, and no cause of action for damages should arise 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.

(d) Indemnity. If a current or former member, officer, administrator, staff member, committee member, examiner, representative, agent, employee, consultant or any other person serving or having served the Board requests the government to defend him or her against any claim or action arising out 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, and if such a request is made in writing at a reasonable time before trial, and if the person requesting defense cooperates in good faith in the defense of the claim or action, the government should provide and pay for such defense and should pay any resulting judgment, compromise or settlement.

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

(1) ceases to be qualified;

(2) is found guilty of a felony or an unlawful act involving moral turpitude by a court of competent jurisdiction;

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

(4) is found mentally incompetent by a court of competent jurisdiction;

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

(6) is found in violation of the Physicians Practice Act.

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

(g) The Board's public member who:

(1) is not a licensed physician or provider of health care;

(2) have no substantial personal or financial interests in the practice of medicine, or with any organization regulated by the Board; and

(3) is a resident of Guam.

(h) [No text]

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(1) The Board should be authorized to appoint committees from its membership and employ an executive secretary or director and other staff, including an adequate staff of investigators, to effectively perform its duties under the Act.

(2) It should also be assigned adequate legal counsel by the Office of the Attorney General and/or be authorized to employ private counsel or its own full-time attorney.

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

(j) [No text]

(1) Telephone or other telecommunication conference should be an acceptable form of Board meeting for the purpose of taking emergency action to enforce the Physicians Practice Act, if the president alone or another officer and two (2) Board members believe the situation precludes another form of meeting.

(2) The Board should be authorized to establish procedures by which its committees may meet by telephone or other telecommunication conference system to take emergency action.

SOURCE: Added as part of Article 2 by P.L. 24-208:3(May 13, 1998). Subsections (a) and (b) amended by P.L. 30-195:2 (Aug. 28, 2010), effective, Jan. 2, 2011, pursuant to P.L. 30-195:5. Subsection (c)(15) added by P.L. 32-158:3 (May 21, 2014). Subsections (a)(1)-(2) amended by P.L. 38-042:6 (Aug. 18, 2025). Subsection (a) amended by P.L. 38-043:5 (Aug. 18, 2025).

2026 NOTE: The amendment of subsection (a) by P.L. 38-043:5 (Aug. 18, 2025) resulted in the implicit repeal of subsections (a)(5)-(8), which had stated as follows:

(5) No member shall serve more than three (3) consecutive terms.

(6) The members of the Board sitting as of the date of enactment of this Article who meet the requirements and limitations placed upon membership by this Article shall remain in office until the expiration of their respective terms.

(7) When a vacancy occurs, I Maga'hågan/Maga'låhen Guåhan shall nominate and appoint a new member within sixty (60) days of the commencement of the vacancy, which shall be subject to the advice and consent of I Liheslaturan Guåhan.

(8) Members of the Board shall receive a stipend and be compensated in the amount of Fifty Dollars ($50.00) for attending a Board meeting, not to exceed One Hundred Dollars ($100.00) per month.

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

§ 12204. Examinations.

(a) Medical Licensing Examination(s).

(1) 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, including the National Board of Medical Examiners, FLEX, USMLE or future national examination.

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

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

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

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

(6) [No text]

(A) Applicants shall be required to pass all examinations within a specific period of time after initial application in any jurisdiction.

(B) Specific requirements for the satisfactory completion of further medical education should be established by the Board for those applicants seeking to be examined after the specified passing period.

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

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

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

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

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

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

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

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

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

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

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

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

(c) Examination Security.

(1) Any individual found by the Board to have engaged in conduct that subverts or attempts to subvert the medical licensing examination process should, at the discretion of the Board, have his or

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her scores on the licensing examination withheld and/or declared invalid, be disqualified from the practice of medicine and/or be subject to the imposition of other appropriate sanctions. The Federation of State Medical Boards of the United States should be informed of all such actions.

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

(A) conduct that violates the security of the examination materials, such as removing from the examination room any of the examination materials; reproducing or reconstructing any portion of the licensing examination; aiding by any means in the reproduction or reconstruction of any portion of the licensing examination; selling, distributing, buying, receiving or having unauthorized possession of any portion of a future, current or previously administered licensing examination;

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

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

(3) The Board shall provide written notification to all applicants for medical licensure of the prohibitions on conduct that subverts or attempts to subvert the licensing examination process, and of the sanctions imposed for such conduct. A copy of such notification attesting that he or she read and understood the notification should be signed by the applicant and filed with his or her application.

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters in subsection (c)(2) were altered to adhere to the Compiler's alpha-numeric scheme.

§ 12205. Requirements for Full Licensure.

(a) The applicant shall provide the Board and attest to the following information and documentation in a manner required by the Board:

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

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

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

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

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

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

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

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

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

(b) [No text]

(1) The applicant shall possess the degree of Doctor of Medicine or Osteopathy or Podiatry from a medical college or school located in the United States, its territories or possessions, or Canada that was approved by the Board or by a private nonprofit accrediting body approved by the Board at the time the degree was conferred.

(2) No person who graduated from a medical school that was not so approved at the time of graduation should be examined for licensure, or be licensed in Guam based on credentials or documentation from that school.

(c) The applicant shall have satisfactorily completed at least thirty-six (36) months of progressive postgraduate medical training approved by the Board or by a private nonprofit accrediting body approved by the Board in an institution in the United States, its territories or possessions, or Canada approved by the Board or by a private nonprofit accrediting body approved by the Board. Provided, however, that this subsection shall not apply to applicants who are graduates of foreign medical schools governed by § 12206 of this Chapter. Such applicants shall be subject to the postgraduate training requirements, credentialing standards, and licensure conditions set forth in § 12206 and any regulations promulgated thereunder.

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

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

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

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

(h) [No text]

(1) The applicant, at the discretion of the Board, shall make a personal appearance before the Board or a representative thereof for interview, examination or review of credentials at the request of the Board.

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(2) At the discretion of the Board, the applicant may be required to present his or her original medical education credentials for inspection at the time of personal appearance.

(i) [No text]

(1) The applicant shall be held responsible for verifying to the satisfaction of the Board the validity of all credentials required for his or her medical licensure.

(2) The Board shall review and verify medical credentials and screen applicant records through recognized national physician information services (e.g. the Federation of State Medical Boards' Board Action Data Bank and Credentials Verification Service, the files of the American Medical Association and the American Osteopathic Association, the American Podiatry Association, and other national data banks and information resources).

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

SOURCE: Added as part of Article 2 by P.L. 24-208:3 (May 13, 1998). Subsections (b)(1), (i)(2) amended by P.L. 38-042:7-8 (Aug. 18, 2025). Subsection (c) amended by P.L. 38-107:3 (Apr. 7, 2026).

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations altered/added pursuant to the authority by 1 GCA § 1606.

§ 12206. Graduates of Foreign Medical Schools.

(a) Applicants who are graduates of 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.

(b) Applicants who are graduates of foreign medical schools shall be eligible by virtue of their medical education and training for unrestricted licensure or authorization to practice medicine in the country in which they received that education and training.

(c) Applicants who are graduates of foreign medical schools shall have passed an examination acceptable to the Board that adequately assesses the applicants' basic medical knowledge.

(d) Applicants who are graduates of foreign medical schools shall be certified by the Educational Commission for Foreign Medical Graduates or its Board approved successor(s), or by an equivalent Board approved entity.

(e) Applicants who are graduates of foreign medical schools shall have a demonstrated command of the English or Chamorro language satisfactory to the Board.

(f) The Board shall be authorized to establish regulations requiring all Applicants to satisfactorily complete at least thirty-six (36) months of Board approved, progressive postgraduate medical training. Applicants shall complete no less than thirty-six (36) months of postgraduate training, which may include training completed outside the United States if the Board determines such training to be substantially equivalent to Accreditation Council for Graduate Medical Education (ACGME) standards. For the purposes of this Chapter, "substantially equivalent" means postgraduate training that includes supervised, progressively responsible clinical experience with structured assessment of competency, and that is recognized by an accrediting authority or governmental medical education regulator deemed acceptable by the Board.

(g) The Board shall adopt a rule related to recognizing and authenticating educational credentials for applicants who are graduates of foreign medical schools. Such rule shall include a requirement that the

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graduate's education be recognized by one or more medical education credentialing bodies, such as, but not limited to the Education Commission of Foreign Medical Graduates. Such rule may include consideration of whether the applicant's medical school is listed in the World Directory of Medical Schools (WDMS). All credentials, diplomas and other required documentation in a foreign language submitted to the Board by or on behalf of applicants who are graduates of foreign medical schools shall be accompanied by notarized English translations acceptable to the Board.

(h) Applicants who are graduates of foreign medical schools shall have satisfied all of the applicable requirements of the United States Immigration and Naturalization Service, including the U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services regulations governing J-1 and H-1 B physician waivers.

(i) Competency Standards. In evaluating an applicant who is a graduate of a foreign medical school for licensure under this Chapter, the Board shall require evidence of competency in the following domains, consistent with U.S. graduate medical education standards: Patient Care; Medical Knowledge; Practice-Based Learning and Improvement; Interpersonal and Communication Skills; Professionalism; and Systems-Based Practice. The Board shall promulgate rules establishing acceptable methods of documentation and evaluation of such competencies.

(j) Specialty Practice Experience. In addition to the requirements of this Section, an applicant who is a graduate of a foreign medical school shall demonstrate not less than three (3) years of independent clinical practice experience in the applicant's area of specialty, completed after the completion of postgraduate medical training. Such experience shall be verified in a manner prescribed by the Board. Experience obtained solely as a medical officer, intern, or house officer shall not satisfy this requirement unless the Board determines that such experience involved independent clinical responsibility consistent with specialty practice standards. This Subsection shall not apply to applicants for, or licenses issued under, §§ 12206.2 through12206.7.

(k) Offer of Employment. An applicant who is a graduate of a foreign medical school seeking licensure under this Section shall provide proof of a bona fide offer of employment from a healthcare facility, clinic, or medical practice located on Guam. Such offer shall be verified in a manner prescribed by the Board and shall identify the intended practice setting and scope of services to be provided. This Subsection shall not apply to applicants for, or licenses issued under, §§ 12206.2 through 12206.7.

(l) Recent Clinical Practice Requirement. An applicant who is a graduate of a foreign medical school shall demonstrate active clinical practice within the five (5) years immediately preceding the date of application. The Board may, for good cause shown, waive or modify this requirement if the applicant demonstrates continued clinical competency through additional training, education, or assessment acceptable to the Board. This Subsection shall not apply to applicants for, or licenses issued under, §§ 12206.2 through 12206.7.

(m) Rulemaking. The Board shall promulgate rules and regulations necessary to implement and administer the issuance of Foreign Medical Graduates (FMG) licenses pursuant to this Chapter. Such rules and regulations shall be adopted no later than one-hundred twenty (120) days following the enactment of this Act.

SOURCE: Added as part of Article 2 by P.L. 24-208:3 (May 13, 1998). Subsections (a)-(h) amended, (i)-(l) added by P.L. 38-107:4 (Apr. 7, 2026). Subsection (m) added by P.L. 38-136:XII:43 (Aug. 28, 2026).

§ 12206.1. Guam Conrad 30 J-1 Physician Waiver Program.

(a) The Department of Public Health and Social Services (DPHSS) is designated as the state-equivalent health agency for Guam for purposes of administering the Conrad 30 J-1 Physician Waiver Program pursuant to federal law.

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(b) DPHSS shall administer the program in accordance with applicable federal statutes, regulations, and United States Department of State guidance governing the Conrad 30 J-1 Physician Waiver Program.

(c) DPSS shall submit an annual report to I Liheslaturan Guahan detailing the number of waiver applications received, recommended, approved, and any compliance issues identified during the reporting period.

SOURCE: Added by P.L. 38-107:5 (Apr. 7, 2026).

§ 12206.2. Internationally-Trained Physicians (ITPs) Interim Provisional License.

(a) The Guam Board of Medical Examiners (GBME) may issue an Interim Provisional License, a limited licensed, to Internationally-Trained Physicians (ITPs) to practice medicine to a physician when the Board has received satisfactory verification of all of the following requirements:

(1) The applicant has been offered employment as a physician at a government of Guam-funded healthcare facility, such as but not limited to Guam Memorial Hospital Authority (GMHA), Department of Public Health Social Services (DPHSS), Federally Qualified Health Centers (FQHCs), or the Guam Behavioral Health and Wellness Center (GBHWC);

(2) The applicant has a current and active license in good standing to practice medicine in a foreign country.

(3) The applicant previously completed at least one hundred thirty (130) weeks of medical education at a medical school listed in the World Directory of Medical Schools and is certified by the Educational Commission for Foreign Medical Graduates or its Board-approved successor(s), or by an equivalent Board-approved entity, and meets one of the following requirements:

(A) The applicant has completed three (3) years of progressive postgraduate training in a graduate medical education program approved by the applicant's country of licensure; or

(B) The applicant has demonstrated competency to practice medicine in one of the following ways:

(i) Successfully passed each part of the United States Medical Licensing Examination (USMLE) or an equivalent examination recognized by the Board; or

(ii) Successfully passed each part of a nationally recognized standard medical licensing examination from a country that is Board-approved and that meets all of the following requirements:

(aa) Tests for the ability to practice medicine;

(bb) Tests for medical knowledge, skills, and understanding of clinical science essential for providing patient care;

(cc) Tests for communication and interpersonal skills; and

(dd) Includes an interactive testing component; or

(iii) Received specialty board certification as approved by any of the following:

(aa) The American Board of Medical Specialties;

(bb) The Bureau of Osteopathic Specialists of the American Osteopathic Association;

(cc) The Royal College of Physicians and Surgeons of Canada; or

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(dd) Any other specialty board recognized pursuant to rules adopted by the Board; or

(iv) Submits to a comprehensive assessment demonstrating clinical competence by a program approved by the Board. Alternatively, the Board may waive this requirement and issue a temporary license, requiring the applicant to successfully pass a Post-Licensure Assessment System, such as the Special Purpose Examination (SPEX), within one (1) year from the date of Board approval.

(4) The applicant has not had a license revoked, suspended, restricted, denied, or otherwise acted against in any jurisdiction and is not the subject of any pending investigations, in whole or in part.

(5) The applicant does not have any convictions involving violations of medical practice law or a conviction substantially equivalent to a felony. The applicant shall submit to a background check from both the jurisdiction of prior licensure and the Federal Bureau of Investigation (FBI).

(6) The applicant has demonstrated proficiency in English through a standardized assessment, documentation of medical education completed entirely in English, or other evidence accepted by the Board.

(7) The applicant is legally authorized to work in the United States. An applicant may apply for an ITP License before receiving federal work authorization, but may not begin employment at government of Guam-funded healthcare facilities until receiving legal work authorization and is issued a License by the Board.

(8) The applicant must submit an application and pay a fee in accordance with rules adopted by the Board.

(9) If an applicant has not engaged in clinical practice for a period of twenty-four (24) or more consecutive months at the time the Board receives the application, the applicant shall complete a physical reentry program approved by the Board in the United States prior to being eligible for an Interim Provisional License under this Article.

SOURCE: Added by P.L. 38-107:6 (Apr. 7, 2026).

2026 NOTE: Subsection designations modified by the Compiler pursuant to the authority of 1 GCA § 1606.

§ 12206.3. Interim Provisional License to Permanent Limited License.

(a) An Interim Provisional License holder shall be eligible for a Permanent Limited License after completing at least three (3) years of practice under the Interim Provisional License, if the licensee:

(1) Has successfully completed the assessment and evaluation requirements of § 12206.2;

(2) Has received an attestation from the participating healthcare facility that the licensee has demonstrated competence to practice independently m all the current areas of the general competency domains;

(3) Has achieved a passing score on Step 3 of the USMLE within three (3) attempts;

(4) Has maintained the Interim Provisional License in good standing with no disciplinary actions;

(5) Has complied with all terms and conditions of the Interim Provisional License; and

(6) Has submitted a complete application and paid the applicable fee.

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(b) A Permanent Limited License issued pursuant to this Section shall authorize the holder to practice medicine with full clinical autonomy, without direct supervision, but only at government of Guam-funded healthcare facilities approved by the Board.

(c) A Permanent Limited License holder shall not be eligible for:

(1) Conversion to a full and unrestricted license to practice medicine;

(2) Practice at private hospitals, private clinics, or private healthcare facilities;

(3) Participation in the Interstate Medical Licensure Compact; or

(4) Any other license category that would permit practice outside of government of Guam-funded healthcare facilities.

(d) The Board may, in its discretion, require additional supervised practice or remediation if the Board determines that the applicant has not demonstrated competence in one or more of the current general competency domains.

(e) A Permanent Limited License shall be subject to renewal in accordance with the same schedule and requirements applicable to full and unrestricted licenses, provided that the restriction to government of Guam-funded healthcare facilities shall remain in effect permanently and shall not be removed or modified.

SOURCE: Added by P.L. 38-107:7 (Apr. 7, 2026). Subsection (a)(1) amended by P.L. 38-136:XII:44 (Aug. 28, 2026).

§ 12206.4. Enforcement and Disciplinary Authority.

(a) Holders of an Interim Provisional or Permanent Limited License issued pursuant to this Article shall be subject to the same disciplinary authority of the Board as holders of full and unrestricted licenses, including but not limited to suspension, revocation, and imposition of conditions.

(b) An Interim Provisional or Permanent Limited License shall be automatically suspended if the licensee ceases to be employed by a government of Guam-funded healthcare facility approved by the Board.

(c) The Board may immediately suspend an Interim Provisional License or Permanent Limited License if the Board determines that continued practice poses an imminent risk to patient safety.

(d) The holder of the Interim Provisional License or Permanent Limited License shall not practice medicine outside the confines of government of Guam-funded healthcare facilities. A violation of this provision is subject to penalties under Guam law, including fines not to exceed Five Hundred Dollars ($500.00) per offense, and may result in revocation of the License by the Board. The Board may, at its discretion, revoke the License at any time.

(e) An Interim Provisional License or Permanent Limited License shall become inactive if its holder ceases employment with the government of Guam-funded healthcare facilities.

(f) The Board shall retain jurisdiction over the holder of inactive Licenses.

(g) The Board, in coordination with the DPHSS' Health Professional Licensing Office (HPLO), shall collect and evaluate data on the implementation and success of this pathway to licensure, including, at a minimum

(1) The number of applicants for licensure under this Section;

(2) The number of licenses issued and denied;

(3) Reasons for denial of applications;

(4) The applicant's licensing country and medical education background;

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(5) The number of Interim Provisional and Permanent Limited Licenses granted following completion of each pathway;

(6) The number of complaints or disciplinary actions involving ITP License holders;

(7) The specialties and practice settings of applicants; and

(8) The geographic distribution of licensees practicing in Guam.

(h) On or before December 1 of each year, the Board shall report the information collected pursuant to (g) to I Maga'haga/Maga'/ahi and the Speaker of I Liheslaturan Guahan.

SOURCE: Added by P.L. 38-107:8 (Apr. 7, 2026).

§ 12206.5. Determination of Need Requirement.

As part of offering employment to an ITP, the hiring authority of the government of Guam funded healthcare facility such as the CEO/Administrator of GMH, the Director of the DPHSS, the Chief Executive Officer of the FQHCs as applicable, or the Director of GBHWC upon receiving approval, as applicable, from their respective board or council, shall demonstrate the need to hire an ITP to provide adequate coverage in the provision of medical care at their healthcare agency to the Board by filing a Determination of Need statement that includes the following attestations:

(a) There are not sufficient individuals able, willing, qualified, and available at the location of employment with the government of Guam-funded healthcare agency at the time of the offer; and

(b) The employment of the ITP will not adversely affect the wages and working conditions of individuals similarly employed at the qualifying location.

A copy of the job offer for employment with the government of Guam-funded healthcare agency must be submitted to the Board, along with the filing of the Determination of Need statement.

SOURCE: Added by P.L. 38-107:9 (Apr. 7, 2026).

§ 12206.6. Rulemaking.

(a) The Board shall promulgate rules and regulations necessary to implement and administer the issuance of Internationally Trained Physician (ITP) license pursuant to this Chapter one-hundred twenty (120) days following the enactment of this Act. The Board is authorized to develop the Internationally-Trained Physicians Interim Provisional License and Permanent Limited License pathway, to include, but not limited to, the rules and regulations governing the application, supervision, management, and execution of the Internationally-Trained Physicians program. The Board shall be guided, at a minimum, by the latest Federation of State Medical Boards general competencies endorsed by the Coalition of Physician Accountability.

(b) [Implicitly repealed by P.L. 38-136:XII:45 (Aug. 28, 2026).]

(c) [Implicitly repealed by P.L. 38-136:XII:45 (Aug. 28, 2026).]

(d) [Implicitly repealed by P.L. 38-136:XII:45 (Aug. 28, 2026).]

SOURCE: Added by P.L. 38-107:10 (Apr. 7, 2026). Subsection (a) amended, (b)-(d) implicitly repealed by P.L. 38-136:XII:45 (Aug. 28, 2026).

§ 12206.7. Construction; Separate Licensure Pathways.

(a) Licensure under §§ 12206.6 through 12206.10 shall constitute a distinct, limited, and service-based pathway separate from licensure under §12206.

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(b) The requirements of §§ 12206 and 12207 shall not apply to applicants for, or licenses issued under, §§ 12206.6 through 12206.10, unless expressly provided in this Chapter.

(c) No license issued under§§ 12206.6 through 12206.10 shall serve as a basis for endorsement, reciprocity, or conversion to a full and unrestricted license under this Chapter.

SOURCE: Added by P.L. 38-107:11 (Apr. 7, 2026).

§ 12207. Licensure by Endorsement and Temporary and Special Licensure.

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

(1) has complied with all current medical licensing requirements save that for examination;

(2) has passed a medical licensing examination given in English in another state, the District of Columbia, a territory or possession of the United States or Canada, provided the Board determines that examination was equivalent to its own current examination;

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

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

(5) holds a valid certification issued by the Educational Commission for Foreign Medical Graduates (ECFMG) or its Board approved successor(s), or by an equivalent Board approved entity; and has passed a medical licensing examination comparable to the United States Medical Licensing Examination (USMLE), or another examination approved by the Board.

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

(1) has complied with all current medical licensing requirements save that for examination; and

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

(3) has passed an international medical licensing examination comparable to the USMLE, as determined by the Board, and is verified by the ECFMG or its Board approved successor(s), or by an equivalent Board approved entity.

(c) Endorsement Examination: Notwithstanding any other provisions of the act, the Board is authorized to require applicants for full and unrestricted medical licensure by endorsement who have not been formally tested by a United States or Canadian medical licensing jurisdiction, a Board-approved medical certifying agency or a Board-approved medical specialty board within a specific period of time before application (e.g. eight (8) or ten (10) years to pass a written and/or oral medical examination approved by the Board for that purpose.)

(d) Provisional License- Foreign Medical Graduates. Notwithstanding subsections (a) and (b), the Board may require an applicant who completed postgraduate training outside an Accreditation Council for Graduate Medical Education (ACGME)-accredited program, to complete a period of supervised provisional licensure prior to issuance of unrestricted licensure.

(1) A provisional license issued pursuant to this subsection shall be limited to practice under supervision in an approved facility;

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(2) During the provisional licensure period, the applicant shall not engage in independent practice and shall practice only within the scope approved by the Board and supervising physician. The Board may impose reasonable limitations on clinical privileges, procedural authority, prescribing authority, on-call responsibilities, and other practice activities as necessary to ensure patient safety;

(3) The applicant shall submit a Board-approved supervision plan identifying the supervising physician(s), scope of practice, and evaluation schedule, a method of oversight, including frequency of review and documentation requirements;

(4) The provisional period shall not exceed twelve (12) months, renewable once for good cause; and

(5) Conversion to unrestricted licensure shall require documented competency-based evaluations.

(6) The applicant shall demonstrate not less than three (3) years of independent clinical practice experience in the applicant's area of specialty, completed after the completion of postgraduate medical training. Such experience shall be verified in a manner prescribed by the Board. Experience obtained solely as a medical officer, intern, or house officer shall not satisfy this requirement unless the Board determines that such experience involved independent clinical responsibility consistent with specialty practice standards. This subsection shall not apply to applicants for, or licenses issued under, §§ 12206.2 through 12206.7.

(7) The applicant shall demonstrate active clinical practice within the five (5) years immediately preceding the date of application. The Board may, for good cause shown, waive or modify this requirement if the applicant demonstrates continued clinical competency through additional training, education, or assessment acceptable to the Board. This subsection shall not apply to applicants for, or licenses issued under, §§ 12206.2 through 12206.7.

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

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

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

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

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

(2) has not had previous disciplinary or other action taken against him or her by any state or jurisdiction; and

(3) must be at least qualified to be licensed in Guam. Exceptions to the special purpose license to practice medicine across Guam lines include the following:

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

(B) the informal practice of medicine by a licensed physician is without compensation or expectation of compensation. (The practice of medicine conducted within the parameters of a

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contractual relationship shall not be considered informal and shall be subject to regulation by the Guam Board of Medical Examiners.);

(C) physician specialist, or field of authority is not available locally; and

(D) the practice of medicine in terms of diagnosis and treatment of a patient is under the responsibility of a locally licensed physician.

(g) Special Licensure. The Board is authorized to issue conditional, restricted or otherwise circumscribed licenses as it determines necessary.

(h) Military Limited Volunteer Medical License.

(1) A physician who practices medicine on Guam under a license issued pursuant to this Subsection may only practice at the Department of Public Health and Social Services, the Guam Memorial Hospital Authority, the Community Health Centers, or a clinic or outreach event that primarily provides services for indigent populations, and the physician shall not receive direct or indirect compensation or payment of anything of monetary value in exchange for the medical services rendered by the physician to the indigent patients.

(2) The Board is authorized to issue a Military Limited Volunteer Medical License to an applicant who:

(A) is licensed and in good standing as a physician in another state;

(B) maintains credentials within the military credentialing system and authorizes the Guam-based Military Credentialing Office to provide to the Guam Board of Medical Examiners the required verification documents and military commander's approval; and

(C) agrees to be subject to Board rules and regulations, including those regarding disciplinary action, license registration and renewal, and continuing medical education, throughout the duration of the Military Limited Volunteer Medical licensure.

(3) A Military Limited Volunteer Medical License shall be issued

(A) at no charge to the applicant,

(B) be valid for a period of two (2) years, and

(C) may be renewed and maintained according to registration requirements as prescribed by the Board.

(4) The license shall be in effect upon receipt of the application packet by the Guam Board of Medical Examiners subject to final review. This presumptive eligibility for licensure is contingent upon

(A) the appropriate military commander's authorization allowing the physician to practice in the community, and

(B) the appropriate collaborative sharing of information between the Military Credentialing Office and the Guam Board of Medical Examiners.

SOURCE: Added by P.L. 24-208:2 (May 13, 2008). Subsection (g) added by P.L. 34-126:2 (Oct. 17, 2018). Subsections (a)(5), (b)(3), (h) added, (d)-(g) amended by P.L. 38-107:12 (Apr. 7, 2026).

2018 NOTE: This section was originally entitled "Examination Facilities," as repealed and reenacted by P.L. 16-123:9 (Dec. 28, 1982. Repealed by P.L. 24-208:1 (May 13, 2008).

Subsection designations added/altered pursuant to the authority granted by 1 GCA § 1606.

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2011 NOTE: In maintaining the general codification scheme of the GCA the Compiler changed the hierarchy of subsections (e)(3) beginning with "numbers" to "Uppercase letters."

§ 12208. Limited Licensure for Physicians in Postgraduate Training.

(a) To be eligible for limited licensure, the applicant should have completed all the requirements for full and unrestricted medical licensure, except postgraduate training or specific examination requirements.

(b) [No text]

(1) The application for limited licensure shall be made directly to the Board in the jurisdiction where the applicant's postgraduate training is to take place.

(2) The institution supervising the applicant's postgraduate training program director shall have established procedures whereby the status of an applicant's limited license is verified prior to acceptance into a postgraduate training program, and such acceptance shall be made only after an applicant demonstrates that he or she holds a limited license issued by the Board specifically for the purpose of postgraduate training.

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

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

(e) [No text]

(1) The program directors responsible for postgraduate training shall report to the Board, in writing, any disciplinary actions taken against an individual with a limited license.

(2) They shall also report to the Board, in writing, any individual who has not been advanced in the program or who has been dropped from the program for performance or ethical reasons.

(3) Directors of postgraduate training programs should also be required to submit an annual written report to the Board on all individuals enrolled in their programs.

(A) This annual report shall include any disciplinary actions taken against, or restrictions placed upon, any individual in the program.

(B) The report shall also include the reason(s) for any individual's failure to advance in the program, as well as a full explanation of any individual's absence from the program of fourteen (14) days or more.

(C) Failure to submit such a report to the Board shall be considered a violation of the mandatory reporting provisions of the Medical Practice Act, and shall be grounds to initiate such disciplinary action as the Board deems appropriate, including fines levied against the supervising institution and suspension of the program director's medical license.

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

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

(h) The Board may issue a visiting physician temporary permit to practice medicine to an applicant who intends to practice under the supervision of a licensed Guam physician, excluding training in postgraduate training programs:

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(1) for educational purposes;

(2) to practice charity care to underserved populations in Guam; provided, that the supervising physician or visiting physician may not impose fees or receive compensation for the care they provide, as further defined in 7 GCA § 16102(e);

(3) in cases of declared emergency disasters;

(4) for the provision of forensic psychiatric examinations related to criminal matters; or

(5) for the provision of charitable specialized medical care for which the applying physician has demonstrated good cause for the issuance of the permit.

(6) A visiting physician must not have a medical license that is under restriction, disciplinary order, or probation in another state, territory, or country.

(7) A visiting physician must be supervised by a physician who:

(A) has an unrestricted license in Guam;

(B) has not been the subject of a disciplinary order, unless the order was administrative in nature; and

(C) takes responsibility for the visiting physician during his/her stay in Guam, and must remain the patient's primary physician.

(8) A visiting physician must present written verification from the physician who will be supervising the applicant that the physician will provide continuous supervision of the applicant. Constant physical presence of the physician is not required, but the physician must remain readily available.

(9) A visiting physician must present written verification from the supervising physician as to the purpose for the requested permit.

(10) A visiting physician may not maintain an office in Guam, or appoint a place in Guam for seeing, examining or treating a patient, or any other activity that the Board designates as exempt from the application.

(11) Except in emergency cases, a visiting physician temporary permit application must be submitted no later than sixty (60) days prior to the visiting physician entering Guam. Applications not adjudicated by the Health Professional Licensing Office by the sixty-first (61st) day following submission shall automatically be approved.

(12) Visiting physician temporary permits shall be valid for no more than ten (10) working days, and for a specified locale and purpose. The Board may extend the length of the temporary permit for up to an additional ten (10) days if the applicant shows good cause for why the extended time is needed.

(13) Due to the charitable and emergency nature of the service, there shall be no fee assessed for the visiting physician temporary permit.

(14) Liability protection for the charitable and uncompensated care provided by the visiting physician is provided for in 7 GCA, Chapter 16 (Volunteer Liability Protection).

SOURCE: Added by P.L. 24-208:3 (May 13, 1998). Subsection (h) added by P.L. 34-074:2 (Feb. 9, 2018).

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

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2018 NOTE: Section 3 of P.L. 34-074 states the following: "The GBME shall promulgate rules to implement the provisions of this Act within ninety (90) days of enactment." Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

NOTE: This section was originally entitled, "Preservation of Documents." Added by P.L. 16-123:10 (Dec. 28, 1982) as GC § 27107, codified as 10 GCA 10 GCA § 12208, repealed by P.L. 24-208:1 (May 13, 1998).

§ 12209. Disciplinary Action Against Licensees.

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

(1) revocation of the medical license;

(2) suspension of the medical license;

(3) probation;

(4) stipulations, limitations, restrictions and conditions relating to practice;

(5) censure, including specific redress, if appropriate;

(6) reprimand;

(7) chastisement;

(8) monetary redress to another party;

(9) a period of free public or charity service;

(10) satisfactory completion of an educational, training and/or treatment program or programs;

(11) fine; and

(12) payment of disciplinary costs.

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

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

(c) Examination/Evaluation. The Board is authorized, at its discretion, to require professional competency, physical, mental or chemical dependency examination(s) or evaluation(s) of any applicant or licensee, including withdrawal and laboratory examination of bodily fluids.

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

(1) fraud or misrepresentation in applying for or procuring a medical license or in connection with applying for or procuring periodic re-registration of a medical license;

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

(3) the commission or conviction of a gross misdemeanor or a felony, related to the practice of medicine, or the entry of a guilty or nolo contendere plea to a gross misdemeanor or a felony charge;

(4) conduct likely to deceive, defraud or harm the public;

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

(6) representing to a patient that an incurable condition, sickness, disease or injury can be cured;

(7) willfully or negligently violating the confidentiality between physician and patient, except as required by law;

(8) negligence in the practice of medicine as determined by the Board;

(9) being found mentally incompetent or of unsound mind by any court of competent jurisdiction;

(10) being physically or mentally unable to engage safely in the practice of medicine;

(11) practice or other behavior that demonstrates an incapacity or incompetence to practice medicine;

(12) the use of any false, fraudulent or deceptive statement in any document connected with the practice of medicine;

(13) practicing medicine under a false or assumed name;

(14) aiding or abetting the practice of medicine by an unlicensed, incompetent or impaired person;

(15) allowing another person or organization to use his or her license to practice medicine;

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

(17) habitual or excessive use or abuse of drugs, alcohol or other substances that impair ability;

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

(19) violating any state or Federal law or regulation relating to controlled substances;

(20) obtaining any fee by fraud, deceit or misrepresentation;

(21) employing fraudulent billing practices;

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

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

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

(25) failure to report to the Board surrender of a license or other authorization to practice medicine in another state or jurisdiction, or surrender of membership on any medical staff or in any medical or

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professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this Section;

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

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

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

(29) improper management of medical records;

(30) failure to furnish the Board, its investigators or representatives, information legally requested by the Board;

(31) failure to cooperate with a lawful investigation conducted by the Board;

(32) willful negligence in complying with the regulations of the Guam Board of Allied Health Examiners or the Guam Board of Nurse Examiners pertaining to physician supervision of physician assistants and advance nurse practitioners;

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

(34) failure to follow generally accepted infection control procedures; and

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

§ 12210. Procedures for Enforcement and Disciplinary Action.

(a) Board Authority. 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.

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

(c) Administrative Procedures. The existing administrative procedures act or similar statute, in whole or in part, should either be applicable to, or serve as the basis of, the procedural provisions of the Medical Practice Act. The procedural provisions should provide for

(1) investigation of charges by the Board;

(2) notice of charges to the accused;

(3) an opportunity for a fair and impartial hearing for the accused before the Board or its examining committee;

(4) an opportunity for representation of the accused by counsel;

(5) the presentation of testimony, evidence and argument;

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(6) subpoena power and attendance of witnesses;

(7) a record of proceedings; and

(8) judicial review by the courts in accordance with the standards established by the jurisdiction for such review.

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

(e) Informal Conference. Notwithstanding any provision of law, the Board is authorized at its discretion to meet in informal conference with an accused licensee who seeks, or agrees to, such a conference.

(1) Disciplinary action taken against a licensee as a result of such an informal conference and agreed to in writing by the Board and the accused licensee should be binding and a matter of public record. However, license revocation and suspension shall be dealt with in open hearing.

(2) The holding of an informal conference shall not preclude an open hearing if the Board determines such is necessary.

(f) Summary Suspension.

(1) The Board is authorized to summarily suspend a license prior to a formal hearing when it believes such action is required due to imminent threat to public health and safety.

(2) The Board is authorized to summarily suspend a license by means of a vote conducted by telephone conference call, or other electronic means, if appropriate Board officials believe such prompt action is required.

(3) Proceedings for a formal hearing should be instituted simultaneously with the summary suspension.

(A) The hearing shall be set within thirty (30) days of the date of the summary suspension.

(B) No court action shall lift or otherwise interfere with such suspension while the Board proceeds in a timely fashion. However, the Board shall at the request of the court provide a brief summary.

(g) Cease and Desist Orders/Injunctions. The Board is authorized to issue a cease and desist order and/or obtain an injunction to restrain any person or any corporation or association and its officers and directors from violating the provisions of the Medical Practice Act.

(1) Violation of an injunction should be punishable as contempt of court.

(2) No proof of actual damage to any person is required for issuance of a cease and desist order and/or an injunction, nor should issuance of an injunction relieve those enjoined from criminal prosecution for violation of the Medical Practice Act.

(h) Board Action Reports. All the Board's final disciplinary actions and license denials, including related findings of fact and conclusions of law, shall be matters of public record.

(1) Such actions and denials shall be promptly reported to the Board Action Data Bank of the Federation of State Medical Boards of the United States within thirty (30) days of the action being taken, to any other data repository required by law and to the media.

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

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

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

§ 12211. Impaired Physicians.

(a) For purposes of this Article the term "impairment" is defined as the inability of a licensee to practice medicine with reasonable skill and safety by reason of:

(1) mental illness; or

(2) physical illness, or condition, including, but not limited to, those illnesses or conditions that would adversely effect cognitive, motor or perceptive skills; or

(3) habitual or excessive use or abuse of drugs, defined by law as controlled substances, of alcohol or of other substances that impair ability.

(b) The Board shall have available to it an impaired physician program approved by the Board and charged with the management of physicians who are in need of evaluation and treatment. Such programs may either be provided under the auspices of the Board, or through a formalized contract with an independent entity whose program meets the standards set by the Board.

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

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

(1) direct the licensee to submit to care, counseling or treatment acceptable to the Board;

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

(3) revoke the physician's medical license.

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

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(f) While all impaired physicians shall be reported to the Board in accordance with the mandatory reporting requirements of the Medical Practice Act, unidentified and unreported impaired physicians shall be encouraged to seek treatment. To this end the Board shall be authorized, at its discretion, to establish rules and regulations for the review and approval of a medically directed, Impaired Physician Program (IPP). Those conducting a Board approved IPP treatment program shall be exempt from the mandatory reporting requirement relating to an impaired physician who is participating satisfactorily in the program, or their report shall be held in confidence and without action by the Board, unless or until the impaired physician ceases to participate satisfactorily in the program. The Board shall require that any impaired physician whose participation in an approved IPP is unsatisfactory shall be reported to the Board as soon as that determination is made. Participation in an approved IPP shall not protect an impaired physician from Board action resulting from a report of his or her impairment from another source. The Board shall be the final authority for approval of an IPP and shall be permitted to withdraw or deny its approval at its discretion.

§ 12212. Compulsory Reporting and Investigation.

(a) Any person shall be permitted to 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.

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

(1) all physicians licensed under the Act;

(2) all licensed health care providers;

(3) the state medical association and its components;

(4) all hospitals and other health care institutions in Guam, to include hospitals, clinics, managed care organizations, etc.;

(5) all government/with services involving health care activities;

(6) all law enforcement agencies in Guam;

(7) all courts in Guam; and

(8) all peer review bodies in Guam.

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

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

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

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(e) Any person, institution, agency or organization required to report under this provision of the Medical Practice Act who does so in good faith shall not be subject to civil damages or criminal prosecution for so reporting.

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

(g) The Board shall promptly acknowledge all reports received under this Section through phone call and email within seventy-two (72) hours, or through certified mail within seven (7) working days. Persons or entities reporting under this Section shall also be promptly informed through phone call and email within seventy-two (72) hours, or through certified mail within seven (7) working days of the Board's actions, decisions, and final disposition in the matters reported.

SOURCE: Added by P.L. 24-208:3 (May 13, 1998). Subsection (g) amended by P.L. 36-113:1 (Oct. 12, 2022).

§ 12212.1. Public Disclosure of a Physician Profile.

(a) The Board shall establish and maintain a searchable website that shall contain a separate profile page for all current and former licensees, whether active or inactive.

(b) Current Status. The Board shall post on the profile page of the licensee the following information on the current status of the licensee, along with the full name and all aliases or other names ever used as reported by the licensee pursuant to § 12205 of this Article:

(1) whether or not the licensee is presently in good standing;

(2) the current American Board of Medical Specialties certification, or equivalent, as certified by the Board. No licensee profile shall contain certification information or words that imply certification (i.e., board certified), unless such certification has been reviewed and verified by the Board; and

(3) any of the following enforcement actions or proceedings to which the licensee is actively subjected:

(A) temporary restraining orders;

(B) interim suspension orders;

(C) revocations, suspensions, probations, or limitations on practice ordered by the Board, or the board of another state or jurisdiction, including those made part of a probationary order or stipulated agreement;

(D) current accusations filed by the Attorney General, including those accusations that are on appeal. For purposes of this paragraph, "current accusation" means an accusation that has not been dismissed, withdrawn, or settled, and has not been finally decided upon by the Board unless an appeal of that decision is pending; or

(E) citations issued that have not been resolved or appealed within thirty (30) days.

(c) Historical Information. The Board shall post on the profile page of the licensee the following historical information in the Board's possession, custody, or control:

(1) approved postgraduate training;

(2) any final revocations and suspensions, or other equivalent actions, taken against the licensee by the Board, or the board of another state or jurisdiction, or the surrender of a license by the licensee in relation to a disciplinary action or investigation, including the operative accusation resulting in the license surrender or discipline by the Board;

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(3) probation or other equivalent action ordered by the Board, or the board of another state or jurisdiction, completed or terminated, including the operative accusation resulting in discipline by the Board;

(4) any felony convictions; provided, that upon receipt of a certified copy of an expungement order, the Board shall, within six (6) months of receipt of the expungement order, post notification of the expungement order and the date thereof on its website;

(5) misdemeanor convictions resulting in a disciplinary action or accusation that is not subsequently withdrawn or dismissed; provided, that upon receipt of a certified copy of an expungement order from a licensee, the Board shall, within six (6) months of receipt of the expungement order, post notification of the expungement order and the date thereof on its website;

(6) civil judgments issued in any amount, whether or not vacated by a settlement after entry of the judgment, that were not reversed on appeal, and arbitration awards issued in any amount, for a claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services;

(7) except as provided in subparagraphs (A) and (B) of this paragraph, a summary of any final hospital disciplinary actions that resulted in the termination or revocation of a licensee's hospital staff privileges for a medical disciplinary cause or reason. The posting shall provide any additional explanatory or exculpatory information submitted by the licensee.

(A) If a licensee's hospital staff privileges are restored and the licensee notifies the Board of the restoration, the information pertaining to the termination or revocation of those privileges shall remain posted on the website for a period of ten (10) years from the restoration date of the privileges, and at the end of that period shall be removed.

(B) If a court finds, in a final judgment, that a hospital disciplinary action was conducted in bad faith and the licensee notifies the Board of that finding, the information concerning that hospital disciplinary action posted on the website shall be immediately removed;

(8) public letters of reprimand issued within the past ten (10) years by the Board, or the board of another state or jurisdiction, including the operative accusation, if any, resulting in discipline by the Board;

(9) citations issued within the last three (3) years that have been resolved by payment of the administrative fine or compliance with the order of abatement.

(10) All settlements within the last five (5) years in the possession, custody, or control of the Board shall be disclosed if there are four (4) or more settlements for that licensee within the last five (5) years.

(A) For the purposes of this paragraph, "settlement" means a settlement in an amount of Thirty Thousand Dollars ($30,000) or more of any claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

(B) For the purposes of this paragraph, "settlement" does not include a settlement by a licensee, regardless of the amount paid, when

(i) the settlement is made as a part of the settlement of a class claim;

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(ii) the amount paid in settlement of the class claim is the same amount paid by the other licensees in the same class or similarly situated licensees in the same class; and

(iii) the settlement was paid in the context of a case for which the complaint that alleged class liability on behalf of the licensee also alleged a products liability class action cause of action.

(C) The Board shall not disclose the actual dollar amount of a settlement, but shall disclose settlement information by doing the following:

(i) comparing the settlement amount to the experience of other licensees within the same specialty or subspecialty, indicating if it is below average, average, or above average for the most recent ten (10)-year period;

(ii) reporting the number of years the licensee has been in practice; and

(iii) reporting the total number of licensees in that specialty or subspecialty, the number of those who have entered into a settlement agreement, and the percentage that number represents of the total number of licensees in the specialty or subspecialty.

(11) Appropriate disclaimers and explanatory statements shall be developed by the Board to accompany any information disclosed under paragraphs (1) through (10) of this subsection.

(d) Optional Disclosures.

(1) The Board shall post on the profile page the following optional information upon request by the licensee:

(A) addresses and telephone numbers of the offices maintained by the practitioner;

(B) office hours regularly maintained by the practitioner;

(C) affiliations with hospitals or clinics;

(D) whether a licensee provides services under a specified private or public insurance plan, or health care plan;

(E) languages, other than English, fluently spoken by the practitioner or a person in the practitioner's office;

(F) an otherwise lawful image of the licensee;

(G) names of schools or postgraduate clinical training programs from which the practitioner has graduated, together with the degrees received;

(H) publications authored by the practitioner; and

(I) teaching positions currently or formerly held by the practitioner, together with pertinent dates.

(2) The Board shall develop and provide appropriate disclaimers and explanatory statements to accompany any of the information disclosed under paragraphs (1) through (9) of this subsection.

(e) Web Links. The Board shall provide links to websites that provide information on board certifications.

(1) The Board may also provide links to any other websites that provide information on the affiliations of licensed physicians and surgeons.

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(2) The Board may provide links to other websites that provide information on health care service plans, health insurers, hospitals, or other facilities.

(f) Funding. The Board shall be authorized to utilize funds collected from licensees through application fees, licensing fees, or other fees, for the purpose of developing and maintaining the website established under this Section; provided, that the website is developed and maintained pursuant to the requirements of this Section.

(g) Notwithstanding any other provision of law, the Board shall disclose to an inquiring member of the public within four (4) working days, by traditional or electronic means, any information made publicly available under subsections (a) through (d).

SOURCE: Added by P.L. 31-084:1 (Sept. 30, 2011). Repealed and reenacted by P.L. 34-079:2 (Feb. 9, 2018), effective 120 days after enactment.

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

Section 12212.1 as enacted by P.L. 31-084 stated:

§ 12212.1. Public Disclosure of A Physician Profile.

Notwithstanding any other provision of law, the Board shall disclose to an inquiring member of the public, within four (4) working days which shall include via the internet, information regarding any enforcement actions taken against a licensee, including a former licensee, by the Board or by another state board or licensing jurisdiction, including all of the following:

(a) restraining orders issued;

(b) interim suspension orders issued;

(c) revocations, suspensions, probations, or limitations on practice ordered by the Board, including those made part of a probationary order or stipulated agreement;

(d) public letters of reprimand issued;

(e) infractions, citations, or fines imposed;

(f) civil judgments in any amount, whether or not vacated by a settlement after entry of the judgment, that were not reversed on appeal and arbitration awards in any amount of a claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services; and

(g) all settlements in the possession, custody, or control of the Board shall be disclosed for a licensee if there are two (2) or more settlements for that licensee within the last ten (10) years, except limitations on that disclosure.

§ 12212.2. Method of Disclosure.

[Repealed.]

SOURCE: Added by P.L. 31-084:1 (Sept. 30, 2011). Repealed by P.L. 34-079:3 (Feb. 9, 2018).

§ 12212.3. Disclaimers and Explanatory Statements.

[Repealed.]

SOURCE: Added by P.L. 31-084:1 (Sept. 30, 2011). Repealed by P.L. 34-079:4 (Feb. 9, 2018).

§ 12213. Protected Action and Communication.

(a) Immunity. There shall be no monetary liability on the part of, and no cause of action for damages should arise 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,

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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.

(b) Indemnity. If a current or former member, officer, administrator, staff member, committee member, examiner, representative, agent, employee, consultant, or any other person serving or having served the Board requests the government of Guam to defend him or her against any claim or action arising out 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, and if such a request is made in writing at a reasonable time before trial, and if the person requesting defense cooperates in good faith in the defense of the claim or action, the government of Guam shall provide and pay for such defense and shall pay any resulting judgment, compromise or settlement.

(c) Protected Communication.

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

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

§ 12214. Unlawful Practice of Medicine: Violations and Penalties.

(a) 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.

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

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

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

§ 12215. Renewal of Licensure.

(a) 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 reregistration 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.

(1) any action taken against the licensee by:

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

(B) any peer review body;

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(C) any health care organization;

(D) any professional medical society or association;

(E) any law enforcement agency;

(F) any court; and

(G) 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;

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

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

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

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

(10) Physician Assistants shall be required to earn fifty (50) credit hours of continuing education, or as may be otherwise established by law or rules and regulations adopted by the Board of Medical Examiners in accordance with the Administrative Adjudication Law. At least twenty (20) of these credit hours must be in the licensee's specific area of practice.

(11) The Board is authorized to prorate the continuing education credit hours requirement for licenses issued less than two (2) years prior to the renewal period.

(b) The Board shall be authorized, at its discretion, to require continuing medical education for license re-registration and to require documentation of that education. The Board shall require continuing education credits in early childhood development and literacy that conforms with the Department of Public Health and Social Services regulations.

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

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(d) The Board shall be directed to establish an effective system for reviewing re-registration forms. It shall also be authorized to initiate investigations and/or disciplinary proceedings based on information submitted by licensees for license re-registration.

SOURCE: Added as part of Article 2 by P.L. 24-208:3 (May 13, 1998). Subsections (a)(10), (11) added by P.L. 38-043:10 (Aug. 18, 2025). Subsection (b) amended by P.L. 38-049:6 (Aug. 18, 2025) effective within one year upon enactment pursuant to P.L. 38-049:29.

2026 NOTE: Designations in subsection (b) modified by the Compiler pursuant to the authority of 1 GCA § 1606.

2013 NOTE: In maintaining the general codification scheme of the GCA the Compiler changed the hierarchy of subsection (a)(1) beginning with "numbers" to "Uppercase letters."

§ 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.

§ 12217. Funding and Fees.

(a) 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.

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

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

(d) A designated officer of the Board, at the direction of the Board, should oversee the collection and disbursement of funds.

(e) The Guam Auditor's Office, or the equivalent State office should audit the financial records of the Board annually and report to the Board and I Liheslaturan Guåhan.

2024 NOTE: Subsection designations added pursuant to authority granted by 1 GCA § 1606.

§ 12218. License on Basis of Years of Practice in Guam.

[Repealed.]

SOURCE: GC § 27117. Repealed by P.L. 24-208:1 (May 13, 1998).

2024 NOTE: This provision was omitted in previous publications.

§ 12219. Persons Licensed Elsewhere.

[Repealed.]

SOURCE: GC § 27118, as amended by P.L. 16-123:13 (Dec. 28, 1982). Repealed by P.L. 24-208:1 (May 13, 1998).

2024 NOTE: This provision was omitted in previous publications.

§ 12220. Proof of Qualifications.

[Repealed.]

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SOURCE: GC § 27119, as amended by P.L. 16-123:14 (Dec. 28, 1982). Repealed by P.L. 24-208:1 (May 13, 1998).

2024 NOTE: This provision was omitted in previous publications.

§ 12221. Revocation, Suspension or Annulment of License.

[Repealed.]

SOURCE: GC § 27120, as amended by P.L. 16-123:15 (Dec. 28, 1982); amended by P.L. 16-125:7 (Dec. 30, 1982). Repealed by P.L. 24-208:1 (May 13, 1998).

2024 NOTE: This provision was omitted in previous publications.

§ 12222. Prohibitions.

[Repealed.]

SOURCE: GC § 27121. Repealed by P.L. 24-208:1 (May 13, 1998).

2024 NOTE: This provision was omitted in previous publications.

§ 12223. Alteration of Documents.

[Repealed.]

SOURCE: GC § 27122. Repealed by P.L. 24-208:1 (May 13, 1998).

2024 NOTE: This provision was omitted in previous publications.

§ 12224. Unfairness of Examiner.

[Repealed.]

SOURCE: GC § 27123. Repealed by P.L. 24-208:1 (May 13, 1998).

2024 NOTE: This provision was omitted in previous publications.

§ 12225. False Swearing.

[Repealed.]

SOURCE: GC § 27124, as amended by P.L. 13-187:187 (Sept. 2, 1976). Repealed by P.L. 24-208:1 (May 13, 1998).

2024 NOTE: This provision was omitted in previous publications.

§ 12226. Refusal to Certify; Hearing.

[Repealed.]

SOURCE: GC § 27125, as amended by P.L. 16-123:16 (Dec. 28, 1982). Repealed by P.L. 24-208:1 (May 13, 1998).

2024 NOTE: This provision was omitted in previous publications.

§ 12227. Exemptions.

[Repealed.]

SOURCE: GC § 27126, as amended by P.L. 16-123:17 (Dec. 28, 1982). Repealed by P.L. 24-208:1 (May 13, 1998).

2024 NOTE: This provision was omitted in previous publications.

§ 12228. Same.

[Repealed.]

SOURCE: GC § 27127 as amended by P.L. 16-123:18 (Dec. 28, 1982). Repealed by P.L. 24-208:1 (May 13, 1998).

2024 NOTE: This provision was omitted in previous publications.

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§ 12229. Revolving Fund.

There is created a Revolving Fund within the Health Professional Licensing Office, into which all money payable under the provisions of these Articles 2, 5, 6, and Chapter 18 [all] of Title 10 of the Government Code of Guam, shall be deposited. The revolving fund shall be used to defray the cost of obtaining standardized examination materials and services for the healing arts and cosmetology licensure and the cost of proctoring examination at the testing site; and for operational expenses necessary for testing and monitoring of examination. Tests for licensure of all the healing arts and cosmetology shall be given at least every six (6) months.

SOURCE: GC § 27128, as amended by P.L. 16-123:19 (Dec. 28, 1982). Repealed and reenacted by P.L. 21-033:9 (May 17, 1991); amended by P.L. 24-206:8 (May 13, 1998).

2013 NOTE: Pursuant to 1 GCA § 1606, references to chapters altered by the Compiler to reflect the amended codification scheme from the Government Code to the Guam Code Annotated.

§ 12230. Penalty.

(a) Any person who shall practice a healing art in any of its branches, or shall treat human ailments by any system whatsoever, without a valid existing license or exemption from licensure under the provisions of this Chapter, shall be guilty of a misdemeanor upon conviction for the first offense and a felony for second and subsequent offenses.

(b) The specific statutory provisions imposing criminal sanctions for unlawful practices of nursing, dentistry, optometry and pharmacy shall apply to persons practicing one of those professions unlawfully.

SOURCE: GC § 27129, as amended by P.L. 13-187:188 (Sept. 2, 1976); amended by P.L. 16-123:20 (Dec. 28, 1982).

§ 12231. Good Faith Immunity.

No member of the Commission on Licensure to practice the healing arts, the Guam Board of Medical Examiners, the Guam Board of Dental Examiners, the Guam Board of Allied Health Examiners, the Guam Board of Nurse Examiners, the Guam Board of Examiners for Optometry or the Guam Board of Examiners for Pharmacy shall be liable in any civil action for damages for any act done or omitted in good faith in performing the functions of his or her office.

SOURCE: GC § 27130. Repealed by P.L. 16-123:25(b) (Dec. 28, 1982). Added by P.L. 18-048:19 (Jan. 2, 1987). Repealed and reenacted by P.L. 20-026:1 (June 12, 1989). Amended by P.L. 20-177:3 (May 18, 1990).

ARTICLE 2A
ADOPTION OF INTERSTATE MEDICAL LICENSURE COMPACT

SOURCE: Entire Article added by P.L. 34-073:2 (Feb. 9, 2018). Renumbered as §§ 122A01-122A24.

§ 122A01. Purpose.
§ 122A02. Definitions.
§ 122A03. Eligibility.
§ 122A04. Designation of State of Principal License.
§ 122A05. Application and Issuance of Expedited Licensure.
§ 122A06. Fees for Expedited Licensure.
§ 122A07. Renewal and Continued Participation.
§ 122A08. Coordinated Information System.
§ 122A09. Joint Investigations.
§ 122A10. Disciplinary Actions.
§ 122A11. Interstate Medical Licensure Compact Commission.

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§ 122A12. Powers and Duties of the Interstate Commission.
§ 122A13. Finance Powers.
§ 122A14. Organization and Operation of the Interstate Commission.
§ 122A15. Rulemaking Functions of the Interstate Commission.
§ 122A16. Oversight of Interstate Compact.
§ 122A17. Enforcement of Interstate Compact.
§ 122A18. Default Procedures.
§ 122A19. Dispute Resolution.
§ 122A20. Member States, Effective Date and Amendment.
§ 122A21. Withdrawal.
§ 122A22. Dissolution.
§ 122A23. Severability and Construction.
§ 122A24. Binding Effect of Compact and Other Laws.

§ 122A01. Purpose.

In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact.

§ 122A02. Definitions.

In this Compact:

(a) "Bylaws" means those bylaws established by the Interstate Commission pursuant to § 122A011 for its governance, or for directing and controlling its actions and conduct.

(b) "Commissioner" means the voting representative appointed by each member board pursuant to § 122A011.

(c) "Conviction" means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilt or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board.

(d) "Expedited License" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the Compact.

(e) "Interstate Commission" means the interstate commission created pursuant to § 122A011.

(f) "License" means authorization by a state for a physician to engage in the practice of medicine, which would be unlawful without the authorization.

(g) "Medical Practice Act" means laws and regulations governing the practice of allopathic and osteopathic medicine within a member state.

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(h) "Member Board" means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.

(i) "Member State" means a state that has enacted the Compact.

(j) "Practice of Medicine" means the clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the Medical Practice Act of a member state.

(k) "Physician" means any person who:

(1) is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;

(2) passed each component of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;

(3) successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;

(4) holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

(5) possesses a full and unrestricted license to engage in the practice of medicine issued by a member board;

(6) has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(7) has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license;

(8) has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and

(9) is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

(l) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude.

(m) "Rule" means a written statement by the Interstate Commission promulgated pursuant to § 122A012 of the Compact that is of general applicability, implements, interprets, or prescribes a policy or provision of the Compact, or an organizational, procedural, or practice requirement of the Interstate Commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing rule.

(n) "State" means any state, commonwealth, district, or territory of the United States.

(o) "State of Principal License" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

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§ 122A03. Eligibility.

(a) A physician must meet the eligibility requirements as defined in § 122A02(k) to receive an expedited license under the terms and provisions of the Compact.

(b) A physician who does not meet the requirements of § 122A02(k) may obtain a license to practice medicine in a member state if the individual complies with all laws and requirements, other than the Compact, relating to the issuance of a license to practice medicine in that state.

§ 122A04. Designation of State of Principal License.

(a) A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

(1) the state of primary residence for the physician; or

(2) the state where at least 25% of the practice of medicine occurs; or

(3) the location of the physician's employer; or

(4) if no state qualifies under Subsection (1), Subsection (2), or Subsection (3), the state designated as state of residence for purpose of federal income tax.

(b) A physician may re-designate a member state as state of principal license at any time, as long as the state meets the requirements in Subsection (a).

(c) The Interstate Commission is authorized to develop rules to facilitate re-designation of another member state as the state of principal license.

§ 122A05. Application and Issuance of Expedited Licensure.

(a) A physician seeking licensure through the Compact shall file an application for an expedited license with the member board of the state selected by the physician as the state of principal license.

(b) Upon receipt of an application for an expedited license, the member board within the state selected as the state of principal license shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying or denying the physician's eligibility, to the Interstate Commission.

(1) Static qualifications, which include verification of medical education, graduate medical education, results of any medical or licensing examination, and other qualifications as determined by the Interstate Commission through rule, shall not be subject to additional primary source verification where already primary source verified by the state of principal license.

(2) The member board within the state selected as the state of principal license shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with 5 C.F.R. § 731.202.

(3) Appeal on the determination of eligibility shall be made to the member state where the application was filed and shall be subject to the law of that state.

(c) Upon verification in Subsection (b), physicians eligible for an expedited license shall complete the registration process established by the Interstate Commission to receive a license in a member state selected pursuant to Subsection (a), including the payment of any applicable fees.

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(d) After receiving verification of eligibility under Subsection (b) and any fees under Subsection (c), a member board shall issue an expedited license to the physician. This license shall authorize the physician to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the issuing member board and member state.

(e) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

(f) An expedited license obtained though the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without re-designation of a new state of principal licensure.

(g) The Interstate Commission is authorized to develop rules regarding the application process, including payment of any applicable fees, and the issuance of an expedited license.

§ 122A06. Fees for Expedited Licensure.

(a) A member state issuing an expedited license authorizing the practice of medicine in that state may impose a fee for a license issued or renewed through the Compact.

(b) The Interstate Commission is authorized to develop rules regarding fees for expedited licenses.

§ 122A07. Renewal and Continued Participation.

(a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:

(1) maintains a full and unrestricted license in a state of principal license;

(2) has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(3) has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license; and

(4) has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(c) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Upon receipt of any renewal fees collected in Subsection (c), a member board shall renew the physician's license.

(e) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.

(f) The Interstate Commission is authorized to develop rules to address renewal of licenses obtained through the Compact.

§ 122A08. Coordinated Information System.

(a) The Interstate Commission shall establish a database of all physicians licensed, or who have applied for licensure, under § 122A05.

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(b) Notwithstanding any other provision of law, member boards shall report to the Interstate Commission any public action or complaints against a licensed physician who has applied or received an expedited license through the Compact.

(c) Member boards shall report disciplinary or investigatory information determined as necessary and proper by rule of the Interstate Commission.

(d) Member boards may report any non-public complaint, disciplinary, or investigatory information not required by Subsection (c) to the Interstate Commission.

(e) Member boards shall share complaint or disciplinary information about a physician upon request of another member board.

(f) All information provided to the Interstate Commission or distributed by member boards shall be confidential, filed under seal, and used only for investigatory or disciplinary matters.

(g) The Interstate Commission is authorized to develop rules for mandated or discretionary sharing of information by member boards.

§ 122A09. Joint Investigations.

(a) Licensure and disciplinary records of physicians are deemed investigative.

(b) In addition to the authority granted to a member board by its respective Medical Practice Act or other applicable state law, a member board may participate with other member boards in joint investigations of physicians licensed by the member boards.

(c) A subpoena issued by a member state shall be enforceable in other member states.

(d) Member boards may share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

(e) Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

§ 122A10. Disciplinary Actions.

(a) Any disciplinary action taken by any member board against a physician licensed through the Compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in that state.

(b) [No text]

(1) If a license granted to a physician by the member board in the state of principal license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status.

(2) If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of that state.

(c) If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to any matter of law and fact decided, and:

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(1) impose the same or lesser sanction(s) against the physician so long as such sanctions are consistent with the Medical Practice Act of that state;

(2) or pursue separate disciplinary action against the physician under its respective Medical Practice Act, regardless of the action taken in other member states.

(d) [No text]

(1) If a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any other member board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety (90) days upon entry of the order by the disciplining board, to permit the member board(s) to investigate the basis for the action under the Medical Practice Act of that state.

(2) A member board may terminate the automatic suspension of the license it issued prior to the completion of the ninety (90) day suspension period in a manner consistent with the Medical Practice Act of that state.

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

§ 122A11. Interstate Medical Licensure Compact Commission.

(a) The member states hereby create the "Interstate Medical Licensure Compact Commission."

(b) The purpose of the Interstate Commission is the administration of the Interstate Medical Licensure Compact, which is a discretionary state function.

(c) The Interstate Commission shall be a body corporate and joint agency of the member states and shall have all the responsibilities, powers, and duties set forth in the Compact, and such additional powers as may be conferred upon it by a subsequent concurrent action of the respective legislatures of the member states in accordance with the terms of the Compact.

(d) The Interstate Commission shall consist of two voting representatives appointed by each member state who shall serve as Commissioners.

(1) In states where allopathic and osteopathic physicians are regulated by separate member boards, or if the licensing and disciplinary authority is split between multiple member boards within a member state, the member state shall appoint one representative from each member board.

(2) A Commissioner shall be a(n):

(A) Allopathic or osteopathic physician appointed to a member board;

(B) Executive director, executive secretary, or similar executive of a member board; or

(C) Member of the public appointed to a member board.

(e) The Interstate Commission shall meet at least once each calendar year. A portion of this meeting shall be a business meeting to address such matters as may properly come before the Commission, including the election of officers. The chairperson may call additional meetings and shall call for a meeting upon the request of a majority of the member states.

(f) The bylaws may provide for meetings of the Interstate Commission to be conducted by telecommunication or electronic communication.

(g) Each Commissioner participating at a meeting of the Interstate Commission is entitled to one vote.

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(1) A majority of Commissioners shall constitute a quorum for the transaction of business, unless a larger quorum is required by the bylaws of the Interstate Commission.

(2) A Commissioner shall not delegate a vote to another Commissioner.

(3) In the absence of its Commissioner, a member state may delegate voting authority for a specified meeting to another person from that state who shall meet the requirements of Subsection (d).

(h) [No text]

(1) The Interstate Commission shall provide public notice of all meetings and all meetings shall be open to the public.

(2) The Interstate Commission may close a meeting, in full or in portion, where it determines by a two-thirds vote of the Commissioners present that an open meeting would be likely to:

(A) Relate solely to the internal personnel practices and procedures of the Interstate Commission;

(B) Discuss matters specifically exempted from disclosure by federal statute;

(C) Discuss trade secrets, commercial, or financial information that is privileged or confidential;

(D) Involve accusing a person of a crime, or formally censuring a person;

(E) Discuss information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(F) Discuss investigative records compiled for law enforcement purposes; or

(G) Specifically relate to the participation in a civil action or other legal proceeding.

(i) The Interstate Commission shall keep minutes which shall fully describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, including record of any roll call votes.

(j) The Interstate Commission shall make its information and official records, to the extent not otherwise designated in the Compact or by its rules, available to the public for inspection.

(k) The Interstate Commission shall establish an executive committee, which shall include officers, members, and others as determined by the bylaws.

(1) The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session.

(2) When acting on behalf of the Interstate Commission, the executive committee shall oversee the administration of the Compact including enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other such duties as necessary.

(l) The Interstate Commission may establish other committees for governance and administration of the Compact.

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

§ 122A12. Powers and Duties of the Interstate Commission.

The Interstate Commission shall have the duty and power to:

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(a) Oversee and maintain the administration of the Compact;

(b) Promulgate rules which shall be binding to the extent and in the manner provided for in the Compact;

(c) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;

(d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate Commission, and the bylaws, using all necessary and proper means, including but not limited to the use of judicial process;

(e) Establish and appoint committees including, but not limited to, an executive committee as required by § 122A011, which shall have the power to act on behalf of the Interstate Commission in carrying out its powers and duties;

(f) Pay, or provide for the payment of the expenses related to the establishment, organization, and ongoing activities of the Interstate Commission;

(g) Establish and maintain one or more offices;

(h) Borrow, accept, hire, or contract for services of personnel;

(i) Purchase and maintain insurance and bonds;

(j) Employ an executive director who shall have such powers to employ, select or appoint employees, agents, or consultants, and to determine their qualifications, define their duties, and fix their compensation;

(k) Establish personnel policies and programs relating to conflicts of interest, rates of compensation, and qualifications of personnel;

(l) Accept donations and grants of money, equipment, supplies, materials and services, and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest policies established by the Interstate Commission;

(m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold, improve or use, any property, real, personal, or mixed;

(n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;

(o) Establish a budget and make expenditures;

(p) Adopt a seal and bylaws governing the management and operation of the Interstate Commission;

(q) Report annually to the legislatures and governors of the member states concerning the activities of the Interstate Commission during the preceding year. Such reports shall also include reports of financial audits and any recommendations that may have been adopted by the Interstate Commission;

(r) Coordinate education, training, and public awareness regarding the Compact, its implementation, and its operation;

(s) Maintain records in accordance with the bylaws;

(t) Seek and obtain trademarks, copyrights, and patents; and

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(u) Perform such functions as may be necessary or appropriate to achieve the purposes of the Compact.

§ 122A13. Finance Powers.

(a) The Interstate Commission may levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff.

(1) The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources.

(2) The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.

(b) The Interstate Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same.

(c) The Interstate Commission shall not pledge the credit of any of the member states, except by, and with the authority of, the member state.

(d) The Interstate Commission shall be subject to a yearly financial audit conducted by a certified or licensed public accountant and the report of the audit shall be included in the annual report of the Interstate Commission.

2018 NOTE: Subsection designations added in subsection (a) pursuant to the authority granted by 1 GCA § 1606.

§ 122A14. Organization and Operation of the Interstate Commission.

(a) The Interstate Commission shall, by a majority of Commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the Compact within twelve (12) months of the first Interstate Commission meeting.

(b) [No text]

(1) The Interstate Commission shall elect or appoint annually from among its Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws.

(2) The chairperson, or in the chairperson's absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate Commission.

(c) Officers selected in Subsection (b) shall serve without remuneration from the Interstate Commission.

(d) The officers and employees of the Interstate Commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties, or responsibilities; provided that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(1) The liability of the executive director and employees of the Interstate Commission or representatives of the Interstate Commission, acting within the scope of such person's employment or duties for acts, errors, or omissions occurring within such person's state, may not exceed the limits of liability set forth under the constitution and laws of that state for state officials, employees, and agents. The Interstate Commission is considered to be an instrumentality of the states for the purposes of any

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such action. Nothing in this Subsection shall be construed to protect such person from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

(2) The Interstate Commission shall defend the executive director, its employees, and subject to the approval of the attorney general or other appropriate legal counsel of the member state represented by an Interstate Commission representative, shall defend such Interstate Commission representative in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of Interstate Commission employment, duties or responsibilities, or that the defendant had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such person.

(3) To the extent not covered by the state involved, member state, or the Interstate Commission, the representatives or employees of the Interstate Commission shall be held harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained against such persons arising out of an actual or alleged act, error, or omission that occurred within the scope of Interstate Commission employment, duties, or responsibilities, or that such persons had a reasonable basis for believing occurred within the scope of Interstate Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from intentional or willful and wanton misconduct on the part of such persons.

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations added in subsection (b) pursuant to the authority granted by 1 GCA § 1606.

§ 122A15. Rulemaking Functions of the Interstate Commission.

(a) [No text]

(1) The Interstate Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the Compact.

(2) Notwithstanding the foregoing, in the event the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the Compact, or the powers granted hereunder, then such an action by the Interstate Commission shall be invalid and have no force or effect.

(b) Rules deemed appropriate for the operations of the Interstate Commission shall be made pursuant to a rulemaking process that substantially conforms to the "Model State Administrative Procedure Act" of 2010, and subsequent amendments thereto.

(c) [No text]

(1) Not later than thirty (30) days after a rule is promulgated, any person may file a petition for judicial review of the rule in the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices, provided that the filing of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the court finds that the petitioner has a substantial likelihood of success.

(2) The court shall give deference to the actions of the Interstate Commission consistent with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Interstate Commission.

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2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations added in subsections (a) and (c) pursuant to the authority granted by 1 GCA § 1606.

§ 122A16. Oversight of Interstate Compact.

(a) [No text]

(1) The executive, legislative, and judicial branches of state government in each member state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes and intent.

(2) The provisions of the Compact and the rules promulgated hereunder shall have standing as statutory law but shall not override existing state authority to regulate the practice of medicine.

(b) All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of the Compact which may affect the powers, responsibilities or actions of the Interstate Commission.

(c) [No text]

(1) The Interstate Commission shall be entitled to receive all service of process in any such proceeding, and shall have standing to intervene in the proceeding for all purposes.

(2) Failure to provide service of process to the Interstate Commission shall render a judgment or order void as to the Interstate Commission, the Compact, or promulgated rules.

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations added in subsections (a) and (c) pursuant to the authority granted by 1 GCA § 1606.

§ 122A17. Enforcement of Interstate Compact.

(a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of the Compact.

(b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal action in the United States District Court for the District of Columbia, or, at the discretion of the Interstate Commission, in the federal district where the Interstate Commission has its principal offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and bylaws, against a member state in default.

(1) The relief sought may include both injunctive relief and damages.

(2) In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

(c) The remedies herein shall not be the exclusive remedies of the Interstate Commission. The Interstate Commission may avail itself of any other remedies available under state law or the regulation of a profession.

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

§ 122A18. Default Procedures.

(a) The grounds for default include, but are not limited to, failure of a member state to perform such obligations or responsibilities imposed upon it by the Compact, or the rules and bylaws of the Interstate Commission promulgated under the Compact.

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(b) If the Interstate Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under the Compact, or the bylaws or promulgated rules, the Interstate Commission shall:

(1) Provide written notice to the defaulting state and other member states, of the nature of the default, the means of curing the default, and any action taken by the Interstate Commission. The Interstate Commission shall specify the conditions by which the defaulting state must cure its default; and

(2) Provide remedial training and specific technical assistance regarding the default.

(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated from the Compact upon an affirmative vote of a majority of the Commissioners and all rights, privileges, and benefits conferred by the Compact shall terminate on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of the default.

(d) [No text]

(1) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted.

(2) Notice of intent to terminate shall be given by the Interstate Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(e) The Interstate Commission shall establish rules and procedures to address licenses and physicians that are materially impacted by the termination of a member state, or the withdrawal of a member state.

(f) The member state which has been terminated is responsible for all dues, obligations, and liabilities incurred through the effective date of termination including obligations, the performance of which extends beyond the effective date of termination.

(g) The Interstate Commission shall not bear any costs relating to any state that has been found to be in default or which has been terminated from the Compact, unless otherwise mutually agreed upon in writing between the Interstate Commission and the defaulting state.

(h) The defaulting state may appeal the action of the Interstate Commission by petitioning the United States District Court for the District of Columbia or the federal district where the Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation including reasonable attorney's fees.

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

§ 122A19. Dispute Resolution.

(a) The Interstate Commission shall attempt, upon the request of a member state, to resolve disputes which are subject to the Compact and which may arise among member states or member boards.

(b) The Interstate Commission shall promulgate rules providing for both mediation and binding dispute resolution as appropriate.

§ 122A20. Member States, Effective Date and Amendment.

(a) Any state is eligible to become a member state of the Compact.

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(b) The Compact shall become effective and binding upon legislative enactment of the Compact into law by no less than seven (7) states. Thereafter, it shall become effective and binding on a state upon enactment of the Compact into law by that state.

(c) The governors of non-member states, or their designees, shall be invited to participate in the activities of the Interstate Commission on a non-voting basis prior to adoption of the Compact by all states.

(d) [No text]

(1) The Interstate Commission may propose amendments to the Compact for enactment by the member states.

(2) No amendment shall become effective and binding upon the Interstate Commission and the member states unless and until it is enacted into law by unanimous consent of the member states.

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

§ 122A21. Withdrawal.

(a) Once effective, the Compact shall continue in force and remain binding upon each and every member state; provided that a member state may withdraw from the Compact by specifically repealing the statute which enacted the Compact into law.

(b) Withdrawal from the Compact shall be by the enactment of a statute repealing the same, but shall not take effect until one (1) year after the effective date of such statute and until written notice of the withdrawal has been given by the withdrawing state to the governor of each other member state.

(c) The withdrawing state shall immediately notify the chairperson of the Interstate Commission in writing upon the introduction of legislation repealing the Compact in the withdrawing state.

(d) The Interstate Commission shall notify the other member states of the withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice provided under Subsection (c).

(e) The withdrawing state is responsible for all dues, obligations and liabilities incurred through the effective date of withdrawal, including obligations, the performance of which extend beyond the effective date of withdrawal.

(f) Reinstatement following withdrawal of a member state shall occur upon the withdrawing state reenacting the Compact or upon such later date as determined by the Interstate Commission.

(g) The Interstate Commission is authorized to develop rules to address the impact of the withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.

§ 122A22. Dissolution.

(a) The Compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership in the Compact to one (1) member state.

(b) Upon the dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded and surplus funds shall be distributed in accordance with the bylaws.

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§ 122A23. Severability and Construction.

(a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.

(b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the Compact shall be construed to prohibit the applicability of other interstate compacts to which the states are members.

§ 122A24. Binding Effect of Compact and Other Laws.

(a) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

(b) All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.

(c) All lawful actions of the Interstate Commission, including all rules and bylaws promulgated by the Commission, are binding upon the member states.

(d) All agreements between the Interstate Commission and the member states are binding in accordance with their terms.

(e) In the event any provision of the Compact exceeds the constitutional limits imposed on the legislature of any member state, such provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

ARTICLE 2B
PODIATRIC MEDICINE

SOURCE: Entire Article, entitled "Podiatric Medicine," added by P.L. 24-329:10 (Dec. 30, 1998), codified as Article 17. Transferred pursuant to P.L. 38-042:2 (Aug. 18, 2025), renumbered Article 2B by the Compiler.

2026 NOTE: Jurisdiction with respect to the licensure and practice of podiatry was transferred to the Guam Board of Medical Examiners by P.L. 38-042:2(a) (Aug. 18, 2025). Further, P.L. 38-042:2(c) stated:

> All Guam statutes and administrative rules and regulations not specifically identified or mentioned in this enactment which refer to the jurisdiction and authority of the Guam Board of Allied Health Examiners over the licensure, practice, and discipline of podiatrists or doctors of podiatry are amended to reflect the transfer of jurisdiction from the Guam Board of Allied Health Examiners to the Guam Board of Medical Examiners, which shall henceforward perform all functions with respect to licensure, discipline, and rulemaking concerning this one profession formerly performed by the Guam Board of Allied Health Examiners.

§ 122B01. Definition.
§ 122B02. Qualifications for Licensure.
§ 122B03. Approved Schools.
§ 122B04. Approved Hospitals for Podiatric Residencies.
§ 122B05. Licensure Renewal; Continuing Education Requirements.
§ 122B06. Approved Continuing Education Programs.
§ 122B07. Scope of Practice.

§ 122B01. Definition.

For purposes of this Article, the following words and phrases have been defined to mean:

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(a) "Podiatric Medicine" means the diagnosis, medical, surgical, mechanical, manipulative and electrical treatment of the human foot and ankle, including the tendons that insert into the foot, and the non-surgical treatment of the muscles and tendons of the leg governing the functions of the foot.

§ 122B02. Qualifications for Licensure.

(a) Any person who desires to practice podiatric medicine on Guam must apply to the Board for licensure and provide each of the following:

(1) three (3) letters from doctors of podiatric medicine verifying that the applicant is competent;

(2) verification sent directly from the college of podiatric medicine to the Board of having satisfactorily graduated from an approved college of podiatric medicine; and

(3) verification sent directly to the Board from a residency program of having satisfactorily completed a hospital-approved podiatric residency program.

(b) If an applicant has practiced podiatric medicine in any U.S. jurisdiction, the applicant shall furnish each of the following:

(1) a notarized copy of the applicant's license to practice podiatric medicine in that jurisdiction; and

(2) an affidavit from the board of podiatric medical examiners of any such jurisdiction verifying the number of years that the applicant has been engaged in the legal and reputable practice of podiatric medicine in that jurisdiction.

§ 122B03. Approved Schools.

Colleges of podiatric medicine accredited by the Council on Podiatric Education of the American Podiatry Association shall be approved by the Board for providing resident professional instruction in podiatric medicine.

§ 122B04. Approved Hospitals for Podiatric Residencies.

The hospitals approved by the Board for residencies shall be those that meet the minimum requirements set by the Council on Podiatric Medical Education of the American Podiatric Medical Association.

§ 122B05. Licensure Renewal; Continuing Education Requirements.

(a) Each licensee who is a doctor of podiatric medicine is required to complete fifty (50) hours of approved continuing education during each two (2) year renewal period. Each doctor of podiatric medicine renewing a license may be required to submit proof satisfactory to the Board of compliance with the provisions of this requirement.

(b) Each doctor of podiatric medicine, in order to renew a license, shall report progress towards compliance with continuing education requirements by signing and returning the declaration contained in the license renewal application.

(c) Any licensed doctor of podiatric medicine who cannot complete a minimum of fifty (50) hours of approved continuing education during a two (2) year period shall be ineligible for renewal of his or her license, unless such licensee applies for and obtains a waiver from the Board, as shall be determined by the Board.

(d) As part of the continuing education required of each licensee, each licensee, at the time of license renewal, shall certify that he or she possesses a current and valid certificate in basic cardiopulmonary resuscitation (CPR).

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(e) The Board requires that each licensee retain records of all continuing education programs attended which indicate the title of the course or program, the sponsoring organization, or individual and the accrediting organization, if any, for a minimum of four (4) years.

(f) Continuing education credits in early childhood development and literacy as prescribed by the Board and that conforms with the Department of Public Health and Social Services regulations and documentation of that education shall be required for renewal of licensure under this Article.

SOURCE: Added by P.L. 24-329:10 (Dec. 30, 1998), codified as § 121705. Transferred pursuant to P.L. 38-042:2 (Aug. 18, 2025) and renumbered. Subsection (f) by added by P.L. 38-049:18 (Aug. 18, 2025) effective within one year upon enactment pursuant to P.L. 38-049:29.

§ 122B06. Approved Continuing Education Programs.

The following are approved by the Board as continuing education programs:

(a) programs which are approved by the American Podiatric Medical Association and its affiliated organizations;

(b) programs that qualify for Category I Credit of the American Medical Association and the American Osteopathic Association and their affiliated organizations;

(c) programs offered by approved colleges or schools of podiatric medicine, medicine and osteopathic medicine;

(d) podiatric residency program or clinical fellowship in a hospital approved for podiatric residencies (Completion of a residency program or clinical fellowship shall be credit for fifty (50) hours of approved continuing education.); and

(e) programs offered by other individuals, organizations and institutions approved by the Board on a case-by-case basis.

§ 122B07. Scope of Practice.

(a) A license to practice podiatric medicine on Guam authorizes the holder to practice podiatric medicine as defined in these Rules.

(b) No doctor of podiatric medicine shall do any amputation of the foot in total. Surgical debridement with plastic repairs or reconstruction of diseased, traumatized or devitalized, nonviable or necrotic tissue shall be the standard of treatment for these diseased processes.

(c) Doctors of podiatric medicine practicing within the framework of this policy statement are subject to all laws governing gross negligence, incompetence and repeated negligent acts.

ARTICLE 2C
PHYSICIAN ASSISTANT

SOURCE: Entire Article, entitled "Physician Assistant," added by P.L. 24-329:9 (Dec. 30, 1998), codified as Article 16. Transferred pursuant to P.L. 38-043:9 (Aug. 18, 2025), renumbered Article 2C by the Compiler.

2026 NOTE: Jurisdiction with respect to the licensure and practice of physicians assistants was transferred to the Guam Board of Medical Examiners by P.L. 38-043:9(a) (Aug. 18, 2025). Further, P.L. 38-043:9(c) stated:

> All Guam statutes and administrative rules and regulations not specifically identified or mentioned in this enactment which refer to the jurisdiction and authority of the Guam Board of Allied Health Examiners over the licensure, practice, and discipline of physician assistants are amended to reflect the transfer of jurisdiction from the Guam Board of Allied Health Examiners to the Guam Board of Medical Examiners, which shall henceforward

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perform all functions with respect to licensure, discipline, rulemaking concerning these two professions formerly performed by the Guam Board of Allied Health Examiners.

§ 122C01. Definitions.
§ 122C02. Qualifications for Licensure.
§ 122C03. Scope of Practice.
§ 122C04. Registration of Physician Assistant's Supervision.
§ 122C05. Renewal of License.
§ 122C06. Identification.
§ 122C07. Supervision Required.
§ 122C08. Exceptions to Licensure Requirement.
§ 122C09. Prescriptive Authority for Physician Assistants.

§ 122C01. Definitions.

For purposes of this Article, the following words and phrases have been defined to mean:

(a) "Licensed physician" means a physician licensed by the Board of Medical Examiners to practice medicine on Guam.

(b) "Physician assistant" means a Board-licensed person, qualified by academic and practical training, who provides patient services under the indirect supervision of a licensed physician. A physician assistant is not an independent practitioner.

(c) "Supervising physician" means a licensed physician who is registered by the Board to supervise a physician assistant.

(d) "Supervision" means providing guidance of the services performed by the physician assistant. A supervising physician may be physically on the premises where the physician assistant is practicing, or be available on Island by telecommunication.

§ 122C02. Qualifications for Licensure.

(a) Licensed physician assistants shall be graduates of programs approved by the Accreditation Review Commission on Education for Physician Assistant (ARC-PA) or its successor.

(b) Licensed physician assistants must have passed a proficiency examination developed by the National Commission on Certification of Physician Assistants (NCCPA), or its successor.

(c) Hold a current certificate issued by the NCCPA.

SOURCE: Added by P.L. 24-329:9 (Dec. 30, 1998), codified as § 121602. Transferred pursuant to P.L. 38-043:9(b) (Aug. 18, 2025) and renumbered, amended by P.L. 38-043:6.

§ 122C03. Scope of Practice.

(a) A physician assistant may provide any medical services when such services are within his skills, form a usual component of the physician's scope of practice under the supervision of a supervising physician.

(b) Physician assistants with privileges or employed by a hospital or skilled nursing facility may, if permissible under the by-laws and rules and regulations of such facility, write medical orders, including medications, tests and treatments, for in-patients under the care of the supervising physician. In every case, such medical orders must be countersigned by the supervising physician or confirmed by telephone within twenty-four (24) hours.

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§ 122C04. Registration of Physician Assistant's Supervision.

(a) "Collaborative Practice Agreement" or "CPA" means an agreement by and between a physician assistant and a Guam licensed physician (supervising physician) detailing the physician assistant's authorized scope of practice or area of specialty, wherein the parties to such an agreement mutually agree, in writing, to the terms and conditions of the physician assistant's authority to administer, prescribe, and dispense Schedule Drugs II-V as allowed by the current rules and regulations of the GBME. Alternate physicians shall be identified in the event of the unavailability of the primary physician under the CPA.

(b) Prior to practicing on Guam, the licensed physician assistant shall present for approval of the Board of Allied Health Examiners and Board of Medical Examiners a completed application for supervision by a Guam-licensed physician. The practice of the physician assistant must fall within the practice of the supervising physician with whom the physician assistant is registered. In the event of any changes of supervising physician, the names of the supervising physicians must be provided to the above boards. The Board must be notified at least ten (10) days prior to the effective date of change. Practicing without a supervising physician shall be grounds for disciplinary action, including revocation of license.

(c) The supervising physician and physician assistant shall submit a scope of practice; list or class of drugs the physician assistant is authorized to administer, prescribe, and dispense; and the CPA for approval by the Board of Medical Examiners and Board of Pharmacy. The physician assistant shall not include any drug on the list that he or she is not competent to prescribe by education, training, and experience, nor shall the physician assistant administer, order, or prescribe drugs that are not routinely administered within the physician assistant's scope of practice. The Board of Medical Examiners is authorized to amend the list of drugs.

(d) In the discretion of either the Board of Medical Examiners or Board of Pharmacy, the physician assistant and supervising physician may be requested to appear and provide additional information or documentation in aid of the board's evaluation of the applicant's qualifications for prescriptive authority.

(e) Modification to any of the terms of the CPA including the identity of the supervising physician shall be immediately reported to the boards for their consideration and subject to both board's approval at the boards' next available board meetings.

SOURCE: Added by P.L. 24-329:9 (Dec. 30, 1998), codified as § 121604. Transferred pursuant to P.L. 38-043:9(b) (Aug. 18, 2025) and renumbered, amended by P.L. 38-043:7.

§ 122C05. Renewal of License.

(a) Each licensed physician assistant must present evidence of current certification through the National Commission on Certification of Physician Assistants, or its successor, every two (2) years for renewal of license.

(b) Continuing education credits in early childhood development and literacy as prescribed by the Board and that conforms with the Department of Public Health and Social Services regulations shall be required for renewal of licensure under this Article.

SOURCE: Added by P.L. 24-329:9 (Dec. 30, 1998), codified as § 121605. Transferred pursuant to P.L. 38-043:9(b) (Aug. 18, 2025) and renumbered. Amended by P.L. 38-049:17 (Aug. 18, 2025) effective within one year upon enactment pursuant to P.L. 38-049:29.

2026 NOTE: Subsection designations added pursuant to the authority of 1 GCA § 1606.

§ 122C06. Identification.

(a) While working, the physician assistant shall wear or display appropriate identification, clearly indicating that he or she is a physician assistant.

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(b) The physician assistant's license must be displayed in the office, and any satellite operation in which the physician assistant may function.

(c) A physician assistant may not advertise him or herself in any manner that would mislead the patients of the supervising physician or the public.

§ 122C07. Supervision Required.

(a) Tasks performed by the physician assistant must be under the supervision of a registered supervising physician.

(b) All medical records must be reviewed and co-signed by the approved supervising physician within seven (7) days.

(c) Upon being duly licensed by the Board, the licensee shall have his or her name, address and other pertinent information enrolled by the Board on a roster of licensed physician assistants.

(d) Not more than two (2) currently licensed physician assistants may be supervised by a licensed physician at any one time.

(e) If no registered supervising physician is available to supervise the physician assistant, the physician assistant must not perform patient care activities.

(f) Nothing in these rules shall be construed to prohibit the employment of physician assistants by a medical care facility where such physician assistant's function under the supervision of a Guam-licensed physician.

§ 122C08. Exceptions to Licensure Requirement.

No person may practice as a physician assistant on Guam who is not licensed by the Board. This Article, however, shall not be construed to prohibit a student in a physician assistant program performing duties or functions assigned by his instructors, or who is working under the direct supervision of a licensed physician.

§ 122C09. Prescriptive Authority for Physician Assistants.

(a) A physician assistant may be authorized by the Board of Medical Examiners to administer, prescribe, and dispense any licensed drug or class of drugs as a delegated authority of the physician assistant's Collaborative Practice Agreement (CPA) with a Guam licensed physician.

(b) To qualify for prescriptive authority, a physician assistant must have all of the following:

(1) a valid Federal Drug Enforcement Administration (DEA) certification;

(2) a current Guam Control Substance Registration (CSR) from Department of Public Health and Social Services; and

(3) a Collaborative Practice Agreement (CPA) approved by the Board of Medical Examiners and the Board of Pharmacy.

(c) The physician assistant's prescriptive authority shall be automatically suspended or revoked for an invalid, suspended, or revoked Guam CSR or federal DEA registration, and may be revoked for any violation of this Act or the Board's rules and regulations.

(d) Prescriptive Authority shall be renewed at the time of licensure renewal.

SOURCE: Added by P.L. 24-329:9 (Dec. 30, 1998), codified as § 121609. Transferred pursuant to P.L. 38-043:9(b) (Aug. 18, 2025) and renumbered, renamed and amended by P.L. 38-043:8.

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ARTICLE 3
NURSE PRACTICE ACT

SOURCE: Government Code Title XXVIII, Ch. III (enacted in 1953, repealed and new Chapter III added by P.L. 7-034:1 (June 5, 1963)). Codified as Article 3 of Title 10 GCA. Entire Article repealed and new Article added by P.L. 16-123:21 (Dec. 28, 1982).

§ 12300. Short Title.
§ 12301. Board of Nurse Examiners; Establishment.
§ 12302. Board Composition.
§ 12303. Qualification of Members.
§ 12304. Removal of a Board Member.
§ 12305. Board Compensation.
§ 12306. Additional Qualifications of Board Members.
§ 12307. Powers and Duties of the Board.
§ 12308. Fees for Licensing, etc.
§ 12309. Personnel.
§ 12310. Qualifications of a Registered Nurse.
§ 12311. Licensure of Registered Nurses.
§ 12312. Nurses Titles and Abbreviations.
§ 12313. Advanced Practice Registered Nurse.
§ 12314. Qualifications for Practical Nurses.
§ 12315. Licensure of Practical Nurses.
§ 12316. Titles and Abbreviations.
§ 12316.1. Minimum Qualifications for and Certification of Nurse Assistants and Education Programs.
§ 12317. Renewal of License.
§ 12318. Inactive Status.
§ 12319. Disposition of Fees.
§ 12320. Appropriations.
§ 12321. Schools of Nursing.
§ 12322. Temporary Licenses/Certifications.
§ 12323. Investigatory Powers of the Board.
§ 12324. Discipline.
§ 12325. Disciplinary Procedure.
§ 12326. Immunity of Persons Making Reports.
§ 12327. Unlawful Acts.
§ 12328. Penalties.
§ 12329. Exceptions.
§ 12330. Injunctive Relief.
§ 12331. Prescriptive Authority Advisory Committee.
§ 12332. Pronouncement of Death by a Registered Nurse.

§ 12300. Short Title.

This Article may be cited as the Nurse Practice Act.

§ 12301. Board of Nurse Examiners; Establishment.

There is within the government of Guam and within the Department of Public Health and Social Services the Board of Nurse Examiners.

SOURCE: Added by P.L. 16-123:21 (Dec. 28, 1982). Repealed and reenacted by P.L. 17-070:1 (Sept. 21, 1984).

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§ 12302. Board Composition.

(a) The Board shall be composed of seven (7) members appointed by I Maga'håga/Maga'låhi. The term of office of members of the Board shall be three (3) years. No member shall serve more than two (2) consecutive terms. All members shall serve, in addition to their regular term, until their successors are appointed and qualified.

(b) The term of each member shall commence on July 1 following his or her appointment and the terms of the members shall be rotated so that no more than three (3) members' terms shall expire each year. The present members of the Board shall serve as members of this Board until the expiration of their respective terms or until their successors are appointed and qualified.

(c) Any vacancy in the membership of the Board shall be filled for the period of the unexpired term in the same manner as was the original appointment.

2024 NOTE: Reference to the "Governor" replaced with I Maga'håga/Maga'låhi pursuant to 5 GCA § 1510.

§ 12303. Qualification of Members.

(a) The members of the Board shall include: five (5) registered nurses, one (1) practical nurse and one (1) public member. Of the five (5) registered nurses, representation shall be balanced so that there will always be one (1) member from a school of nursing, one (1) member from public health nursing, one (1) member from hospital nursing and one (1) member from the APRNs. Any vacancy in the membership of the Board shall be filled for the period of the unexpired term in the same manner as was the original appointment.

(b) The Board shall solicit a list of qualified candidates from the local health agencies and nursing organizations and submit to I Maga'håga/Maga'låhi the list obtained. Appointments of nursing members shall be made from this list.

SOURCE: Added by P.L. 16-123:21 (Dec. 28, 1982). Subsection (a) amended by P.L. 24-206:4 (May 13, 1998).

2024 NOTE: Reference to the "Governor" replaced with I Maga'håga/Maga'låhi pursuant to 5 GCA § 1510.

§ 12304. Removal of a Board Member.

I Maga'håga/Maga'låhi may remove any member from the Board for cause including, but not limited to, neglect of any duty required by law, incompetence, unprofessional conduct or willful misconduct. A member subject to disciplinary proceedings shall disqualify himself from Board business until the charge(s) are adjudicated.

2024 NOTE: Reference to the "Governor" replaced with I Maga'håga/Maga'låhi pursuant to 5 GCA § 1510.

§ 12305. Board Compensation.

Each member of the Board shall be compensated in the same manner as are other members of boards and commissions of the government of Guam.

§ 12306. Additional Qualifications of Board Members.

(a) Each member of the Board shall be a citizen or permanent resident of the United States and be a resident of Guam for at least two (2) years immediately preceding appointment.

(b) Each nurse member of the Board shall be a current holder of a valid Guam license to practice as a registered nurse or a licensed practical nurse and have been actively engaged in the practice of nursing for five (5) years immediately preceding appointment. Four (4) members shall be required to have a minimum of a baccalaureate degree in nursing.

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(c) The public member of the Board shall be a person who is not licensed as a health care provider; is not a parent, spouse, sibling or child of any living person licensed as a health care provider, and is not a student in a health educational program; does not have a direct or indirect financial interest in health care services; is not a member or employee of any board of control of any public or private health care organization; and has at least a high school diploma or its equivalent.

2022 NOTE: Reference to "territory" omitted pursuant to 1 GCA § 420.

§ 12307. Powers and Duties of the Board.

(a) The Board shall meet annually in the month of January and shall elect a chairperson, a vice-chairperson and other officers as determined in its rules. The Board may hold such other meetings during the year as may be necessary or desirable to conduct its business. Four (4) members of the Board, including one (1) officer, shall constitute a quorum.

(b) The Board may:

(1) adopt and, from time to time revise such rules and regulations as may be necessary to carry out the provisions of this Article, in compliance with the Administrative Adjudication Law and with the approval of the Commission;

(2) prescribe standards for and periodically evaluate basic nursing education programs for entry into practice and approve such programs that meet the requirements of this Chapter and the Board's rules and regulations;

(3) deny or withdraw approval of basic nursing education programs for entry into practice that do not meet the prescribed standards, provided that recommendation of withdrawal of approval shall be effected only after a hearing in accordance with Chapter II of the Administrative Adjudication Law;

(4) act as an evaluating and approving (or disapproving) body for nursing education programs located in the Trust Territory of the Pacific Islands, the Commonwealth of the Northern Mariana Islands, or any jurisdiction arising from the Trust Territory of the Pacific Islands, upon request of the appropriate governing body; provided, that all expenses of the evaluation and approval or disapproval, shall be paid by the requesting jurisdiction;

(5) give the National State Board Test Pool Examination according to the rules formulated by the National Council of State Boards of Nursing or its designated testing service and the Guam Board of Nursing;

(6) accept in payment of any fee required by this Chapter, cash or any customary or generally accepted equivalent medium of exchange including check, cashier's check, certified check or money order; provided, that no fee shall be deemed paid unless cash has been received or the other medium of exchange converted to cash;

(7) deny a license to unqualified applicants;

(8) license and renew licenses of duly qualified applicants;

(9) prescribe the manner in which specialists and other nurses desiring to restrict their practice to a particular area of nursing announce their practices to the public and shall issue certificates identifying the nurse and his or her specialty;

(10) enforce established criteria to validate competence to continue or re-enter practice;

(11) use Continuing Education Units (CEU) to validate re-licensure to continue or re-enter nursing practice.

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(12) conduct hearings upon charges calling for discipline of a licensee as provided in § 12324 of this Chapter;

(13) have the power to issue subpoenas, and compel the attendance of witnesses, and administer oaths to persons giving testimony, and may enforce compliance upon application to the Superior Court;

(14) have a seal and modify it;

(15) in January of each year, submit an annual report to the Commission, I Maga'håga/Maga'låhi and I Liheslatura on the activities of the Board over the past fiscal year;

(16) maintain records as required by Guam law;

(17) appoint advisory committees to assist the Board in the implementation of this Article. Members of the advisory committees shall not be compensated;

(18) conduct public hearings, investigations and studies of nursing practice, nursing education and related matters and prepare and issue such publications as in the judgment of the Board will allow the nursing profession to provide safe and effective nursing services to the public; and

(19) through the Commission, establish by regulation the qualifications for licensure without examination (by endorsement) of such persons who are licensed in other states or jurisdictions and who meet the provisions of §§ 12311 and 12315 of this Chapter.

(c) The Board shall comply with the requirements of the Open Government Law (P.L. 13-035, as amended) but when the Board is preparing examinations, grading examinations, discussing the eligibility of a person to be licensed or reviewing evidence obtained at a hearing for disciplinary action, the Board shall meet in executive session and may exclude the press and members of the public.

(d) The Board shall facilitate the multistate licensure of nurses under the Nurse Licensure Compact (Article 3A, Part 1, Chapter 12, 10 GCA), as follows:

(1) appoint a qualified delegate to serve on the Interstate Commission of Nurse Licensure Compact Administrators;

(2) participate in the Coordinated Licensure Information System, as defined by 10 GCA § 123A06; and

(3) require an applicant for multistate licensure under the Compact to have his or her fingerprints taken by the Guam Police Department for the purpose of obtaining a fingerprint-based criminal history record check, as authorized by 28 CFR § 20.33 and U.S. Public Law 92-544.

(A) Fingerprints shall be submitted to the Guam Police Department (Department) for a local criminal history check and forwarded to the Federal Bureau of Investigation for a national criminal history check.

(B) All applicants shall pay a fee, to be established by the Department, to offset the costs of operating and administering a fingerprint-based criminal background check system. The Department may increase the fee accordingly if the Federal Bureau of Investigation increases its fingerprint background check service fee.

(C) The Department shall forward the results of the criminal history record check to the Guam Board of Nursing Examiners under said U.S. Public Law 92-544. The Board shall use the information resulting from the fingerprint-based criminal history record check to investigate and determine whether an applicant is qualified to hold a license pursuant to the Nurse Licensure Compact. The Board may verify the information an applicant is required to submit. The results

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of the criminal history record check are confidential. The Board shall not release the results to the public, the Interstate Commission of Nurse Licensure Compact Administrators, or other state licensing boards.

(4) The Board shall establish and collect fees from every applicant for multistate licensure pursuant to § 12308 of this Article. Funds from such fees may be used for the annual membership fee of the Nurse Licensure Compact.

(5) The Board shall notify the Interstate Commission of Nurse Licensure Compact Administrators of any adverse actions taken by the Board.

(6) The Board shall approve payment of assessments levied by the Interstate Commission of Nurse Licensure Compact Administrators to cover the cost of the operations and activities of the Commission and its staff.

SOURCE: Added by P.L. 16-123:21 (Dec. 28, 1982). Existing subsection (b)(11) to (18) renumbered (b)(12) to (19) by P.L. 23-075:2 (Mar. 6, 1996). New subsection (b)(11) added by P.L. 23-075:3 (Mar. 6, 1996). Subsection (d) added by P.L. 36-006:2 (Mar. 5, 2021).

2024 NOTE: Reference to the "Governor" replaced with I Maga'håga/Maga'låhi pursuant to 5 GCA § 1510. Reference to the "Legislature" replaced with I Liheslatura pursuant to 2 GCA § 1101.

§ 12308. Fees for Licensing, etc.

The Board shall establish and collect fees from every applicant for the services it performs. The fees shall be established through rules and regulations of the Board.

§ 12309. Personnel.

The Commission, with the advice and consent of the Board, may employ and assign to the Board such consultive and technical personnel as may be necessary or desirable for the proper functioning of the Board and the administration of this Article. The Commission may assign to the Board such administrative, clerical and other employees as may be necessary or desirable for the proper functioning of the Board and administration of this Article.

§ 12310. Qualifications of a Registered Nurse.

(a) An applicant for a license as a registered nurse shall submit to the Board written, verified, evidence that the applicant is a graduate of an approved nursing education program that is authorized to prepare a person for licensure as a registered nurse.

(b) No handicapped candidate, as defined in federal or Guam law, otherwise qualified shall be deprived of the opportunity to take the State Board Test Pool Examination solely by reason of that handicap. Such a candidate is requested to submit a completed application at least one hundred twenty-five (125) days in advance of the scheduled examination date to facilitate the necessary modification of the testing service; provided, however, that if such candidate does not complete the application by the prescribed time, the Board shall be required to make only those modifications to the testing service as time permits.

§ 12311. Licensure of Registered Nurses.

(a) By examination:

(1) The applicant shall be required to pass a written examination in such subjects as the Board may determine. Each written examination may be supplemented by an oral or a practical examination. The standards used by the Board in requiring an oral or practical examination shall be specified in its rules and regulations before such oral or practical examination may be required. The Board may use

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any part or all of the State Board Test Pool Examination for Registered Nurse Licensure, its successor examination or any other nationally standardized examination identified by the Board in its rules.

(2) The Board shall establish in its rules the requirements for rewriting the examination.

(b) By endorsement.

(1) Conditions. The Board shall issue a license to practice as a registered nurse without examination to an applicant who meets the following requirements by having:

(A) Graduated from a state board approved school of nursing which meets the nursing education standards of the Board; and

(B) Obtained an original license to practice as a registered nurse by examination with a passing score as set by the National Council of State Boards of Nursing, Inc.; and

(C) Been duly licensed and holding an active license as a registered nurse in one or more states or territories of the United States, or in the District of Columbia, and having no disciplinary action pending and no prior disciplinary proceedings which concluded by disciplining the applicant.

(2) Interim licenses. In the case of an applicant holding a license from another state or territory, based upon a rescore by such state or territory of the nursing examination taken by such applicant, whose original score would have not been passing under the standards of the National Council of State Boards of Nursing, Inc., the Board shall issue an interim license to such applicant to practice as a registered nurse on Guam for a period of one (1) year, subject to the conditions that such applicant must:

(A) Have five (5) years continuous nursing practice in one or more states or territories immediately preceding the application for endorsement to practice on Guam;

(B) Be duly licensed and hold an active license as a registered nurse in one or more states or territories of the United States, or in the District of Columbia, and have no disciplinary action pending and no prior disciplinary proceedings which concluded by disciplining the applicant; and

(C) Within one (1) year from the date of the issuance of the interim license, take and pass the approved examination for registered nurses with the passing score set by the National Council of State Boards of Nursing, Inc.; provided, however, that if the applicant takes the examination and the results thereof have not been received within the one (1) year period, then the interim license shall remain in effect until the Board reports whether the applicant has passed or failed the examination.

After passing the examination as required in paragraph (C) above, the Board shall grant the applicant a full license to practice as a registered nurse on Guam.

(c) Nurses Registered Under Prior Law. Any person holding a license to practice as a registered nurse on Guam that is valid on the effective date of this Article shall be deemed to be licensed as a registered nurse under the provisions of this Article and shall be eligible for renewal of such license under the conditions and standards prescribed in § 12317 of this Chapter.

SOURCE: Subparagraph (b) repealed and reenacted by P.L. 22-062:3 (Dec. 6, 1993); P.L. 22:105:3 (Apr. 1, 1994).

2013 NOTE: In maintaining the general codification scheme of the GCA the Compiler changed the hierarchy of subsection (b) beginning with “uppercase letters” to “numbers” and “numbers” to “uppercase letters”.

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§ 12312. Nurses Titles and Abbreviations.

Any person who holds a license or temporary license as a registered nurse in Guam shall have the right to use the title "Registered Nurse" and the abbreviation "R.N." Only such persons authorized a temporary work permit under Subsections (a) and (b) of § 12322 of this Chapter shall use the title, "Graduate Nurse" and the abbreviation "G.N." No other person shall assume such titles, or use such abbreviations of any words, letters, signs or devices to indicate that the person using the name is a registered nurse. No other person shall use the titles and abbreviations "Graduate Nurse" or "R.N.," "Professional Nurse," "R.N," "Trained Nurse," "R.N.," or such other titles or abbreviations that could represent to the public that the person is authorized to practice professional nursing in Guam.

§ 12313. Advanced Practice Registered Nurse.

(a) Title, Scope of Practice, Delegation.

(1) [No text]

(A) Advanced Practice Registered Nurse (APRN) is the title given to an individual licensed to practice advanced practice registered nursing within one (1) of the following roles:

(i) nurse practitioner (NP),

(ii) certified registered nurse anesthetist (CRNA),

(iii) certified nurse-midwife (CNM) or clinical nurse specialist (CNS),

and who practices in a population focus as set forth in this Section and Guam Administrative Rules and Regulations.

(B) An APRN may serve as a primary or acute care provider of record.

(2) Population Focus. The APRN shall focus his or her practice in one (1) or more of the following populations:

(A) family/individual across the lifespan;

(B) adult-gerontology;

(C) neonatal;

(D) pediatrics;

(E) women's health/gender-related; or

(F) psychiatric/mental health.

(3) Scope of Practice. APRN practice shall include, but is not limited to:

(A) conducting an advanced assessment;

(B) ordering and interpreting diagnostic procedures;

(C) establishing primary and differential diagnoses;

(D) prescribing, ordering, administering, dispensing and furnishing therapeutic measures as set forth in Subsection (e) of this Section;

(E) delegating and assigning therapeutic measures to assistive personnel;

(F) consulting with other disciplines and providing referrals to health care agencies, health care providers, and community resources;

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(G) wearing identification which clearly identifies the nurse as an APRN when providing direct patient care, unless wearing identification creates a safety or health risk for either the nurse or the patient;

(H) admitting patients to a hospital, skilled nursing facility or nursing home, and ordering discharge to home, consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies, and experience;

(I) authority to receive direct, third-party reimbursement from Medicare, Medicaid, and other health insurance carriers;

(J) other acts that require education and training consistent with professional standards and commensurate with the APRN's education, certification, demonstrated competencies, and experience; and

(K) other practice as determined by Guam Administrative Rules and Regulations.

(4) APRNs are licensed independent practitioners within standards established or recognized by the Board. Each APRN is accountable to patients, the nursing profession, and the Board for:

(A) complying with the requirements of this Section and the quality of advanced nursing care rendered;

(B) recognizing limits of knowledge and experience;

(C) planning for the management of situations beyond the APRN's expertise; and

(D) consulting with or referring patients to other health care providers as appropriate.

(5) [No text]

(A) The APRN may delegate to employees or support staff activities relating to advanced practice registered nursing carried out by custom and usage when the activities are under the control and direct supervision of the APRN.

(B) The APRN is legally liable for properly delegated activities; and the employee or support staff to which the APRN has delegated activities is considered the APRN's agent when performing such activities.

(b) Licensure.

(1) Initial License. An applicant for initial licensure to practice as an APRN shall:

(A) submit a completed written application and appropriate fees as established by the Board;

(B) hold a current Guam RN license or privilege to practice;

(C) not hold an encumbered license or privilege to practice as an RN, defined as a license or privilege having current discipline, conditions, or restrictions in any jurisdiction;

(D) have committed no acts or omissions that are grounds for disciplinary action under the Nurse Practice Act, Title 10 GCA, Chapter 12, Article 3, or Guam Administrative Rules and Regulations;

(E) have completed an accredited graduate or post-graduate level APRN program in one (1) of the four (4) roles (NP, CRNA, CNM, CNS), and at least one (1) population focus provided in Subsection (a)(2) of this Section;

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(F) be currently certified by a national certifying body recognized by the Board in the APRN role and population foci appropriate to educational preparation;

(G) report any criminal conviction, *nolo contendere* plea, *Alford* plea, or other plea arrangement in lieu of conviction; and

(H) provide other evidence as required by Guam Administrative Rules and Regulations.

(2) Endorsement. The Board may issue a license by endorsement to an APRN licensed under the laws of another jurisdiction if, in the opinion of the Board, the applicant meets the qualifications for licensure in Guam. An applicant for APRN licensure by endorsement shall:

(A) submit an official APRN program transcript and a completed written and notarized application with appropriate fees as established by the Board;

(B) hold a current license or privilege to practice as an RN and APRN in another jurisdiction;

(C) not hold an encumbered license or privilege to practice as an APRN, or its equivalent, defined as a license or privilege having current discipline, conditions or restrictions in any jurisdiction;

(D) have completed an accredited graduate or post-graduate level APRN program in one (1) of the four (4) roles (NP, CRNA, CNM, CNS), and at least one (1) population focus provided in Subsection (a)(2) of this Section, or meets the standards for grandfathering as described in Subsection (g) of this Section;

(E) be currently certified by a national certifying body recognized by the Board in the APRN role, and at least one (1) population focus appropriate to educational preparation;

(F) meet continued competency requirements as set forth under Guam Administrative Rules and Regulations;

(G) report any conviction, *nolo contendere* plea, *Alford* plea, or other plea arrangement in lieu of conviction;

(H) have committed no acts or omissions that are grounds for disciplinary action under the Nurse Practice Act, Title 10 GCA, Chapter 12, Article 3, or Guam Administrative Rules and Regulations; and

(I) provide other evidence as required by Guam Administrative Rules and Regulations.

(3) Denial. The Board may deny APRN licensure to any applicant whose professional license was revoked or suspended in another jurisdiction if the basis for the license revocation or suspension would have caused a similar result in Guam, or if the applicant is the subject of pending disciplinary action regarding his or her right to practice in another jurisdiction.

(4) Temporary License. A nationally certified APRN who has met the professional nurse temporary license requirements of the Board may be issued a nonrenewable, temporary APRN license by the Board that shall be valid for a period of ninety (90) calendar days from the date of issuance.

(5) Renewal. APRN licenses issued under this Section shall be renewed biennially, or more frequently, as determined and in accordance with a schedule made publicly available by the Board. An applicant for APRN license renewal shall:

(A) submit a renewal application with appropriate fees as established by the Board;

(B) maintain national certification in the appropriate APRN role and at least one (1) population focus, authorized by licensure, through an ongoing certification maintenance program

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of a nationally recognized certifying body recognized by the Board as set forth in this Section and Guam Administrative Rules and Regulations, Title 25, Chapter 6, Article 5; and

(C) meet other requirements set forth in Guam Administrative Rules and Regulations.

(6) The Board may reactivate or reinstate an APRN license as set forth in Guam Administrative Rules and Regulations.

(c) Titles and Abbreviations.

(1) Only those persons who hold a license or privilege to practice advanced practice registered nursing in Guam shall have the right to use the title "advanced practice registered nurse," "nurse practitioner," "certified registered nurse anesthetist," "certified nurse-midwife," or "clinical nurse specialist"; or the abbreviations "APRN," "NP," "CRNA," "CNM," and "CNS," respectively.

(2) The abbreviation for the APRN designation of a nurse practitioner, certified registered nurse anesthetist, certified nurse-midwife, and clinical nurse specialist will be "APRN," followed by the appropriate role title, i.e., "NP," "CRNA," "CNM," and "CNS."

(3) It shall be unlawful for any person to use the title "APRN" or "APRN" plus any respective role title, the role title alone, otherwise authorized abbreviations or any other title that would lead a person to believe the individual is an APRN, unless permitted by the Nurse Practice Act, 10 GCA, Chapter 12, Article 3.

(d) Education Programs.

(1) The Board shall, by administrative rules, set standards for the establishment and outcomes of APRN education programs, including clinical learning experiences, and approve such programs that meet the requirements of the Act and Board rules.

(2) The Board shall, by administrative rules, identify the process for determining APRN education program compliance with standards.

(3) The Board shall set requirements for the establishment of a new APRN education program. New programs shall be preapproved by a national APRN accrediting body.

(e) Prescribing, Ordering, Dispensing and Furnishing Authority.

(1) The Board shall grant, through the APRN license, authority to prescribe, order, dispense and furnish, which includes the authority to:

(A) diagnose, prescribe and institute therapy or referrals of patients to health care agencies, health care providers and community resources;

(B) prescribe, procure, administer, dispense and furnish pharmacological agents, including over the counter, legend and controlled substances; and

(C) plan and initiate a therapeutic regimen that includes ordering and prescribing non-pharmacological interventions, including, but not limited to, durable medical equipment, medical devices, nutrition, blood and blood products, and diagnostic and supportive services, including, but not limited to, home health care, hospice, and physical and occupational therapy.

(2) The APRN shall secure and maintain a Federal Drug Enforcement Agency (DEA) registration number, and comply with all state and federal laws and regulations prior to prescribing Scheduled Drugs II-V as outlined in this Subsection (e).

(f) Discipline. APRN discipline and proceedings shall be the same as stated in §§ 12324 and 12325 of this Article for registered nurses and licensed practical nurses.

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(g) Implementation. Any person holding a license to practice nursing as an APRN in Guam that is valid upon enactment of this law shall be deemed to be licensed as an APRN under the provisions of this Section with their current privileges, and shall be eligible for renewal of such license under the conditions and standards prescribed in this Section.

SOURCE: Repealed and reenacted by P.L. 24-206:3 (May 13, 1998), P.L. 34-078:2 (Feb. 9, 2018).

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

§ 12314. Qualifications for Practical Nurses.

(a) An applicant for a license to practice as a licensed practical nurse shall submit to the Board a written, verified, evidence that the applicant:

(1) Is a graduate of an approved practical nursing program;

(2) Has successfully completed courses of study in an approved professional nursing education program, including experience in medical, surgical, obstetrics and pediatric nursing; or

(3) Has served on active duty in the military corps of any of the armed forces, in which no less than an aggregate of twelve (12) months was spent in rendering patient care, and who has completed the basic course of instruction in the hospital corps school required by his or her particular branch of the armed forces, and whose service in the armed forces has been under honorable conditions. This person may submit the record of such training to the Board for evaluation.

(b) If a person meets the necessary qualifications of this Section, he or she shall be granted a license upon passing the standardized examination for such a licensure. The qualifications are:

(1) That he or she has completed such general preliminary education requirements as shall be determined by the Board;

(2) That he or she has committed no act, which, if committed by a licensee, would be grounds for disciplinary action; and

(3) That his or her education and experience would give reasonable assurance of competence to practice as a licensed practical nurse in Guam.

(c) The Board shall, by regulation, establish criteria for evaluating the education and experience for applicants under this Section.

(d) No handicapped candidate, as defined in the federal or Guam laws, otherwise qualified shall be deprived of the opportunity to take the State Board Test Pool Examination solely by reason of that handicap. Such a candidate is requested to submit a completed application at least one hundred twenty-five (125) days in advance of the scheduled examination date to facilitate the necessary modification of the testing service; provided, however, that if such candidate does not complete the application by the prescribed time, the Board shall be required to make only those modifications to the testing service as time permits.

(e) The Board shall maintain records of the following categories of applicants under this Section:

(1) Applicants who are rejected for examination, and the areas of such applicants' preparation which are causes of rejection.

(2) Applicants who are qualified to take the examination by their military education and experience alone, and the results of their examinations.

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(3) Applicants who are qualified to take the examination by their military education and experience plus supplementary education, and the results of their examinations.

§ 12315. Licensure of Practical Nurses.

(a) By Examination:

(1) The applicant shall be required to pass a written examination in such subjects as the Board may determine. Each written examination may be supplemented by an oral or a practical examination or both. The Board may use any part or all of the State Board Test Pool Examination for Practical Nurse Licensure, its successor examination, or any other nationally standardized examination identified by the Board in its rules. The passing score shall be established by the Board in its rules.

(2) The Board shall establish in its rules the requirements for rewriting the examination.

(b) By Endorsement. The Board may issue a license to practice as a licensed practical nurse without examination to any applicant who has been duly licensed as a licensed practical/vocational nurse under the laws of another state, territory or jurisdiction controlled or administered by the United States, or the District of Columbia, if in the opinion of the Board, the applicant meets the requirements for licensed practical nurses in Guam.

(c) Practical Nurses Licensed Under Prior Law. Any person holding a license or certificate of registration to practice as a licensed practical nurse, previously issued under Guam law, which is valid on the effective date of this Article, shall be deemed to be licensed as a practical nurse under the provisions of this Article.

§ 12316. Titles and Abbreviations.

Any person who holds a license or temporary license to practice as a licensed practical nurse in Guam shall have the right to use the title "Licensed Practical Nurse" and the abbreviation "L.P.N." Unless authorized a temporary work permit under Subsections (a) and (b) of § 12322 of this Chapter, no person shall assume such title or use such abbreviation or any other words, letters, signs or devices to indicate that the person using the same is authorized to practice as a practical nurse in Guam.

§ 12316.1. Minimum Qualifications for and Certification of Nurse Assistants and Education Programs.

(a) The Board shall establish by regulation minimum qualifications for nurse assistants and criteria for evaluating such qualifications. The Board may also establish and administer such procedures as may be necessary to certify that an applicant meets duly established minimum qualifications. Such procedures shall include a provisional period for remedial training of nurse aides who are employed as of the effective date of such regulations and do not meet minimum qualifications. Disciplinary procedures for decertification of incompetent nurse assistants may be established by the Board. The Board shall maintain a registry of certified nurse assistants.

(b) The Board may approve and re-approve nurse assistant education programs and competency evaluation programs.

SOURCE: Added by P.L. 20-195:2 (Aug. 17, 1990).

2024 NOTE: Subsection designations modified pursuant to authority granted by 1 GCA § 1606.

§ 12317. Renewal of License.

(a) The licenses issued under the provisions of this Article shall be renewed biennially. The Board shall mail an application for renewal of license to every current licensee. The mailing address shall be the

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address indicated in the application, or his or her previous renewal application, unless the Board is notified otherwise. Such application shall be returned to the Board accompanied by the required fee.

(b) Any licensee who allows his or her license to lapse may be reinstated by meeting such requirements as the Board may prescribe in its rules.

(c) Any person practicing nursing during the time that his or her license has lapsed shall be considered as an illegal practitioner and shall be subjected to the penalties provided for violations as the Board may prescribe in its rules.

(d) Continuing education credits in early childhood development and literacy as prescribed by the Board and that conforms with the Department of Public Health and Social Services regulations shall be required for renewal of licensure under this Article.

SOURCE: Added by P.L. 16-123:21 (Dec. 28, 1982). Subsection (d) added by P.L. 38-049:7 (Aug. 18, 2025) effective within one year upon enactment pursuant to P.L. 38-049:29.

§ 12318. Inactive Status.

A nurse who does not engage in nursing in Guam during the succeeding year shall not be required to pay the renewal fee as long as he or she remains inactive. Should he or she wish to resume nursing at some future time, he or she shall so notify the Board and become reinstated by meeting such requirements as the Board may prescribe in its rules. The Board shall establish criteria for the resumption of practice after five (5) years of inactivity.

§ 12319. Disposition of Fees.

(a) All fees received by the Board under this Article, except such amounts as are paid through the Board for examinations taken by applications and which must be transmitted to a testing service, shall be deposited in the General Fund.

(b) All funds that have accumulated to the credit of the Board under the provisions of Chapter III of Title XXVIII of the Government Code, which law is repealed by this Act, shall be turned over to the General Fund.

§ 12320. Appropriations.

Operations of the Board and the implementation of this Article shall be funded by annual appropriation to the Commission.

§ 12321. Schools of Nursing.

(a) The Board shall prepare and maintain a list of approved schools for both professional and practical nurses whose graduates shall be eligible for licensing under this Article as registered nurses or licensed practical nurses if they meet the other qualifications set forth in this Article.

(b) An approved school of nursing is one which has been approved by the Board as meeting minimum standards and criteria defined by regulation. “Defined regulations” shall include minimum length of academic program, required subjects of instruction, basic requirements for clinical practice, minimum preparation of faculty and faculty-student ratio, and such other criteria as are recognized as standard for basic preparatory programs for both licensed practical nurses and registered nurses.

(c) An institution desiring to conduct a basic program for the preparation of registered nurses or practical nurses or an educational and training program for advanced registered nursing on Guam, shall apply to the Board for accreditation and submit satisfactory proof that:

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(1) it is prepared to carry out the curriculum presented by the Board through its rules and regulations; and

(2) it is prepared to meet such other standards as shall be established by law and by the Board.

(d) It shall be the duty of the Board, through the use of qualified consultants not associated with the Board or local nursing programs, to periodically survey approved programs in Guam. Written reports of such survey shall be submitted to the Board and if, in the opinion of the Board, the requirements for an approved program are met, the program shall be given continued approval. If the Board shall determine that an approved program no longer meets minimum standards as required by regulation, notice shall be submitted to the program specifying the areas of non-compliance. A program that fails to correct areas of non-compliance within the time designated by the Board in its rules and regulations shall be discontinued as an approved program; provided, that such action shall be taken only after a hearing before the Board in accordance with the provisions of Chapter II of the Administrative Adjudication Law.

(e) Any nursing education program in Guam that is recognized as an approved program by the Board on the effective date of this Article shall be deemed to be an approved educational program for the purposes of this Article.

(f) Any nursing education program outside of Guam shall, for the purpose of this Section, be deemed to be an approved nursing education program if that program meets the requirements for approval established pursuant to this Section and if such is recognized as a state-approved program by the appropriate state or national licensing authority in the state or jurisdiction in which the nursing education program is located.

§ 12322. Temporary Licenses/Certifications.

The Guam Board of Nurse Examiners:

(a) may issue a temporary permit to a graduate of an accredited U.S., foreign or Guam professional nursing education program, upon application, payment of the required fee, and after verifying the applicant's official transcript and certificate of education; provided, however, that such applicant has received the Board's authorization to sit for the first licensing examination immediately following such applicant's graduation. Such a permittee shall be identified as a "graduate nurse" (G.N.) and may practice nursing only under the direct supervision of a registered nurse. Only such a permittee shall be authorized to use the title "graduate nurse." All temporary permits issued pursuant to this Subparagraph shall terminate when the Board has received the permittee's scores from the licensing examination immediately succeeding such permittee's graduation from nursing school; and

(b) shall adopt such regulations as are necessary to protect the public and limit the practice of persons issued temporary licenses/certification.

(c) May issue a nurse (RN, APRN, LPN) or nursing assistant applicant a three (3) month temporary license/certification upon submission of a notarized application, payment of the required fee and evidence of:

(1) a current U.S. license as a registered nurse or practical nurse; or

(2) a current National or State Board Certification as an advanced practice registered nurse; or

(3) a current State Board Certification as a nursing assistant

(d) May use their discretion to extend the temporary license/certification, but the extension shall not exceed six (6) months.

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(e) [No text]

(1) May issue a Military Limited Volunteer Nursing License to a nurse (RN, APRN, LPN) applicant who:

(A) is licensed and in good standing as a nurse in another state;

(B) maintains credentials within the military credentialing system and authorizes the Guam-based Military Credentialing Office to provide to the Guam Board of Nurse Examiners the required verification documents and military commander's approval; and

(C) agrees to be subject to Board rules and regulations, including those regarding disciplinary action, license registration and renewal, and continuing medical education, throughout the duration of the Military Limited Volunteer Nursing licensure.

(2) A nurse who practices nursing on Guam under a license issued under this Subsection may only practice at

(A) the Department of Public Health and Social Services,

(B) the Guam Memorial Hospital Authority,

(C) the Community Health Centers, or a clinic or an outreach event that primarily provides services for indigent populations, and

the nurse shall not receive direct or indirect compensation or payment of anything of monetary value in exchange for the medical services rendered by the nurse to the indigent patients at the clinic or outreach event.

(3) [No text]

(A) A Military Limited Volunteer Nursing License shall

(i) be issued at no charge to the applicant,

(ii) be valid for a period of two (2) years, and

(iii) may be renewed and maintained according to registration requirements as prescribed by the Board.

(B) The license shall be in effect upon receipt of the application packet by the Guam Board of Nurse Examiners subject to final review.

(4) This presumptive eligibility for licensure is contingent upon the appropriate military commander's authorization allowing the nurse to practice in the community, and the appropriate collaborative sharing of information between the Military Credentialing Office and the Guam Board of Nurse Examiners.

SOURCE: Added by P.L. 16-123:21 (Dec. 28, 1982). Subsection (a) amended by P.L. 20-017:3 (June 9, 1989). Repealed and reenacted, subsections (c), (d) added by P.L. 24-325:19-21 (Dec. 30, 1998). Subsection (e) added by P.L. 34-129:2 (Oct. 17, 2018).

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations added/altered pursuant to the authority granted by 1 GCA § 1606.

§ 12323. Investigatory Powers of the Board.

The Board or its authorized representatives shall have the power to investigate and gather evidence concerning alleged violations of the provisions of this Article or of the rules and regulations of the Board.

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§ 12324. Discipline.

(a) The Board has the power to revoke, suspend or refuse to renew any license, or to place on probation or discipline in any manner specified in this Section a licensee, or to deny the application for a license upon proof to the Board that such a person:

(1) Has committed fraud or deceit in securing or attempting to secure such license;

(2) Has been convicted of a felony or a crime involving moral turpitude or has had accepted by a court a plea of nolo contendere to a felony or a crime involving moral turpitude. A true copy of the judgment of the court of competent jurisdiction (in whatever form is usual for such copies in the jurisdiction from which the record comes) shall be *prima facie* evidence of such conviction. In considering the possible disciplinary action, the Board shall be governed by determination that such licensee is incompetent or unsafe to continue the practice of nursing or the practice of practical nursing;

(3) Has negligently or willfully acted in a manner inconsistent with the health or safety of the person under his or her care;

(4) Has had a license to practice as a registered nurse or licensed practical nurse suspended or revoked in any jurisdiction where licensed;

(5) Has violated any provision of this Article;

(6) Has negligently or willfully practiced nursing in a manner that fails to meet generally accepted standards of such nursing practice;

(7) Has negligently or willfully violated any order, rule or regulation of the Board pertaining to nursing practice or licensure;

(8) Has falsified or, in a repeatedly negligent manner, made incorrect entries or failed to make essential entries on essential patient records;

(9) Is addicted or dependent on alcohol or other habit-forming drugs or is a habitual user of narcotics, barbiturates, amphetamines, hallucinogens or other drugs having similar effects;

(10) Has a physical or mental disability that renders him or her unable to perform nursing service or duties with reasonable skill or safety to the patient;

(11) Has engaged in other conduct, whether of the same or of a different character from that specified in this Section, that would constitute a crime under the laws of Guam and that related to such person's employment as a registered nurse or licensed practical nurse;

(12) Engages in unprofessional conduct of a character likely to deceive, defraud or harm the public; or

(13) Engages in any other unprofessional conduct as identified by the Board in its rules.

(b) When the Board finds any person unqualified because of any grounds set forth in this Section, it may enter an order imposing one or more of the penalties that follow. It may:

(1) Deny his or her application for a license or other authorization to practice professional nursing or practical nursing;

(2) Administer a public or private reprimand;

(3) Suspend, limit or restrict his or her license or other authorization to practice professional nursing or practical nursing for up to five (5) years, including limiting the practice of such person to, by exclusion of, one or more specified branches of nursing including limitation of practice privileges;

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(4) Revoke his or her license or other authorization to practice professional or practical nursing;

(5) Require him or her to submit to care, counseling or treatment by persons approved or designated by the Board, as a condition for initial, continued or renewed licensure or other authorization to practice professional nursing or practical nursing;

(6) Require him or her to participate in a program of education prescribed by the Board; or

(7) Require him or her to practice under the supervision of a registered nurse designated by the Board for a specified period of time.

§ 12325. Disciplinary Procedure.

The Board cannot revoke, suspend or refuse to renew any license, or place on probation or discipline a licensee in any manner specified in § 12324 of this Chapter, or deny an applicant a license on the basis that the applicant does not possess the qualifications required by this Article or that probable cause exists to believe that an applicant has done any of the acts set forth in § 12324 of this Chapter without first holding a hearing pursuant to the provisions and procedures set forth in Chapter II of the Administrative Adjudication Law.

§ 12326. Immunity of Persons Making Reports.

Any member of the Board or professional review committee authorized by the Board and any witness appearing before the Board, a hearing officer, or such a professional review committee shall be immune from suit in any civil action taken by a licensee who is a subject of a professional review proceeding.

§ 12327. Unlawful Acts.

It is unlawful for any person, including a corporation, association or individual, to:

(a) Sell or fraudulently obtain or furnish any nursing diploma, license or renewal of license or record, or aid or abet therein;

(b) Practice nursing as defined by this Chapter under cover of any diploma, license or renewal of license or record obtained illegally or fraudulently or signed or issued unlawfully or under fraudulent representation;

(c) Practice or offer to practice nursing as defined by this Chapter unless duly licensed under the provisions of this Article;

(d) Use any designation by which a person represents to the public that he or she is a registered nurse or licensed practical nurse unless duly licensed under the provisions of this Article;

(e) Practice nursing during the time the license issued under the provisions of this Article is under suspension or revocation;

(f) Conduct a nursing education program unless the program has been approved by the Board;

(g) Knowingly employ unlicensed persons to practice nursing or practical nursing; or

(h) Aid or abet any person in violating any provision of this Article.

§ 12328. Penalties.

(a) Any person who violates the provisions of § 12327 of this Chapter is guilty of a misdemeanor upon conviction of the first such offense. Unless otherwise provided in this or any other law, any person who violates the provisions of § 12327 of this Chapter, except Subsection (g) of § 12327, shall be guilty of a felony upon conviction of the second or subsequent offense.

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(b) Any person who violates the provisions of Subsection (g) of § 12327 of this Chapter shall be guilty of a second degree felony.

§ 12329. Exceptions.

This Article does not prohibit:

(a) The practice of professional nursing or the practice of practical nursing in an emergency;

(b) The practice of professional nursing or the practice of practical nursing that is incidental to the program of study by students enrolled in nursing education programs leading to initial licensure, provided such programs are approved by the Board;

(c) The practice of professional nursing or the practice of practical nursing by a licensed nurse who is currently licensed in another jurisdiction while assisting in a state of emergency as a volunteer of any recognized organization;

(d) The practice of professional nursing by a registered nurse or the practice of practical nursing by a licensed practical nurse who is currently licensed in another jurisdiction while in the discharge of his or her official duties as an employee of any bureau, agency or division of the U.S. Government;

(e) The practice of professional nursing by a registered nurse or the practice of practical nursing by a licensed practical nurse who is currently licensed in another jurisdiction and employed by an individual, agency or corporation located in such other jurisdiction and whose employment responsibilities include the transporting of patients to health care facilities within Guam. Such exemption shall be limited to a period no longer than that necessary to transfer the care of persons qualified under the provisions of this Chapter and in no instance shall exceed five (5) days;

(f) The practice of professional nursing for a short term only in the role of a visiting consultant as long as it does not exceed ninety (90) working days, and such consultant is licensed as either a registered nurse or as a licensed practical nurse, or otherwise authorized to practice in the jurisdiction in which he or she is based; and

(g) Any person permitted by this exception to practice professional nursing or practical nursing without a license issued by Guam shall be held to the same standard of care as any practitioner licensed by Guam. A person permitted by this exception to practice without a license shall register his or her name and practice location with the Board before commencing practice, unless such registration is not possible because of the time or emergency involved.

§ 12330. Injunctive Relief.

The practice of professional nursing or practical nursing by any person who has not been issued a license under the provisions of this Article (unless covered by an exception herein given), or whose license has been suspended or revoked or has expired is hereby declared to be contrary to the law, public policy, and to be a danger to the health and welfare of the public. In such a case, the Board can request the Attorney General to enjoin the individual from practicing professional nursing or practical nursing, as the case may be. Upon the filing of a complaint for injunction against a person violating the provisions of this Article, the court or any judge thereof may issue a temporary injunction against the person or persons charged in the action without notice or bond, enjoining such person or persons from further practicing professional nursing or practical nursing, as the case may be, until a final hearing of the matter or under a valid license is secured.

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§ 12331. Prescriptive Authority Advisory Committee.

(a) Committee Creation. There is created within the Department of Public Health and Social Services, the Prescriptive Authority Advisory Committee (Committee) of the Guam Board of Nurse Examiners. The Committee shall be composed of seven (7) members of whom three (3) members, appointed by the Board, shall be APRNs; one (1) member shall be a physician licensed to practice medicine under Chapter 12 of this Title and who has been involved in a collaborative practice with an APRN for at least three (3) years appointed by the Board of Medical Examiners; one (1) member shall be a nurse member of the Board of Nurse Examiners appointed by the Board; one (1) member shall be a physician member of the Board of Medical Examiners appointed by the Board of Medical Examiners; and one (1) member shall be a pharmacist member of the Board of Pharmacy appointed by the Board of Pharmacy.

(b) Appointment and Staggered Terms. Three (3) members of the Committee shall be appointed for an initial term of office of one (1) year, and four (4) members of the Committee shall be appointed for an initial term of office of two (2) years. After the expiration of the initial term of office, members shall be appointed for terms of office of three (3) years. Members shall serve for the term of office specified and until their respective successors are appointed and qualified. A vacancy on the Committee, which occurs for any reason other than by expiration of a term, shall be filled by Board appointment for the unexpired term.

(c) Quorum. Four (4) members of the Committee shall constitute a quorum for the transaction of business, provided at least one (1) member must be a physician or pharmacist. No action of the Committee may be taken except by a majority of the members.

(d) Rules and Regulations. The Committee shall promulgate rules for the requirements, content and use of collaborative practice agreements and prescriptive authority. The rules and regulations must get concurrence by the Nursing Board, Medical Examiner Board, Pharmacy Board and Allied Health Board before submitting it through the Administrative Adjudication Law.

SOURCE: Added by P.L. 24-206:9 (May 13, 1998).

§ 12332. Pronouncement of Death by a Registered Nurse.

(a) A pronouncement of death may be made by a registered nurse on a person with an “anticipated death” who is in a healthcare facility, or a private home served by a licensed home healthcare provider or government/private healthcare agency.

(b) Prior to any pronouncement of death pursuant to this Section, there shall be certification of an anticipated death by an attending physician. The certification shall be documented in the person’s medical or clinical record, and shall be valid for purposes of this Section for no more than one hundred eighty (180) days from the date of the documentation and must be recertified every one hundred eighty (180) days to remain valid.

(c) A registered nurse who has determined and pronounced death, under this Section, after diagnosing the absence of human responses, shall document the clinical criteria for the determination and pronouncement in the person’s medical or clinical record and notify the certifying physician. The registered nurse shall communicate pertinent information to appropriate persons, sign the death certificate, and record the:

(1) Name of the deceased;

(2) Presence of a contagious disease, if known; and

(3) Date and time of death.

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(d) The registered nurse, upon completion of the death certificate, shall contact the funeral home identified by the family. The funeral home shall be responsible for transporting the deceased person to the funeral home.

(e) The healthcare facility or licensed home healthcare provider shall have adopted written policies and procedures that provide for the determination and pronouncement of death by a registered nurse under this Section. A registered nurse employed by any healthcare facility may not make a determination or pronouncement of death under this Section unless the facility has written policies and procedures implementing and ensuring compliance with this Section.

The Police Department and the Chief Examiner shall immediately be notified of any deaths which are of a different nature than anticipated or are suspicious in nature.

(f) In this Section,

(1) "Determination of Death" means diagnosis of death based on observation and assessment of absence of human response.

(2) "Healthcare Facility" means a private, municipal, state, federal or military hospital, mental health and substance abuse hospital, public health, skilled nursing facility, kidney disease and cancer treatment center (excluding freestanding units), intermediate care facility, long-term care facility, nursing home, hospice facility or home health agency.

(3) "Anticipated Death" means a death caused by life-limiting illness, infirmity, or disease, as certified by the attending physician that he or she discussed a prognosis of terminal condition with the patient and the patient's family, and that the patient consented to a "No Resuscitation" order or has executed a Declaration or an Advanced Directive to that effect.

(g) Limitation of Liability. A registered nurse who determines death in accordance with this Act is not liable for civil damages or subject to criminal prosecution for the registered nurse's actions based on the determination of death. A person who acts in good faith in reliance on a registered nurse's determination of death is not liable for civil damages or subject to criminal prosecution for the person's actions.

SOURCE: Added by P.L. 27-015:2 (Apr. 26, 2003). Subsection (f) amended by P.L. 29-008:5 (Sept. 7, 2007).

2012 NOTE: Subsections (c)(1) through (c)(3) and (f)(1) through (f)(3) numbered by Compiler to harmoniously fit this section.

ARTICLE 3A
ADOPTION OF NURSE LICENSURE COMPACT

SOURCE: Added by P.L. 36-006:1 (Mar. 5, 2021).

2021 NOTE: P.L. 36-006 mandated the Guam Board of Nurse Examiners submit the following reports, as follows:

Section 4. Reporting Requirement. Upon the implementation of the Nurse Licensure Compact, and quarterly thereafter, the Guam Board of Nurse Examiners (GBNE) shall report to the Department of Public Health and Social Services Health Professional Licensing Office (DPHSS HPLO) the number of nurses who hold a multistate nurse license issued by the GBNE and the number of nurses licensed by other Nurse Licensure Compact jurisdictions who are employed or privileged by a hospital or clinic on Guam. The DPHSS HPLO shall forward a copy of the reports to the Speaker of I Liheslaturan Guåhan no later than five (5) business days upon receipt.

Section 5. Annual Fiscal Impact Report. The Guam Board of Nurse Examiners shall provide an annual fiscal impact report of licensure fee revenues and annual operating expenditures associated with the Nurse Licensure Compact membership to the Speaker of I Liheslaturan Guåhan, which shall be submitted one (1) full year after the implementation of the Nurse Licensure Compact and annually thereafter.

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§ 123A01. Findings and Declaration of Purpose.
§ 123A02. Definitions.
§ 123A03. General Provisions and Jurisdiction.
§ 123A04. Applications for Licensure in a Party State.
§ 123A05. Additional Authorities Invested in Party State Licensing Boards.
§ 123A06. Coordinated Licensure Information System and Exchange of Information.
§ 123A07. Establishment of the Interstate Commission of Nurse Licensure Compact Administrators.
§ 123A08. Rulemaking.
§ 123A09. Oversight, Dispute Resolution, and Enforcement.
§ 123A10. Effective Date, Withdrawal, and Amendment.
§ 123A11. Construction and Severability.

§ 123A01. Findings and Declaration of Purpose.

(a) The party states find that:

(1) the health and safety of the public are affected by the degree of compliance with and the effectiveness of enforcement activities related to state nurse licensure laws;

(2) violations of nurse licensure and other laws regulating the practice of nursing may result in injury or harm to the public;

(3) the expanded mobility of nurses and the use of advanced communication technologies as part of our nation's health care delivery system require greater coordination and cooperation among states in the areas of nurse licensure and regulation;

(4) new practice modalities and technology make compliance with individual state nurse licensure laws difficult and complex;

(5) the current system of duplicative licensure for nurses practicing in multiple states is cumbersome and redundant for both nurses and states; and

(6) uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.

(b) The general purposes of this Compact are to:

(1) facilitate the states' responsibility to protect the public's health and safety;

(2) ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;

(3) facilitate the exchange of information between party states in the areas of nurse regulation, investigation, and adverse actions;

(4) promote compliance with the laws governing the practice of nursing in each jurisdiction;

(5) invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;

(6) decrease redundancies in the consideration and issuance of nurse licenses; and

(7) provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

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§ 123A02. Definitions.

As used in this Compact:

(a) "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against a nurse, including actions against an individual's license or multistate licensure privilege such as revocation, suspension, probation, monitoring of the licensee, limitation on the licensee's practice, or any other encumbrance on licensure affecting a nurse's authorization to practice, including issuance of a cease and desist action.

(b) "Alternative program" means a non-disciplinary monitoring program approved by a licensing board.

(c) "Coordinated licensure information system" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws that is administered by a nonprofit organization composed of and controlled by licensing boards.

(d) "Current significant investigative information" means:

(1) investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction; or

(2) investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

(e) "Encumbrance" means a revocation or suspension of, or any limitation on, the full and unrestricted practice of nursing imposed by a licensing board.

(f) "Home state" means the party state which is the nurse's primary state of residence.

(g) "Licensing board" means a party state's regulatory body responsible for issuing nurse licenses.

(h) "Multistate license" means a license to practice as a registered nurse (RN) or a licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board that authorizes the licensed nurse to practice in all party states under a multistate licensure privilege.

(i) "Multistate licensure privilege" means a legal authorization associated with a multistate license permitting the practice of nursing as either a registered nurse (RN) or a licensed practical/vocational nurse (LPN/VN) in a remote state.

(j) "Nurse" means an RN or LPN/VN, as those terms are defined by each party state's practice laws.

(k) "Party state" means any state that has adopted this Compact.

(l) "Remote state" means a party state, other than the home state.

(m) "Single-state license" means a nurse license issued by a party state that authorizes practice only within the issuing state and does not include a multistate licensure privilege to practice in any other party state.

(n) "State" means a state, territory, or possession of the United States and the District of Columbia.

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(o) "State practice laws" means a party state's laws, rules, and regulations that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. "State practice laws" do not include requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

§ 123A03. General Provisions and Jurisdiction.

(a) A multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state will be recognized by each party state as authorizing a nurse to practice as a registered nurse (RN) or as a licensed practical/vocational nurse (LPN/VN), under a multistate licensure privilege, in each party state.

(b) A state must implement procedures for considering the criminal history records of applicants for initial multistate license or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

(c) Each party state shall require the following for an applicant to obtain or retain a multistate license in the home state:

(1) meets the home state's qualifications for licensure or renewal of licensure, as well as all other applicable state laws;

(2) [No text]

(A) has graduated or is eligible to graduate from a licensing board-approved RN or LPN/VN prelicensure education program; or

(B) has graduated from a foreign RN or LPN/VN prelicensure education program that

(i) has been approved by the authorized accrediting body in the applicable country and

(ii) has been verified by an independent credentials review agency to be comparable to a licensing board-approved prelicensure education program;

(3) has, if a graduate of a foreign prelicensure education program not taught in English or if English is not the individual's native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening;

(4) has successfully passed an NCLEX-RN® or NCLEX-PN® Examination or recognized predecessor, as applicable;

(5) is eligible for or holds an active, unencumbered license;

(6) has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;

(7) has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law;

(8) has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing as determined on a case-by-case basis;

(9) is not currently enrolled in an alternative program;

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(10) is subject to self-disclosure requirements regarding current participation in an alternative program; and

(11) has a valid United States Social Security number.

(d) All party states shall be authorized, in accordance with existing state due process law, to take adverse action against a nurse's multistate licensure privilege such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

(e) A nurse practicing in a party state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of nursing is not limited to patient care but shall include all nursing practice as defined by the state practice laws of the party state in which the client is located. The practice of nursing in a party state under a multistate licensure privilege will subject a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the client is located at the time service is provided.

(f) Individuals not residing in a party state shall continue to be able to apply for a party state's single-state license as provided under the laws of each party state. However, the single-state license granted to these individuals will not be recognized as granting the privilege to practice nursing in any other party state. Nothing in this Compact shall affect the requirements established by a party state for the issuance of a single-state license.

(g) Any nurse holding a home state multistate license, on the effective date of this Compact, may retain and renew the multistate license issued by the nurse's then-current home state, provided that:

(1) A nurse who changes primary state of residence after this Compact's effective date must meet all applicable § 123A03(c) requirements to obtain a multistate license from a new home state.

(2) A nurse who fails to satisfy the multistate licensure requirements in § 123A03(c) due to a disqualifying event occurring after this Compact's effective date shall be ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the Interstate Commission of Nurse Licensure Compact Administrators (Commission).

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

§ 123A04. Applications for Licensure in a Party State.

(a) Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been taken against any license or multistate licensure privilege held by the applicant and whether the applicant is currently participating in an alternative program.

(b) A nurse may hold a multistate license, issued by the home state, in only one (1) party state at a time.

(c) If a nurse changes a primary state of residence by moving between two (2) party states, the nurse must apply for licensure in the new home state, and the multistate license issued by the prior home state will be deactivated in accordance with applicable rules adopted by the Commission.

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(1) The nurse may apply for licensure in advance of a change in primary state of residence.

(2) A multistate license shall not be issued by the new home state until the nurse provides satisfactory evidence of a change in a primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state.

(d) If a nurse changes primary state of residence by moving from a party state to a non-party state, the multistate license issued by the prior home state will convert to a single-state license, valid only in the former home state.

§ 123A05. Additional Authorities Invested in Party State Licensing Boards.

(a) In addition to the other powers conferred by state law, a licensing board shall have the authority to:

(1) take adverse action against a nurse's multistate licensure privilege to practice within that party state;

(A) only the home state shall have the power to take adverse action against a nurse's license issued by the home state;

(B) for purposes of taking adverse action, the home state licensing board shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action;

(2) issue cease and desist orders or impose an encumbrance on a nurse's authority to practice within that party state;

(3) complete any pending investigations of a nurse who changes primary state of residence during the course of such investigations. The licensing board shall also have the authority to take appropriate action(s) and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions;

(4) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, as well as the production of evidence. Subpoenas issued by a licensing board in a party state for the attendance and testimony of witnesses or the production of evidence from another party state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located;

(5) obtain and submit, for each nurse licensure applicant, fingerprint or other biometric-based information to the Federal Bureau of Investigation for criminal background checks, receive the results of the Federal Bureau of Investigation record search on criminal background checks, and use the results in making licensure decisions;

(6) if otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse; and

(7) take adverse action based on the factual findings of the remote state; provided, that the licensing board follows its own procedures for taking such adverse action.

(b) If adverse action is taken by the home state against a nurse's multistate license, the nurse's multistate licensure privilege to practice in all other party states shall be deactivated until all encumbrances

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have been removed from the multistate license. All home state disciplinary orders that impose adverse action against a nurse's multistate license shall include a statement that the nurse's multistate licensure privilege is deactivated in all party states during the pendency of the order.

(c) Nothing in this Compact shall override a party state's decision that participation in an alternative program may be used in lieu of adverse action. The home state licensing board shall deactivate the multistate licensure privilege under the multistate license of any nurse for the duration of the nurse's participation in an alternative program.

§ 123A06. Coordinated Licensure Information System and Exchange of Information.

(a) All party states shall participate in a coordinated licensure information system of all licensed registered nurses (RNs) and licensed practical/vocational nurses (LPNs/VNs). This system will include information on the licensure and disciplinary history of each nurse, as submitted by party states, to assist in the coordination of nurse licensure and enforcement efforts.

(b) The Commission, in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this Compact.

(c) All licensing boards shall promptly report to the coordinated licensure information system any adverse action, any current significant investigative information, denials of applications (with the reasons for such denials), and nurse participation in alternative programs known to the licensing board regardless of whether such participation is deemed nonpublic or confidential under state law.

(d) Current significant investigative information and participation in nonpublic or confidential alternative programs shall be transmitted through the coordinated licensure information system only to party state licensing boards.

(e) Notwithstanding any other provision of law, all party state licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with non-party states or disclosed to other entities or individuals without the express permission of the contributing state.

(f) Any personally identifiable information obtained from the coordinated licensure information system by a party state licensing board shall not be shared with non-party states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

(g) Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

(h) The Compact administrator of each party state shall furnish a uniform data set to the Compact administrator of each other party state, which shall include, at a minimum:

(1) identifying information;

(2) licensure data;

(3) information related to alternative program participation; and

(4) other information that may facilitate the administration of this Compact, as determined by Commission rules.

(i) The Compact administrator of a party state shall provide all investigative documents and information requested by another party state.

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§ 123A07. Establishment of the Interstate Commission of Nurse Licensure Compact Administrators.

(a) The party states hereby create and establish a joint public entity known as the Interstate Commission of Nurse Licensure Compact Administrators (Commission).

(1) The Commission is an instrumentality of the party states.

(2) Venue is proper, and judicial proceedings by or against the Commission shall be brought solely and exclusively, in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

(b) Membership, Voting, and Meetings.

(1) Each party state shall have and be limited to one (1) administrator. The head of the state licensing board or designee shall be the administrator of this Compact for each party state. Any administrator may be removed or suspended from office as provided by the law of the state from which the Administrator is appointed. Any vacancy occurring in the Commission shall be filled in accordance with the laws of the party state in which the vacancy exists.

(2) Each administrator shall be entitled to one (1) vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission. An administrator shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for an administrator's participation in meetings by telephone or other means of communication.

(3) The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws or rules of the Commission.

(4) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in § 123A08 of this Article.

(5) The Commission may convene in a closed, nonpublic meeting if the Commission must discuss:

(A) noncompliance of a party state with its obligations under this Compact;

(B) the employment, compensation, discipline or other personnel matters, practices or procedures related to specific employees, or other matters related to the Commission's internal personnel practices and procedures;

(C) current, threatened, or reasonably anticipated litigation;

(D) negotiation of contracts for the purchase or sale of goods, services, or real estate;

(E) accusing any person of a crime or formally censuring any person;

(F) disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(G) disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(H) disclosure of investigatory records compiled for law enforcement purposes;

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(I) disclosure of information related to any reports prepared by or on behalf of the Commission for the purpose of investigation of compliance with this Compact; or

(J) matters specifically exempted from disclosure by federal or state statute.

(6) If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

(c) The Commission shall, by a majority vote of the administrators, prescribe bylaws or rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of this Compact, including, but not limited to:

(1) establishing the fiscal year of the Commission;

(2) providing reasonable standards and procedures:

(A) for the establishment and meetings of other committees; and

(B) governing any general or specific delegation of any authority or function of the Commission;

(3) providing reasonable procedures for calling and conducting meetings of the Commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals, and proprietary information, including trade secrets. The Commission may meet in closed session only after a majority of the administrators vote to close a meeting in whole or in part. As soon as practicable, the Commission must make public a copy of the vote to close the meeting revealing the vote of each administrator, with no proxy votes allowed;

(4) establishing the titles, duties, and authority, and reasonable procedures for the election of the officers of the Commission;

(5) providing reasonable standards and procedures for the establishment of the personnel policies and programs of the Commission. Notwithstanding any civil service or other similar laws of any party state, the bylaws shall exclusively govern the personnel policies and programs of the Commission; and

(6) providing a mechanism for winding up the operations of the Commission and the equitable disposition of any surplus funds that may exist after the termination of this Compact after the payment or reserving of all its debts and obligations.

(d) The Commission shall publish its bylaws and rules, and any amendments thereto, in a convenient form on the website of the Commission.

(e) The Commission shall maintain its financial records in accordance with the bylaws.

(f) The Commission shall meet and take such actions as are consistent with the provisions of this Compact and the bylaws.

(g) The Commission shall have the following powers:

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(1) to promulgate uniform rules to facilitate and coordinate the implementation and administration of this Compact; and the rules shall have the force and effect of law and shall be binding in all party states;

(2) to bring and prosecute legal proceedings or actions in the name of the Commission; provided, that the standing of any licensing board to sue or be sued under applicable law shall not be affected;

(3) to purchase and maintain insurance and bonds;

(4) to borrow, accept or contract for services of personnel, including, but not limited to, employees of a party state or nonprofit organizations;

(5) to cooperate with other organizations that administer state compacts related to the regulation of nursing, including, but not limited to, sharing administrative or staff expenses, office space or other resources;

(6) to hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of this Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel, matters;

(7) to accept any and all appropriate donations, grants and gifts of money, equipment, supplies, materials and services, and to receive, utilize, and dispose of the same; provided, that at all times the Commission shall avoid any appearance of impropriety or conflict of interest;

(8) to lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, whether real, personal or mixed; provided, that at all times the Commission shall avoid any appearance of impropriety;

(9) to sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, whether real, personal or mixed;

(10) to establish a budget and make expenditures;

(11) to borrow money;

(12) to appoint committees, including advisory committees comprised of administrators, state nursing regulators, state legislators or their representatives, and consumer representatives, and other such interested persons;

(13) to provide and receive information from, and to cooperate with, law enforcement agencies;

(14) to adopt and use an official seal; and

(15) to perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of nurse licensure and practice.

(h) Financing of the Commission.

(1) The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(2) The Commission may also levy on and collect an annual assessment from each party state to cover the cost of its operations, activities and staff in its annual budget as approved each year. The aggregate annual assessment amount, if any, shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule that is binding upon all party states.

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(3) The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the party states, except by, and with the authority of, such party state.

(4) The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

(i) Qualified Immunity, Defense, and Indemnification.

(1) The administrators, officers, executive director, employees, and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of Commission employment, duties, or responsibilities; provided, that nothing in this Subsection shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional, willful or wanton misconduct of that person.

(2) The Commission shall defend any administrator, officer, executive director, employee, or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided, that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional, willful, or wanton misconduct.

(3) The Commission shall indemnify and hold harmless any administrator, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided, that the actual or alleged act, error, or omission did not result from the intentional, willful, or wanton misconduct of that person.

§ 123A08. Rulemaking.

(a) The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment and shall have the same force and effect as provisions of this Compact.

(b) Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

(c) Prior to promulgation and adoption of a final rule or rules by the Commission, and at least sixty (60) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a notice of proposed rulemaking:

(1) on the website of the Commission; and

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(2) on the website of each licensing board or the publication in which each state would otherwise publish proposed rules.

(d) The notice of proposed rulemaking shall include:

(1) the proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

(2) the text of the proposed rule or amendment, and the reason for the proposed rule;

(3) a request for comments on the proposed rule from any interested person; and

(4) the manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

(e) Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

(f) The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment.

(g) The Commission shall publish the place, time, and date of the scheduled public hearing.

(1) Hearings shall be conducted in a manner that provides each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing. All hearings will be recorded, and a copy will be made available upon request.

(2) Nothing in this Section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this Section.

(h) If no one appears at the public hearing, the Commission may proceed with promulgation of the proposed rule.

(i) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

(j) The Commission shall, by majority vote of all administrators, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

(k) Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing; provided, that the usual rulemaking procedures provided in this Compact and in this Section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an "emergency rule" is one that must be adopted immediately in order to:

(1) meet an imminent threat to public health, safety, or welfare;

(2) prevent a loss of Commission or party state funds; or

(3) meet a deadline for the promulgation of an administrative rule that is required by federal law or rule.

(l) The Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds

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that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the Commission, prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

§ 123A09. Oversight, Dispute Resolution, and Enforcement.

(a) Oversight.

(1) Each party state shall enforce this Compact and take all actions necessary and appropriate to effectuate this Compact's purposes and intent.

(2) The Commission shall be entitled to receive service of process in any proceeding that may affect the powers, responsibilities, or actions of the Commission, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the Commission shall render a judgment or order void as to the Commission, this Compact or promulgated rules.

(b) Default, Technical Assistance, and Termination.

(1) If the Commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

(A) provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default or any other action to be taken by the Commission; and

(B) provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to cure the default, the defaulting state's membership in this Compact may be terminated upon an affirmative vote of a majority of the administrators, and all rights, privileges, and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(3) Termination of membership in this Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor of the defaulting state and to the executive officer of the defaulting state's licensing board and each of the party states.

(4) A state whose membership in this Compact has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

(5) The Commission shall not bear any costs related to a state that is found to be in default or whose membership in this Compact has been terminated unless agreed upon in writing between the Commission and the defaulting state.

(6) The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district in which the Commission has its principal offices. The prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

(c) Dispute Resolution.

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(1) Upon request by a party state, the Commission shall attempt to resolve disputes related to the Compact that arise among party states and between party and non-party states.

(2) The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes, as appropriate.

(3) In the event the Commission cannot resolve disputes among party states arising under this Compact:

(A) The party states may submit the issues in dispute to an arbitration panel, which will be comprised of individuals appointed by the Compact administrator in each of the affected party states and an individual mutually agreed upon by the Compact administrators of all the party states involved in the dispute.

(B) The decision of a majority of the arbitrators shall be final and binding.

(d) Enforcement.

(1) The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

(2) By majority vote, the Commission may initiate legal action in the U.S. District Court for the District of Columbia or the federal district in which the Commission has its principal offices against a party state that is in default to enforce compliance with the provisions of this Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorneys' fees.

(3) The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

§ 123A10. Effective Date, Withdrawal, and Amendment.

(a) This Compact shall become effective and binding on the earlier of the date of legislative enactment of this Compact into law by no less than twenty-six (26) states or December 31, 2018. All party states to this Compact, that also were parties to the prior Nurse Licensure Compact, superseded by this Compact, (Prior Compact), shall be deemed to have withdrawn from said Prior Compact within six (6) months after the effective date of this Compact.

(b) Each party state to this Compact shall continue to recognize a nurse's multistate licensure privilege to practice in that party state issued under the Prior Compact until such party state has withdrawn from the Prior Compact.

(c) Any party state may withdraw from this Compact by enacting a statute repealing the same. A party state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

(d) A party state's withdrawal or termination shall not affect the continuing requirement of the withdrawing or terminated state's licensing board to report adverse actions and significant investigations occurring prior to the effective date of such withdrawal or termination.

(e) Nothing contained in this Compact shall be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a non-party state that is made in accordance with the other provisions of this Compact.

(f) This Compact may be amended by the party states. No amendment to this Compact shall become effective and binding upon the party states unless and until it is enacted into the laws of all party states.

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(g) Representatives of non-party states to this Compact shall be invited to participate in the activities of the Commission, on a nonvoting basis, prior to the adoption of this Compact by all states.

§ 123A11. Construction and Severability.

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable, and if any phrase, clause, sentence, or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States, or if the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this Compact shall be held to be contrary to the constitution of any party state, this Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

ARTICLE 4
DENTAL PRACTICE ACT

SOURCE: Entire Article added by P.L. 16-123:22 (Dec. 28, 1982).

NOTE: Public Law 16-123 (Dec. 28, 1982) repealed Article 4, Midwives, and reenacted new Article 4 relative to Dental Practice.

Subarticle 1 General Provisions
Subarticle 2 Licensing
Subarticle 3 Dental Board
Subarticle 4 Dental Specialty Declaration
Subarticle 5 Regulation of Ancillary Dental Personnel
Subarticle 6 Continuing Dental Education as a Renewal for Licensure Renewal
Subarticle 7 Penalties
Subarticle 8 Injunctive Relief

2023 NOTE: Subarticle designations added by the Compiler pursuant to 1 GCA § 1606.

SUBARTICLE 1
GENERAL PROVISIONS

§ 12400. Practice of Dentistry or Conducting Dental Office Without License Prohibited.
§ 12401. Designation as Dentist is *Prima Facie* Evidence.
§ 12402. Nonresident Dentists Giving or Receiving Instruction; Hospital Permits.

§ 12400. Practice of Dentistry or Conducting Dental Office Without License Prohibited.

(a) No person shall practice dentistry without a license.

(b) Every person shall, before engaging, conducting, operating or maintaining any dental office, in any way, obtain a license to practice dentistry in of Guam.

(c) Nothing in this Section shall apply to:

(1) Persons licensed to practice medicine in Guam in the regular discharge of their duties;

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(2) Dentists of the Armed Forces, of the United States Public Health Service and of the Veterans' Administration of the United States, while engaged in the regular discharge of their duties under the jurisdiction of their respective departments;

(3) Any person performing services relating to anesthesia under the personal direction of a licensed dentist;

(4) Any person engaging in any of the acts enumerated in this Section to or upon themselves as the patient; and

(5) A dental assistant, auxiliary or hygienist performing services under the personal direction of a licensed dentist in accordance with the rules and regulations adopted by the Board.

2022 NOTE: References to "territory" omitted pursuant to 1 GCA § 420.

§ 12401. Designation as Dentist is *Prima Facie* Evidence.

If any person appends the letters "D.D.S." or "D.M.D." or word "Dentist" to their name, in any way, for advertising, or upon any door or sign, or causes either of the same to be done, it is *prima facie* evidence that such person is engaged in the practice of dentistry and subject to the regulations and penalties of this Article.

§ 12402. Nonresident Dentists Giving or Receiving Instruction; Hospital Permits.

If a reputable and duly licensed practitioner in dentistry of another U.S. jurisdiction is asked to appear and demonstrate, receive or give instruction in the practice of dentistry before any qualified dental college or dental organization or dental study group recognized by the Board, the secretary of the Board shall issue on written request of an authorized officer of such college or dental organization or dental study group, without fee, a permit for such purpose. A permit shall be issued upon such terms as the Board shall prescribe.

SUBARTICLE 2
LICENSING

§ 12410. Application for License; Qualifications of Applicants; Examination Fees.
§ 12411. Scope and Conduct of Examination; National Board of Dental Examiners Certificate in Lieu of a Guam Written Examination.
§ 12412. Reexamination of Applicants; Fees.
§ 12413. Registration; Issuance of Certificates.
§ 12414. Replacement of Lost Certificates.
§ 12415. Annual License Fee.
§ 12416. Failure to Make Annual Renewal Payment.
§ 12417. Grounds for Suspension or Revocation of Licenses.
§ 12418. Hearing Procedure; Cancellation of License.
§ 12419. Prohibited Practices.
§ 12420. Military Limited Volunteer Dental License.

§ 12410. Application for License; Qualifications of Applicants; Examination Fees.

(a) Any person desiring to practice dentistry in Guam shall file his or her name, together with an application for examination, with the Board at least sixty (60) days before the date set for the beginning of the examination.

(b) At the time of making one's application, the applicant shall:

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(1) pay to the Board the required examination fee;

(2) furnish the Board with evidence satisfactory to the Board of details of any felony convictions recorded in any police records or disciplinary proceedings by any government or dental organization; and

(3) [No text]

(A) Present to the Board a diploma or evidence satisfactory to the Board of having graduated from a U.S. dental school or college which has been approved by the Board and accredited by the American Dental Association (ADA); or

(B) if a foreign dental graduate evidence of satisfactory completion of a two (2) year rotating dental internship through a U.S. accredited hospital or university or an American Dental Association (ADA) accredited dental specialty training program.

(c) If an applicant has been in practice in any U.S. jurisdiction, he or she shall furnish an affidavit from the secretary of the Board of Dental Examiners or similar body of such jurisdiction or jurisdictions that he or she has been engaged in the legal and reputable practice of dentistry in such jurisdiction or jurisdictions for the five (5) years immediately preceding, unless the applicant graduated from a dental college less than five (5) years previously, in which case the affidavit shall cover the period since graduation.

(d) The Board may refuse to issue a license to a person for any cause that would authorize suspension or revocation of a license under § 12417 of this Chapter.

(e) Examination fees shall be established by the Board. Examination fees paid shall not be refunded.

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2022 NOTE: Reference to "Territory" replaced with "Guam" pursuant to 1 GCA § 420.

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters in subsection (b)(3) were altered to adhere to the Compiler's alpha-numeric scheme.

§ 12411. Scope and Conduct of Examination; National Board of Dental Examiners Certificate in Lieu of a Guam Written Examination.

(a) The examination shall be prepared and administered by the Board. The examination shall be elementary and practical in character but sufficiently thorough to test the fitness of the applicant to practice dentistry. It shall include, written in the English language, questions on subjects pertaining to dental science. The written examination shall be in addition to an oral examination and interview. Demonstrations of the applicant's diagnostic and clinical skill may be required at the discretion of the Board. The examination shall be conducted under oath or affirmation before the Board, and any member of the Board may administer the necessary oath or affirmation.

(b) A certificate of the National Board of Dental Examiners may be accepted by the Board in lieu of the written portion of the examination.

§ 12412. Reexamination of Applicants; Fees.

(a) Any person failing to pass his or her first examination may apply for a second or third examination at a subsequent time. A reexamination fee shall be submitted to the Board at least forty- five (45) days before each such examination. If the applicant fails to pass the third examination for the practice of general dentistry, he or she will not be permitted to take any further examination until he or she has attended and successfully passed the examinations of the senior year of a dental college approved by the Board.

(b) Reexamination fees shall be set by the Board and are not refundable.

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§ 12413. Registration; Issuance of Certificates.

(a) A person successfully passing the examination and who otherwise qualifies under the provisions of this Article and rules and regulations promulgated by the Board shall be registered as a licensed dentist in the Board register and shall also receive a certificate signed by the president and secretary of the Board, in substantially the following form:

"This is to certify that _____ is hereby licensed to practice dentistry in Guam.

Dated at _____, this _____ day of _____, 19 ____.

Expiration Date: _____."

(b) The certificate entitles the holder thereof to practice dentistry in Guam in accordance with the rules of the Board if the annual license fee has been paid.

2022 NOTE: References to "territory" omitted pursuant to 1 GCA § 420.

§ 12414. Replacement of Lost Certificates.

The Board shall upon satisfactory proof of the loss of any certificate issued under this Article, issue a new certificate in place thereof.

§ 12415. Annual License Fee.

(a) Every licensed dentist shall pay by September 30 of each year, an annual license fee to the Board. The license fee shall be established by the Board.

(b) Every dentist shall keep the Board advised within thirty (30) days of any change of address or status.

§ 12416. Failure to Make Annual Renewal Payment.

If a licensee defaults in payment of the annual fee, his or her license shall be revoked by the Board upon twenty (20) days' notice given to the licensee at the time and place of considering such revocation. A certified letter addressed to the last-known address of the licensee failing to comply with the requirements shall be sufficient notice. Any license so revoked may be reinstated within five (5) years after the date of revocation upon payment to the Board of all unpaid fees plus penalties and upon furnishing satisfactory evidence to the Board of operative competence, continued good character and good standing with the applicable regulatory agency of any jurisdiction in which the applicant has engaged in the active practice of dentistry since the last payment of the annual fee to Guam. But no license shall be revoked for nonpayment if the licensee so notified pays, before or at the time of such consideration, the fee required and a delinquency fee.

§ 12417. Grounds for Suspension or Revocation of Licenses.

(a) The Board may discipline any person licensed to practice dentistry in Guam for any of the following causes:

(1) Conviction of any felony for which the court could impose a sentence of imprisonment in a penal institution. The record of conviction or a certified copy thereof, certified by the clerk of the court or by the judge in whose court the conviction was entered, is conclusive evidence of the conviction;

(2) Renting or loaning to any person his or her license or diploma to be used as a license or diploma of such person; and

(3) Unprofessional conduct, or for gross ignorance, incompetence or inefficiency in the practice of dentistry.

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(b) Unprofessional conduct as used in this Article includes but is not limited to the following:

(1) Obtaining any fee by fraud or misrepresentation;

(2) Willfully betraying confidences involved in the patient-dentist relationship;

(3) Employing, aiding, abetting or permitting any unlicensed person to practice dentistry;

(4) Making use of any statements of a character tending to deceive or mislead the public, or which are untruthful;

(5) Statements claiming professional superiority or the performance of professional services in a superior manner;

(6) Advertising to guarantee any dental service, or to perform any dental operation painlessly;

(7) Mental incompetence;

(8) Advanced physical disability impairing the licensee's ability to carry out his or her functions;

(9) Personal habitual or excessive use of intoxicants or controlled substances; and

(10) Prescribing or dispensing drugs not in the scope of dentistry.

(c) The proceedings under this Section may be taken by the Board from the matters within its knowledge, or may be taken upon the information of another, but if the informant is a member of the Board, the other members of the Board shall constitute the Board for the purpose of hearing the charges.

(d) In determining what constitutes "gross ignorance, incompetence or inefficiency in his or her profession" within the meaning of Paragraph (3) of Subsection (a) of this Section, the Board may take into account all relevant factors and practices, including but not limited to the practices generally and currently followed and accepted by persons licensed to practice dentistry in Guam, the current teachings at accredited dental schools, relevant technical reports published in recognized dental journals and the desirability of reasonable experimentation in the furtherance of the dental arts.

(e) In disciplining a person as authorized by Subsection (a) of this Section, the Board may:

(1) place him or her on probation;

(2) suspend his or her license to practice dentistry in Guam;

(3) revoke his or her license to practice dentistry in Guam;

(4) place limitations on his or her license to practice dentistry in Guam; or

(5) refuse to renew his or her license to practice dentistry in Guam; or

(6) take such other disciplinary action as the Board in its discretion finds proper, including assessment of the costs of the disciplinary proceedings.

(f) If the Board places any person upon probation as set forth in Paragraph (1) of Subsection (e) of this Section, the Board may determine and may at any time modify the conditions of the probation and may include among them any reasonable condition for the purpose of protection of the public and for the purpose of the rehabilitation of the probationer or both. Upon expiration of the term of probation, further proceedings shall be abated by the Board if the holder of the license furnishes the Board with evidence that he or she is competent to practice dentistry, and has complied with the terms of probation. If such evidence fails to establish to the satisfaction of the Board that the person is competent, or if such evidence shows that he or she has not complied with the terms of the probation, the Board may revoke or suspend the license.

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(g) If a license to practice dentistry in Guam is suspended, the holder of the license may not practice during the term of suspension. Upon the expiration of the term of suspension, the license shall be reinstated by the Board if the licensee furnishes the Board evidence on the basis of which the Board finds that he or she is competent to practice dentistry, and that he or she has not practiced dentistry in Guam during the term of suspension. If such evidence fails to establish to the satisfaction of the Board that the holder is competent, or if any evidence shows he or she has practiced dentistry in Guam during the term of suspension, the Board may revoke the license after notice and hearing.

2022 NOTE: References to "Territory" replaced with "Guam" pursuant to 1 GCA § 420.

§ 12418. Hearing Procedure; Cancellation of License.

(a) All proceedings relating to the discipline of a licensee shall be in accordance with the Administrative Adjudication Law.

(b) Upon the revocation or suspension of or refusal to renew any license, the fact shall be noted upon the records of the Board and any license revoked shall be marked as cancelled upon the date of its revocations.

(c) If the licensee seeks judicial review, then during the time of judicial review the licensee shall not be permitted to practice dentistry if the grounds for action by the Board were:

(1) Mental incompetence;

(2) Advanced physical disability impairing the licensee's ability to carry out his or her functions;

(3) Habitual and excessive use of intoxicants; or

(4) Habitual and excessive use of controlled substances.

2024 NOTE: Subsection designations modified pursuant to authority granted by 1 GCA § 1606.

§ 12419. Prohibited Practices.

No person shall:

(a) Use or attempt to use any diploma, certificate or transcript, which has been purchased, fraudulently issued, counterfeited or materially altered, either as a license or color of license to practice dentistry, or in order to procure registration as a dentist;

(b) Practice dentistry under a false or assumed name;

(c) In an affidavit, required of an applicant for examination, license or registration, under this Article, willfully make a false statement in a material regard;

(d) Within ten (10) days after demand made by the secretary of the Board, fail to furnish to the Board the name and address of all persons practicing or assisting in the practice of dentistry in the office of such person at any time within sixty (60) days prior to the notice, together with a sworn statement showing under and by what license or authority such person and employee are and have been practicing dentistry; or

(e) Knowingly display in or about the office or building a sign or signs of a former dentist, owner or occupant, or use the name of a former dentist in any form of advertising or listing for a period longer than twelve (12) months after such person ceases to be connected with such office.

§ 12420. Military Limited Volunteer Dental License.

(a) [No text]

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(1) A dentist who practices dentistry on Guam under a license issued pursuant to this § 12420 may only practice at a clinic or outreach event that primarily provides services for indigent populations, and

(2) the dentist shall not receive direct or indirect compensation or payment of anything of monetary value in exchange for the dental services rendered by the dentist to the indigent patients at the clinic or outreach event.

(b) The Board is authorized to issue a Military Limited Volunteer Dental License to an applicant who:

(1) is licensed and in good standing as a dentist in another state;

(2) maintains credentials within the military credentialing system and authorizes the Guam-based Military Credentialing Office to provide to the Guam Board of Examiners for Dentistry the required verification documents and military commander's approval; and

(3) agrees to be subject to Board rules and regulations, including those regarding disciplinary action, license registration and renewal, and continuing medical education, throughout the duration of the Military Limited Volunteer Dental Licensure.

(c) [No text]

(1) A Military Limited Volunteer Dental License shall be issued

(A) at no charge to the applicant,

(B) be valid for a period of two (2) years, and

(C) may be renewed and maintained according to registration requirements as prescribed by the Board.

(2) The license shall be in effect upon receipt of the application packet by the Guam Board of Examiners for Dentistry, subject to final review.

(3) This presumptive eligibility for licensure is contingent upon the appropriate military commander's authorization allowing the dentist to practice in the community, and the appropriate collaborative sharing of information between the Military Credentialing Office and the Guam Board of Examiners for Dentistry.

SOURCE: Added by P.L. 34-127:2 (Oct. 17, 2018).

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

SUBARTICLE 3
DENTAL BOARD

§ 12430. Board of Examiners for Dentistry.
§ 12431. Removal from Office.
§ 12432. Attorney General as Representative.
§ 12433. Oath of Office.
§ 12434. Quorum.
§ 12435. Powers.
§ 12436. Fees; Meetings.
§ 12437. Personnel.

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§ 12430. Board of Examiners for Dentistry.

There is created the "Board of Examiners for Dentistry" (referred to as the "Board" in this Article). The Board shall consist of five (5) members to be appointed by I Maga'håga/Maga'låhi. At least four (4) members shall be licensed dentists. All members shall be citizens or permanent residents of the United States who have resided on Guam for at least two (2) years. Each Board member shall hold office for three (3) years until his or her successor is appointed and qualified. Of the first five (5) members appointed to the Board, two (2) shall be designated to serve for a term of three (3) years, two (2) shall be designated to serve for a term of two (2) years and the other member shall be designated for a one (1) year term. At the first meeting of the newly appointed Board, the member shall determine by lot the length of term of his or her office. A vacancy in the Board shall be filled by appointment of I Maga'håga/Maga'låhi for the remainder of the term of his or her predecessor. Terms of office shall begin on the first Monday on October. Members may receive expenses necessary to the performance of their duties.

2024 NOTE: References to the "Governor" replaced with I Maga'håga/Maga'låhi pursuant to 5 GCA § 1510.

§ 12431. Removal from Office.

If I Maga'håga/Maga'låhi finds that a member has not performed his or her duties then she/he may remove him or her from office.

2024 NOTE: Reference to the "Governor" replaced with I Maga'håga/Maga'låhi pursuant to 5 GCA § 1510.

§ 12432. Attorney General as Representative.

The Attorney General shall represent without fee the Board of Examiners for Dentistry.

§ 12433. Oath of Office.

Each member of the Board shall, before entering upon the duties of office, take and subscribe the oath set forth in the Organic Act.

§ 12434. Quorum.

Three (3) members of the Board shall constitute a quorum of the Board for the purpose of conducting its business and exercising its powers and for all other purposes. A majority of the members present in any meeting of the Board shall prevail.

§ 12435. Powers.

The Board shall have all the powers necessary and convenient to carry out and perform the purposes and provisions of this Article including the following, in addition to other powers and duties granted in this Article, and may:

(a) Have a seal and modify it;

(b) Enter into and execute contracts and instruments of every kind of nature, necessary and convenient to the exercise of its powers and function;

(c) Make and from time to time modify and repeal rules and regulations, not inconsistent with this Article and approved by the Commission, providing for the administration of its affairs and operations, and for carrying into effect its powers and purposes;

(d) Maintain records;

(e) Acquire any personal property by lease, purchase gift or grant necessary to the administration of the affairs of the society; and

(f) Hold hearings as required to fulfill its duties.

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2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters were altered to adhere to the Compiler's alpha-numeric scheme.

§ 12436. Fees; Meetings.

(a) The Board shall establish fees as required in this Article. Resolutions of the Board setting fees need not be adopted in accordance with the Administrative Adjudication Law. All fees, except those transmitted for national examinations, shall be deposited in the General Fund.

(b) The Board shall comply with the requirements of the Open Government Law (P.L. 13-035) but when the Board is preparing examinations, grading examinations, discussing the eligibility of a person to be licensed to practice dentistry or reviewing evidence obtained at a hearing for disciplinary action the Board shall be in executive session and may exclude the press and members of the public.

(c) The Board may meet as often as necessary to conduct its business but not less than four (4) times per year.

§ 12437. Personnel.

The Commission, with the advice and consent of the Board, may employ and assign to the Board such consultive and technical personnel as may be necessary or desirable for the proper functioning of the Board and the administration of this Article. The Commission may assign to the Board such administrative, clerical and other employees as may be necessary or desirable for the proper functioning of the Board and administration of this Article.

SUBARTICLE 4
DENTAL SPECIALTY DECLARATION

§ 12440. Dental Specialty Declaration.

§ 12440. Dental Specialty Declaration.

No dentist in Guam shall hold himself out to the public, advertise, declare or in any way proclaim to be a specialist in any of the recognized dental specialties unless he or she has completed an American Dental Association certified training program and is Board eligible. The recognized dental specialties and the requirements for each specialty shall be established annually by the Board.

2022 NOTE: Reference to "Territory" replaced with "Guam" pursuant to 1 GCA § 420.

SUBARTICLE 5
REGULATION OF ANCILLARY DENTAL PERSONNEL

§ 12450. Dental Hygienists, Dental Auxiliaries and Dental Assistants.
§ 12451. Application for Licensure.
§ 12452. Examination by Board.
§ 12453. Person Certified Elsewhere.
§ 12454. Issuance and Renewal of Licenses.
§ 12455. Responsibilities and Duties

§ 12450. Dental Hygienists, Dental Auxiliaries and Dental Assistants.

The intent of regulating the functions of auxiliary dental personnel is not to remove the responsibility of the licensed dentist, but to define the various levels of training and competence of these personnel.

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Licensure or certification shall not imply authorization to perform delineated duties without the supervision of a licensed dentist.

§ 12451. Application for Licensure.

(a) Each application for a license as a dental hygienist shall be in writing and signed by the applicant.

(b) Each application for certification as a dental technician or auxiliary shall be in writing and signed by the applicant.

(c) Certification without examination shall be made in accordance with the provisions of § 12453 or § 12454 of this Chapter.

(d) Any graduate from a dental or dental hygiene school accredited by the Commission on Accreditation of the American Dental Association, or its successor agency, if any, or any other nationally recognized accrediting agency may apply for and shall be examined for a license to practice a dental hygiene occupation.

(e) Foreign trained and other graduates from non-accredited dental hygiene programs may apply for a dental hygiene license. The Board, by regulation shall establish such requirements as will reasonably assure that an applicant's training and education are sufficient for licensure.

§ 12452. Examination by Board.

(a) Every applicant for dental hygiene licensure who does not qualify for exception to licensure or exemption from examination under §§ 12453 and 12454 of this Article shall be subject to examination by the Board. The Board may administer written, laboratory and clinical examinations to test professional knowledge and skills. The Board may accept the results of national standardized examination in satisfaction of the written examination authorized by this Section and may accept the results of regional testing agencies in satisfaction of the laboratory clinical examination authorized by this Section.

(b) The Board may waive the formal educational requirements for dental auxiliary examination where it appears that the applicant has acquired significant experience in the dental auxiliary occupation.

§ 12453. Person Certified Elsewhere.

If an applicant for certification is already certified in a jurisdiction of the United States to practice a certified auxiliary occupation, the Board shall issue the appropriate auxiliary occupation certification to the applicant upon evidence that:

(a) the applicant is currently an active, competent practitioner;

(b) the applicant has practiced at least three (3) years out of the five (5) years immediately proceeding his or her application;

(c) the applicant currently holds a valid certificate in a state of the United States;

(d) no disciplinary proceeding or unresolved complaint is pending at the time a certificate is to be issued by Guam; and

(e) the certificate requirements in the jurisdiction are substantially similar to or higher than those required by Guam.

2022 NOTE: References to "Territory" replaced with "Guam" pursuant to 1 GCA § 420.

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters were altered to adhere to the Compiler's alpha-numeric scheme.

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§ 12454. Issuance and Renewal of Licenses.

(a) The Board shall, upon the applicant's satisfactory completion of the educational requirements and written, laboratory and clinical examinations authorized under this Article, and upon receipt of the requisite fees, issue or renew the appropriate license.

(b) In cases of unusual hardship, as determined by the Board, the Board may grant a temporary license to an applicant who has completed all requirements established by this Article for licensure except for examination or other required evaluation procedure. A temporary license issued pursuant to this Section may be granted for not to exceed one (1) year. The Board may place restrictions on practitioners so licensed including, but not limited to practice locations, authorized procedures and supervisory arrangements.

(c) Each holder of a dental auxiliary license may apply for renewal of their license upon payment of periodic fees, as determined by the Board. Each license shall expire on September 30 of each year. Failure to renew within sixty (60) days of the due date shall void the license. A valid license may not be reinstated until a written application is filed and payment is received for the renewal fee and a delinquency fee.

(d) The Board shall establish fees to be paid in connection with the licensure and testing process, licensure renewal and delinquency. The Board shall establish procedures or functions which dentists may lawfully delegate to dental auxiliaries. The Board may authorize delegation of any function except those responsibilities reserved to dentists. Each order of the Board promulgated by this Section shall describe the function, the level of education or training which an auxiliary must have in order to permit delegation and the degree of supervision which the functions require.

§ 12455. Responsibilities and Duties.

The following responsibilities shall not be assigned by the dentist or the Board as duties to be performed by the ancillary personnel:

(a) Administration of pharmaceutical without the direct supervision of a dentist;

(b) Cutting hard or soft tissues;

(c) Diagnosis of dental disease;

(d) Prescribing a course of treatment;

(e) Removal of teeth; and

(f) Routine administration of injectable medications.

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters were altered to adhere to the Compiler's alpha-numeric scheme.

SUBARTICLE 6
CONTINUING DENTAL EDUCATION AS A REQUIREMENT FOR LICENSURE RENEWAL

§ 12460. Continuing Dental Education: Definitions.
§ 12461. Continuing Dental Education and Licensure Renewal.
§ 12462. Renewal of License.

§ 12460. Continuing Dental Education: Definitions.

As used in this Article:

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(a) "Continuing Dental Education" means the dental learning experiences attended by dentists or dental auxiliaries during the course of their professional life, such as formal lectures in classrooms, dental scientific seminars, table clinics presented by dental schools and dental conventions and meetings, scientific lectures presented through dental societies and subscription to dental journals or audiovisual materials, or both.

(b) "Category I Courses" means those courses, seminars or table clinics which are endorsed or certified by the Dental Examination and Review Board of Guam, the American Dental Association or Federation Dentaire Internationale. These are usually offered by Continuing Education Departments of accredited dental schools.

(c) "Category II Courses" means those courses attended through various dental society programs and seminars, lectures presented at dental study clubs, scientific papers delivered before dental society meetings and conventions and subscription and reading, watching/listening to journals and audiovisual materials.

§ 12461. Continuing Dental Education and Licensure Renewal.

Prior to renewal of a license, a dentist must submit evidence of having completed or attended a total of sixty-five (65) credit hours of Continuing Dental Education in both Category I and Category II, of which not less than twenty (20) hours shall be from Category II, at the end of every two (2) years before being allowed to pay his or her annual renewal fee.

(a) One Credit Unit is equivalent of one (1) hour attendance of Category I courses.

(b) Credit Unit equivalency of Category II courses, lectures, seminars, scientific papers, journals or audiovisual materials shall be evaluated by the Board.

(c) A dentist licensed by Guam who is also a licensed dentist in another jurisdiction and who has completed Continuing Dental Education credit unit hours under the category in the jurisdiction in which he or she is licensed may apply those Continuing Dental Education units towards his or her licensure renewal in Guam.

(d) Under certain unusual circumstances, such as illness or temporary disability of a licensed dentist, which makes it impossible for him or her to complete the Continuing Dental Education requirements, the Board may waive the Continuing Dental Education requirement for the dentist for that particular year.

(e) Continuing education credits in early childhood development and literacy as prescribed by the Board and that conforms with the Department of Public Health and Social Services regulations shall be required for renewal of licensure under this Article.

SOURCE: Added by P.L. 16-123:22 (Dec. 28, 1982). Amended by P.L. 21-033:8 (May 17, 1991). Subsection (e) added by P.L. 38-049:8 (Aug. 18, 2025) effective within one year upon enactment pursuant to P.L. 38-049:29.

2022 NOTE: References to "territory" omitted pursuant to 1 GCA § 420.

§ 12462. Renewal of License.

The Continuing Dental Education requirements shall be met in order for issuance of a renewal license in 1985 and continue for each succeeding biennial period.

SUBARTICLE 7
PENALTIES

§ 12470. Penalties.

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§ 12471. Persons Already Licensed.

§ 12470. Penalties.

Penalties for violations of the Guam Dental Practice Act pertain to licensed and non-licensed persons.

(a) A person who practices dentistry or who attempts to practice dentistry without a license shall be guilty of a third degree felony.

(b) A person who practices as a dental hygienist, or who attempts to practice as a dental hygienist, without a license shall be guilty of a misdemeanor.

§ 12471. Persons Already Licensed.

All persons licensed to practice dentistry in Guam on the effective date of this Article shall be licensed to practice dentistry without being required to qualify therefor under the provisions of this Article.

SUBARTICLE 8
INJUNCTIVE RELIEF

§ 12480. Injunctive Relief.

§ 12480. Injunctive Relief.

The practice of dentistry by any person who has not been issued a license under the provisions of this Article (unless covered by an exception), or whose license has been suspended or revoked or has expired is hereby declared to be contrary to the law, public policy and to be a danger to the health and welfare of the public. In such a case, the Board can request the Attorney General to enjoin the individual from practicing dentistry, as the case may be. Upon the filing of a complaint for injunction against a person violating the provisions of this Article, the court or any judge thereof may issue a temporary injunction against the person or persons charged in the action without notice or bond, enjoining such person or persons from further practicing dentistry, as the case may be, until a final hearing of the matter or under a valid license is secured.

ARTICLE 5
OPTOMETRY

SOURCE: Added by P.L. 16-123:2 (Dec. 28, 1982).

§ 12500. Definitions.
§ 12501. Licenses Required.
§ 12502. Board Created; Terms; Appointment; Continuance; Removal.
§ 12503. Organization; Meetings; Compensation; Powers and Duties.
§ 12504. Personnel.
§ 12505. Fees.
§ 12506. Qualifications for Licensure as an Optometrist.
§ 12507. Licensure by Examination; Licensure by Endorsement.
§ 12508. Certification for Use of Diagnostic or Therapeutic Agents; Display.
§ 12509. License Fees; Licensure Under Prior Laws.
§ 12510. License; Renewal; Retirement; Resumption of Practice.
§ 12511. Refusal, Suspension or Revocation of License.

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§ 12512. Offenses.
§ 12513. Exemptions.
§ 12514. Power to Enjoin Violations.

§ 12500. Definitions.

As used in this Chapter:

(a) "Ophthalmic lens" means a lens which has a spherical, cylindrical or prismatic value and which is ground pursuant to a prescription, and intended to be used as eyeglasses or spectacles;

(b) "Contact" or "corneal lens" means any lens to be worn on the anterior segment of the human eye, to be prescribed, dispensed, employed, modified, provided, sold and fitted by a licensed optometrist or physician;

(c) "Prescription" means a formula written for ophthalmic lenses for a patient by a person duly licensed and containing the following essential elements:

(1) dioptric power of spheres, cylinders and prisms, axes of cylinders, position of prism base, and if so desired by the prescriber, light transmission properties and lens curve values;

(2) designation of pupillary distance; and

(3) name of patient, date of prescription, expiration date and the name and office location of prescriber;

(d) "Eyeglasses" means any optical device using ophthalmic lenses for the correction or relief of disturbances in and anomalies of human vision and includes spectacles and other devices using ophthalmic lenses; and

(e) "Board" means the Board of Examiners for Optometry.

§ 12501. Licenses Required.

Unless licensed or exempted under this Article, no person shall:

(a) practice optometry;

(b) represent himself or offer his or her services as being able to practice optometry;

(c) prescribe eyeglasses or give a prescription to a patient; or

(d) duplicate or replace an ophthalmic lens, not including contact lenses, without a current prescription, or without a written authorization from the patient if the prescription is not available.

§ 12502. Board Created; Terms; Appointment; Continuance; Removal.

(a) There is created a five (5) member "Board of Examiners for Optometry" composed of five (5) persons who have resided in and have been continuously engaged in the practice of optometry in Guam for at least one (1) year immediately prior to their appointment. A member shall either be a citizen or permanent resident of the United States.

(b) Members of the Board shall be appointed by I Maga'håga/Maga'låhi. Members shall be appointed for staggered terms of three (3) years each as determined by I Maga'håga/Maga'låhi. The terms shall be made in such a manner that the term of one (1) member ends in each year commencing with 1984. Members shall serve until their successors have been appointed and qualified.

(c) I Maga'håga/Maga'låhi may remove any member from the Board for the neglect of any duty required by law, for incompetence, for improper or unprofessional conduct as defined by Board regulation

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or for any reason which would justify the suspension or revocation of his or her license to practice optometry.

2024 NOTE: References to the "Governor" replaced with I Maga'håga/Maga'låhi pursuant to 5 GCA § 1510.

§ 12503. Organization; Meetings; Compensation; Powers and Duties.

(a) The Board shall annually elect a chairman, a vice-chairman and a secretary-treasurer, each of whom shall serve until his or her successor is elected and qualified.

(b) The Board shall meet at least twice each year for the purpose of examining candidates for licensure. Special meetings may be called by the chairman and shall be called upon the written request of a majority of the Board members. Candidates for licensure by endorsement shall be examined at the next regular meeting after the date of their application. A majority of the members shall constitute a quorum.

(c) Members of the Board shall be compensated as provided by law.

(d) The Board shall:

(1) administer and enforce the provisions of this Article;

(2) adopt, with the approval of the Commission, all rules and regulations for the implementation and enforcement of the provisions of this Article;

(3) adopt and use a seal;

(4) administer oaths and take testimony on any matters within the Board's jurisdiction;

(5) keep an accurate record of all its meetings, receipts and disbursements;

(6) keep a record of all examinations held, together with the names and addresses of all persons taking such examinations and the examination results; and within thirty (30) days after any examination, the Board shall give written notice to each applicant examined of the results of the examination as to the respective applicant;

(7) keep a book of registration in which the name, address and license number of all licensees shall be recorded together with a record of all license renewals, suspensions and revocations;

(8) grant and review licenses to practice optometry;

(9) deny, suspend or revoke licenses to practice optometry in accordance with the provisions of the Administrative Adjudication Law for any cause stated in this Article;

(10) develop and administer qualifications for

(i) certification for the use of topical ocular diagnostic pharmaceutical agents, including minimum educational requirements and examination; and

(ii) certification to prescribe and use therapeutic pharmaceutical agents, including minimum educational requirements and examination;

(11) provide for the suspension of an optometrist's license for sixty (60) days upon a determination of use of topical ocular diagnostic pharmaceutical agents, without prior certification, after proper notice and an opportunity to be heard before the Board; and

(12) establish and collect fees for services it renders.

(e) The Board shall comply with the requirements of the Open Government Law (P.L. 13-035, as amended) but when the Board is preparing examinations, grading examinations, discussing the eligibility

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of a person to be licensed to practice optometry or reviewing evidence obtained at a hearing for disciplinary action, the Board shall meet in executive session and may exclude the press and members of the public.

SOURCE: Added by P.L. 16-123:2 (Dec. 28, 1982). Subsection (d)(10) repealed and reenacted by P.L. 23-009:2 (Apr. 22, 1995).

§ 12504. Personnel.

The Commission, with the advice and consent of the Board, may employ and assign to the Board such consultive and technical personnel as may be necessary or desirable for the proper functioning of the Board and the administration of this Article. The Commission may assign to the Board such administrative, clerical and other employees as may be necessary or desirable for the proper functioning of the Board and administration of this Article.

§ 12505. Fees.

All fees received by the Board except those paid for standardized national examinations shall be deposited with the Treasurer of Guam for deposit in the General Fund.

§ 12506. Qualifications for Licensure as an Optometrist.

Each applicant for licensure as an optometrist shall furnish evidence satisfactory to the Board that the applicant:

(a) has reached the age of majority;

(b) is of good moral character and of temperate habits;

(c) has completed at least an approved four-year high school course of study or the equivalent thereof as determined by regulation of the Board;

(d) is a citizen of the United States or is a permanent resident of the United States; and

(e) has graduated and been awarded a doctor of optometry degree from a school or college of optometry approved and accredited by the Board, and in the event the applicant applies for licensure by endorsement, he or she shall have been awarded a doctor of optometry degree from a school or college of optometry approved and accredited by the Board which had a minimum course of study of four thousand (4,000) clock hours of instruction leading to such degree.

§ 12507. Licensure by Examination; Licensure by Endorsement.

(a) An applicant meeting the qualifications set forth in § 12506 of this Chapter, shall:

(1) file his or her application under oath, on forms supplied by the Board, for an examination by the Board. The examination shall be confined to the subjects within the curriculum of colleges of optometry approved and accredited by the Board and shall include written tests and practical demonstrations and may include oral tests; or

(2) file his or her application under oath on forms supplied by the Board which conform to Board regulations on endorsement and furnish proof satisfactory to the Board of his or her having been licensed by examination in another jurisdiction of the United States which had qualifications equal to or exceeding those required in Guam on the date of his or her original licensure, and satisfying the Board that he or she holds a doctor of optometry degree from a school or college approved and accredited by the Board which was obtained after the completion of a course of study with a minimum of four thousand (4,000) clock hours of instruction. The applicant must have been actively engaged in the practice of optometry in the jurisdiction of licensure or in federal service for seven (7) consecutive years immediately prior to the year in which application is made. This proof shall be accepted in lieu

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of the written portion of the examination. Applicants for licensure without written examination shall be examined to the satisfaction of the Board by practical, oral and clinical demonstration in the presence of a majority of the Board and a detailed record of such examination shall be kept and made available to the applicant at his or her request.

(b) All applicants successfully passing the examinations shall be issued a license by the Board upon payment of the license fee.

2022 NOTE: Reference to "Territory" replaced with "Guam" pursuant to 1 GCA § 420.

§ 12508. Certification for Use of Diagnostic or Therapeutic Agents; Display.

(a) The Board shall issue certification for the use of topical ocular diagnostic pharmaceutical agents to optometrists, licensed after the effective date of this Section, who have completed appropriate forms issued by the Board and submitted proof of successful completion of the educational requirements for certification established by the Board, which requirements shall include, but not be limited to:

(1) having satisfactorily completed a course in pharmacology as applied to optometry with particular emphasis on the topical application of diagnostic pharmaceutical agents to the eye for the purpose of examination of the human eye and the analysis of ocular functions, which course is offered by an institution accredited by a regional or professional accreditation organization recognized or approved by the national commission on accreditation or the United States Commissioner of Education; or

(2) having postgraduate education, with a minimum of seventy (70) hours of instruction in general and ocular pharmacology as applied to optometry, taught by an accredited institution and approved by the Board.

(b) The Board shall issue certification for the prescribing and use of therapeutic pharmaceutical agents to optometrists licensed after the effective date of this Section, who have completed appropriate forms issued by the Board and submitted proof of successful completion of educational requirements for certification established by the board, which requirements shall include, but not be limited to:

(1) having satisfactorily completed a course consisting of a minimum of ninety (90) total hours of didactic education and supervised clinical training approved by the Board with particular emphasis on the examination, diagnosis and treatment of conditions of the eye and adnexa. Such course shall be provided by an institution accredited by a regional or professional accreditation organization recognized or approved by the Counsel on Post-Secondary Accreditation of the United States Department of Education, or its successor; and

(2) such other requirements as may be determined by the Board.

(c) The certifications authorized by this Section shall be displayed in a conspicuous place in the optometrist's principal office or place of business.

SOURCE: Added by P.L. 16-123:2 (Dec. 28, 1982). Repealed and reenacted by P.L. 23-009:3 (Apr. 22, 1995). P.L. 23-009 contains the following language relative to persons holding licenses under prior law:

> Section 4. No Automatic Certification of Currently Licensed Optometrists. All optometrists wishing to prescribe and use therapeutic pharmaceutical agent will have to be certified by the board after the effective date of this Act. No provision of this Act shall be construed as the automatic certification of currently licensed optometrists or those currently certified to use topical ocular diagnostic pharmaceutical agents to include certification for the prescribing and use of therapeutic pharmaceutical agents.
>
> Section 5. Within ninety (90) days after the effective date of this Act, the Guam Board of Examiners for Optometry shall develop rules and regulations requiring the satisfactory completion of the educational requirements, clinical training, and examinations required under the provisions of this Act, regarding those

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optometrists seeking to become certified to prescribe and use therapeutic pharmaceutical agents. The Board of Pharmacy shall be consulted as needed to develop policies concerning the implementation of this law.

§ 12509. License Fees; Licensure Under Prior Laws.

Any person practicing as an optometrist on Guam prior to December 31, 1986 shall be held to be licensed under the provisions of this Chapter and shall be entitled to the annual renewal of his or her license.

SOURCE: Added by P.L. 16-123:2 (Dec. 28, 1982).Amended by P.L. 19-016:2 (Apr. 11, 1988).

§ 12510. License; Renewal; Retirement; Resumption of Practice.

(a) Each license shall be renewed annually on or before October 1 of each year by the licensee remitting to the secretary of the Board the proper fee and proof of continued education as required by regulation of the Board. Notice of renewal shall be sent to each licensee by the Board before October 1 of each year. Failure to renew his or her license on or before November 1 shall subject the licensee to such late charge as shall be determined by regulation of the Board not to exceed the limit set forth in this Chapter. Any license not renewed by December 31 of each year shall be automatically revoked. Upon receipt of the renewal certificate, each licensee shall attach a copy of the same to his or her certificate of license.

(b) Each optometrist applying for the renewal of his or her license shall furnish to the secretary of the Board satisfactory evidence that he or she has attended in the preceding year, at least one (1) day of a continuing education program approved by the Board. The secretary shall send a written notice of the continuing education requirements at least thirty (30) days prior to September 1 in each year to the last known address of the licensee. Failure of a licensee to meet such annual continuing educational requirements shall be grounds for the revocation of his or her license. Any license revoked because of the failure to meet the continuing education requirements shall be reinstated by the Board upon the presentation of evidence of continuing study of a standard approved by the Board and the payment of all fees due.

(c) Before engaging in the practice of optometry and after a license has been issued to him, each registered optometrist shall notify the secretary of the Board in writing of the address at which he or she intends to begin practice, and subsequently of the changes in his or her business address or location. Any notices the Board is required to give a licensee shall legally have been given when delivered to the latest address furnished by the licensee of the Board.

(d) Continuing education credits in early childhood development and literacy as prescribed by the Board and that conforms with the Department of Public Health and Social Services regulations shall be required for renewal of licensure under this Article.

SOURCE: Added by P.L. 16-123:2 (Dec. 28, 1982). Subsection (d) added by P.L. 38-049:9 (Aug. 18, 2025) effective within one year upon enactment pursuant to P.L. 38-049:29.

§ 12511. Refusal, Suspension or Revocation of License.

(a) The Board may refuse to issue, suspend or revoke any license, for any of the following reasons:

(1) conviction of a felony, as shown by a certified copy of the record of the court of conviction;

(2) malpractice or incompetence;

(3) continued practice by a person knowingly having an infectious or contagious disease;

(4) advertising by means of knowingly false, misleading or deceptive statements or advertising or attempting to practice under a name other than one's own;

(5) habitual drunkenness or addiction to the use of habit-forming drugs;

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(6) aiding or abetting in the practice of optometry any person not duly licensed to practice optometry in Guam;

(7) lending, leasing or in any other manner placing his or her certificate of license at the disposal or in the service of any person not licensed to practice optometry in Guam;

(8) employing, procuring or inducing an unlicensed person to practice optometry in Guam; or

(9) violating any of the provisions of this Article or the rules adopted by the Board.

2022 NOTE: References to "Territory" replaced with "Guam" pursuant to 1 GCA § 420.

§ 12512. Offenses.

Each of the following acts committed by any person constitutes a misdemeanor, for the first offense and a felony for second and subsequent offenses:

(a) practicing or attempting to practice optometry without a current license issued by the Board;

(b) permitting any person in one's employ, supervision or control to practice optometry unless that person is licensed or exempted in accordance with the provisions of this Article;

(c) making a willfully false oath or affirmation where such oath or affirmation is required by this Article;

(d) selling or using any designation, diploma or certificate tending to imply that one is a practitioner of optometry, unless one holds a license as provided by this Article;

(e) refusal, after a request, to provide a patient a copy of his or her spectacle prescription, not including a contact lens prescription, providing the prescription is not over one (1) year old;

(f) duplicate or replace an ophthalmic lens, not including contact lenses, without a current prescription not more than two (2) years old, or without a written authorization from the patient if the prescription is not available;

(g) practicing optometry during any period of time in which one's license has been revoked or suspended; or

(h) except for licensed optometrists, using any trial lenses, trial frames, graduated test cards or other appliances or instruments for the purpose of examining the eyes or rendering assistance to anyone who desires to have an examination of the eyes; provided, however, that it is not the intent of this Subsection to prevent any school nurse, school teacher or person in public service from ascertaining the possible need of vision services, provided, that such person, clinic or program does not attempt to diagnose or prescribe ophthalmic lenses for the eyes, or recommend any particular practitioner.

§ 12513. Exemptions.

Nothing in this Article shall be construed to apply to licensed physicians or surgeons or persons, clinics or programs under their responsible supervision and control. Persons, clinics and programs under the responsible supervision and control of a licensed physician or surgeon shall not use either loose or fixed trial lenses for the sole purpose of determining the prescription for eyeglasses or contact lenses. The fitting of a contact lens to a patient shall be done at the practitioner's place of practice.

§ 12514. Power to Enjoin Violations.

The Board may petition the Superior Court for an order restraining and enjoining any person from violation of this Article irrespective of the availability of other remedies at law.

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ARTICLE 6
GUAM PHARMACY PRACTICE ACT

SOURCE: Entire Article added by P.L. 16-123:24 (Dec. 28, 1982) as "Pharmacist and Pharmacy." Repealed and reenacted by P.L. 24-207:1 (May 13, 1998).

§ 12601. Title of Act.
§ 12602. Legislative Declaration.
§ 12603. Statement of Purpose.
§ 12604. Practice of Pharmacy.
§ 12605. Definitions.
§ 12606. Board of Pharmacy: Designation.
§ 12607. Membership.
§ 12608. Qualifications.
§ 12609. Appointment.
§ 12610. Terms of Office.
§ 12611. Vacancies.
§ 12612. Removal.
§ 12613. Organization.
§ 12614. Compensation of Board Members.
§ 12615. Meetings.
§ 12616. Rules.
§ 12617. Powers and Responsibilities.
§ 12618. Licensing: Unlawful Practice.
§ 12619. Qualifications for Licensure by Examination.
§ 12620. Qualifications for License Transfer. Reciprocity.
§ 12621. Qualifications for Registration to Practice Telepharmacy Across Guam/State Lines.
§ 12622. Renewal of Licenses.
§ 12623. Continuing Pharmacy Education.
§ 12624. Intern/Extern Licensure.
§ 12625. Registration of Pharmacy Technicians.
§ 12626. Discipline: Grounds, Penalties and Reinstatement.
§ 12627. Procedure.
§ 12628. Licensing of Facilities: Licensing.
§ 12629. Application.
§ 12630. Notifications.
§ 12631. Grounds, Penalties and Reinstatement.

§ 12601. Title of Act.

This Act shall be known as the "Guam Pharmacy Practice Act."

§ 12602. Legislative Declaration.

The practice of pharmacy in Guam is declared a professional practice affecting the public health, safety, and welfare and is subject to regulation and control in the public interest. It is further declared to be a matter of public interest and concern that the practice of pharmacy, as defined in this Act, merit and receive the confidence of the public and that only qualified persons be permitted to engage in the practice of pharmacy, and to ensure the quality of drugs and related devices distributed on Guam. This Act shall be liberally construed to carry out these objectives and purposes.

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§ 12603. Statement of Purpose.

It is the purpose of this Act to promote, preserve and protect the public health, safety and welfare by and through the effective control and regulation of the practice of pharmacy; the licensure of pharmacists; the licensure, control and regulation of all sites or persons in Guam that distribute, manufacture or sell drugs, or devices used in the dispensing and administration of drugs, within Guam, and the regulation and control of such other materials as may be used in the diagnosis, treatment and prevention of injury, illness and disease of a patient or other individual.

§ 12604. Practice of Pharmacy.

For purposes of this Article the "practice of pharmacy" means the interpretation, evaluation and implementation of medical orders; the dispensing of prescription drug orders; participation in drug and device selection, drug administration, drug regimen reviews, and drug or drug-related research; provision of patient counseling and the provision of those acts or services necessary to provide pharmaceutical care in all areas of patient care, including primary care; and the responsibility for compounding and labeling of drugs and devices, except labeling by a manufacturer, repackaged, or distributor of non-prescription drugs and commercially packaged legend drugs and devices, proper and safe storage of drugs and devices, and maintenance of proper records for them.

§ 12605. Definitions.

For purposes of this Article, the following words and phrases have been defined to mean:

(a) "Administer" means the direct application of a drug to the body of a patient or research subject by injection, inhalation, ingestion or any other means.

(b) "Automated Pharmacy Systems" include, but are not limited to, mechanical systems which perform operations or activities, other than compounding or administration, relative to the storage, packaging, dispensing or distribution of medications, and which collect, control, and maintain all transaction information.

(c) "Beyond-Use Date" means a date determined by a pharmacist and placed on a prescription label at the time of dispensing that is intended to indicate to the patient or care giver a time beyond which the contents of the prescription are not recommended to be used.

(d) "Board of Pharmacy" or "Board" means the Guam Board of Examiners for Pharmacy.

(e) "Collaborative Pharmacy Practice" is that practice of pharmacy whereby a pharmacist has jointly agreed, on a voluntary basis, to work in conjunction with one or more practitioners under protocol whereby the pharmacist may perform certain patient care functions authorized by the practitioner or practitioners under certain specified conditions and/or limitations.

(f) "Compounding" means the preparation, mixing, assembling, packaging, or labeling of a drug or device:

(1) as the result of practitioner's prescription drug order or initiative based on the practitioner/patient/pharmacist relationship in the course of professional practice, or

(2) for the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale or dispensing. Compounding also includes the preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns.

(g) "Confidential Information" means information accessed, maintained by or transmitted to the Pharmacist in the patient's records, or which is communicated to the patient as part of patient counseling, which is privileged and may be released only to the patient or, as the patient directs, to

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those practitioners, other authorized health care professionals and other pharmacists where, in the pharmacist's professional judgment, such release is necessary to protect the patient's health and wellbeing; and to such other persons or governmental agencies authorized by law to receive such confidential information, regardless of whether such information is in the form of paper, preserved on microfilm or is stored on electronic media.

(h) "Deliver" or "Delivery" means the actual, constructive, or attempted transfer of a drug or device from one (1) person to another, whether or not for a consideration.

(i) "Device" means an instrument, apparatus, implement, machine, contrivance, implant, or other similar or related article, including any component part or accessory, which is required under Federal law to bear the label, "Caution: Federal or State law requires dispensing by or on the order of a physician."

(j) "Dispense" or "Dispensing" means the interpretation, evaluation and implementation of a prescription drug order, including the preparation and delivery of a drug or device to a patient or patient's agent in a suitable container appropriately labeled for subsequent Administration to, or use by, a patient.

(k) "Distribute" means the delivery of a drug or device other than by administering or dispensing.

(l) "Drug" means:

(1) articles recognized as drugs in any official compendium, or supplement thereto, designated from time to time by the Board for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in human or other animals;

(2) articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in human or other animals;

(3) articles, other than food, intended to affect the structure or any function of the body of human or other animals; and

(4) articles intended for use as a component of any articles specified in clauses (1), (2) or (3) of this Subsection.

(m) "Drug Regimen Review" includes, but is not limited to, the following activities:

(1) evaluation of the prescription drug order(s) and patient record(s) for:

(A) known allergies;

(B) rational therapy-contraindications;

(C) reasonable dose and route of administration; and

(D) reasonable directions for use;

(2) evaluation of the prescription drug order(s) and patient record(s) for duplication of therapy;

(3) evaluation of the prescription drug order(s) and patient record(s) for interactions:

(A) drug-drug;

(B) drug-food;

(C) drug-disease; and

(D) adverse drug reactions.

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(4) evaluation of the prescription drug order(s) and patient record(s) for proper utilization, including over- or under-utilization, and optimum therapeutic outcomes;

(n) "Electronic Transmission" means transmission of information in electronic form or the transmission of the exact visual image of a document by way of electronic equipment.

(o) "Emergency Situations for the purposes of authorizing an oral prescription drug order or a Schedule II controlled substance", means those situations in which the prescribing practitioner determines:

(1) that immediate administration of the controlled substance is necessary for proper treatment of the patient;

(2) that no appropriate alternative treatment is available, including administration of a drug which is not a Schedule II controlled substance; and

(3) that it is not reasonably possible for the prescribing practitioner to provide a written or electronic prescription drug order to be presented to the person dispensing the substance, prior to the dispensing.

(p) "Equivalent Drug Product" means a drug product which has the same established name, active ingredient(s), strength or concentration, dosage form, and route of Administration and which is formulated to contain the same amount of active ingredient(s) in the same dosage form and to meet the same compendial or other applicable standards, (i.e. strength, quality, purity and identity,) but which may differ in characteristics such as shape, scoring, configuration, packaging, excipients (including colors, flavors, preservatives), and expiration time.

(q) "Home Infusion Pharmacy" means a pharmacy which compounds solutions for direct administration to a patient in a private residence, long term care facility, or hospice setting by means of parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion.

(r) "Intern" means an individual who is:

(1) currently licensed by the Board to engage in the practice of pharmacy while under the personal supervision of a pharmacist and is satisfactorily progressing toward meeting the requirements for licensure as a pharmacist; or

(2) a graduate of an approved college of pharmacy or a graduate who has established educational equivalency by obtaining a Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate, who is currently licensed by the Board of Pharmacy for the purpose of obtaining practical experience as a requirement for licensure as a pharmacist; or

(3) a qualified applicant awaiting examination for licensure; or

(4) an individual participating in a residency or fellowship program.

(s) "Labeling" means the process of preparing and affixing a label to any drug container, exclusive, however, of the labeling by a manufacturer, packer or distributor of a non-prescription drug or commercially packaged legend drug or device. Any such label shall include all information required by Federal and state law or rule.

(t) "Long Term Care Facility" means a nursing home, retirement care, mental care, or other facility or institution which provides extended health care to resident patients.

(u) "Manufacturer" means a person engaged in the manufacture of drugs or devices.

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(v) "Manufacturing" means the production, preparation, propagation, conversion, or processing of a drug or device, either directly or indirectly, by extraction from substances of natural origin, or independently by means of chemical or biological synthesis, and includes any packaging or repackaging of the substance(s) or labeling or relabeling of its container, and the promotion and marketing of such drugs or devices. Manufacturing also includes the preparation and promotion of commercially available products from bulk compounds for resale by pharmacies, practitioners or other persons.

(w) "Medical Order" means a lawful order of a practitioner which may or may not include a prescription drug order.

(x) "Non-Prescription Drug" means a drug which may be sold without a prescription and which is labeled for use by the consumer in accordance with the requirements of the laws and rules of Guam and the Federal government.

(y) "Non-Resident Pharmacy" means a pharmacy located outside Guam.

(z) "Patient Counseling" means the oral communication by the Pharmacist of information, as defined in the rules of the Board, to the patient or care giver, in order to ensure proper use of drugs and devices.

(aa) "Person" means an individual, corporation, partnership, association or any other legal entity including government.

(bb) "Pharmaceutical Care" is the provision of drug therapy and other patient care services intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient's symptoms, or arresting or slowing of a disease process as defined in the rules of the Board.

(cc) "Pharmacist" means an individual currently licensed by the Board to engage in the practice of pharmacy.

(dd) "Pharmacist-in-Charge" means a pharmacist currently licensed in Guam who accepts responsibility for the operation of a pharmacy in conformance with all laws and rules pertinent to the practice of pharmacy and the distribution of drugs, and who is personally in full and actual charge of such pharmacy and personnel.

(ee) "Pharmacy" means any place within Guam where drugs are dispensed and pharmaceutical care is provided and any place outside of Guam where drugs are dispensed and pharmaceutical care is provided to residents of Guam.

(ff) "Pharmacy Technician" means personnel who assist in the practice of pharmacy under the personal and direct supervision of a pharmacist, and are registered with the Board as defined in § 12614 of this Act.

(gg) "Practice of Telepharmacy" means the provision of pharmaceutical care through the use of telecommunications and information technologies to patients at a distance.

(hh) "Practitioner" means an individual currently licensed, registered, or otherwise authorized by the jurisdiction to prescribe and, administer drugs in the course of professional practice in Guam.

(ii) "Preceptor" means an individual who is currently licensed as a Pharmacist by the Board of Pharmacy, meets the qualifications as a preceptor under the rules of the Board, and participates in the instructional training of pharmacy Interns.

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(jj) "Prescription Drug" or "Legend Drug" means a drug which is required under Federal law to be labeled with either of the following statements prior to being dispensed or delivered:

(1) "Caution: Federal law prohibits dispensing without prescription"; or

(2) "Caution: Federal law restricts this drug to use by, or on the order of, a licensed veterinarian"; or

(3) a drug which is required by any applicable Federal or state law or rule to be dispensed pursuant only to a prescription drug order or is restricted to use by practitioners only.

(kk) "Prescription Drug Order" means a lawful order of a practitioner for a drug or device for a specific patient, including orders derived from Collaborative Pharmacy Practice, that is communicated directly to a pharmacist in a licensed pharmacy.

(ll) "Primary Care" is the first level of contact of individuals, the family, and the community with the health care delivery system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process. Areas of Primary Care where pharmacists provide Pharmaceutical Care include, but are not limited to, the following: chronic disease management; smoking cessation; maternal and child health; immunizations; family planning; self-care consulting; drug selection under protocol; treatment of common diseases and injuries; nutrition; and general health education and promotion.

(mm) "Prospective Drug Use Review" means a review of the patient's drug therapy and prescription drug order, as part of a drug regimen review, as defined in the rules of the Board, prior to dispensing the drug.

(nn) "Significant Adverse Drug Reaction" means any drug-related incident that may result in serious harm, injury or death to the patient.

(oo) "Wholesale Distributor" means any person engaged in wholesale distribution of drugs, including, but not limited to, manufacturers; repackagers; own label distributors; private-label distributors; jobbers; brokers; warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions.

SOURCE: Added by P.L. 16-123:24 (Dec. 28, 1982). Repealed and reenacted by P.L. 24-207:1 (May 13, 1998). Subsection (o) amended by P.L. 36-031:4 (June 11, 2021).

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters in subsections (m)(1), (m)(3) and (jj) were altered to adhere to the Compiler's alpha-numeric scheme.

§ 12606. Board of Pharmacy: Designation.

The responsibility for enforcement of the provisions of this Act is hereby vested in the Guam Board of Examiners for Pharmacy. The Board shall have all of the duties, powers and authority specifically granted by or necessary for the enforcement of this Act, as well as such other duties, powers and authority as it may be granted from time to time by applicable law(s).

§ 12607. Membership.

The Guam Board of Examiners for Pharmacy shall consist of five (5) members, each of whom shall be pharmacists who possess the qualifications specified in § 12608.

§ 12608. Qualifications.

Each pharmacist member of the Board of Pharmacy shall at the time of appointment:

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(a) be a resident of Guam for not less than two (2) years;

(b) be currently licensed and in good standing to engage in the practice of pharmacy in Guam;

(c) be actively engaged in the practice of pharmacy in Guam; and

(d) have two (2) years of experience in the practice of pharmacy in Guam after licensure.

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters were altered to adhere to the Compiler's alpha-numeric scheme.

§ 12609. Appointment.

(a) I Maga'hågan/Maga'låhen Guåhan shall appoint the members of the Board of Pharmacy in accordance with other provisions of this Section.

(b) Nominations for appointment to the Board of Pharmacy may be made to I Maga'hågan/Maga'låhen Guåhan by any individual, association or any other entity. Such nominations shall be recommendations only and shall not be binding in any manner upon I Maga'hågan/Maga'låhen Guåhan.

§ 12610. Terms of Office.

(a) Except as provided in Subsection (b), members of the Board of Pharmacy shall be appointed for a term of three (3) years, except that members of the Board who are appointed to fill vacancies which occur prior to the expiration of a former member's full term shall serve the unexpired portion of such term.

(b) The terms of the members of the Board shall be staggered, so that the terms of no more than three (3) members shall expire in any year. Each member shall serve until a successor is appointed and qualified.

(1) The present members of the Board shall serve the balance of their terms.

(2) Any present Board member appointed initially for a term of less than thee (3) years shall be eligible to serve for two (2) additional full terms.

§ 12611. Vacancies.

Any vacancy which occurs in the membership of the Board for any reason, including expiration of term, removal, resignation, death, disability or disqualification, shall be filled by I Maga'hågan/Maga'låhen Guåhan in the manner prescribed by § 12609.

§ 12612. Removal.

(a) A Board member may be removed pursuant to the procedures set forth in this Section (b), upon one (1) or more or the following grounds:

(1) the refusal or inability for any reason of a Board member to perform his or her duties as a member of the Board in an efficient, responsible and professional manner;

(2) the misuse of office by a member of the Board to obtain personal, pecuniary, or material gain or advantage for himself or another through such office;

(3) the violation by any member of the laws governing the practice of pharmacy or the distribution of drugs and/or devices.

(4) the absence of the member for three (3) consecutive Board meeting.

(b) Removal of a member of the Board of Pharmacy shall be in accordance with the Administrative Adjudication Law of Guam, or other applicable laws.

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§ 12613. Organization.

(a) The Guam Board of Pharmacy shall elect from its members a Chairperson and such other officers as it deems appropriate and necessary to the conduct of its business. The Chairperson of the Board of Pharmacy shall preside at all meetings of the Board, and shall be responsible for the performance of all of the duties and functions of the Board required or permitted by this Act. Each additional officer elected by the Board shall perform those duties normally associated with his or her position and such other duties assigned to him or her from time to time by the Board.

(b) Officers elected by the Board shall serve terms of one (1) year commencing with the day of their election and ending upon election of their successors, and shall serve no more than four (4) consecutive full terms in each office to which they are elected.

(c) Department of Public Health and Social Services shall provide administrative services and support for the Board.

§ 12614. Compensation of Board Members.

Each member of the Board of Pharmacy shall receive as compensation Fifty Dollars ($50.00) for each day on which the member is engaged in performance of the official duties of the Board, and shall be reimbursed for all reasonable and necessary expenses incurred in connection with the discharge of such official duties.

§ 12615. Meetings.

(a) The Board of Pharmacy shall meet no less than four (4) times a year to transact its business. The Board shall meet at such additional times as it may determine. Such additional meetings may be called by the Chairperson of the Board or by two-thirds (2/3) of the members of the Board.

(b) The Board shall meet at such place as it may from time to time determine. The place for each meeting shall be determined prior to giving notice of such meeting and shall not be changed after such notice is given without adequate prior notice.

(c) Notice of all meetings of the Board shall be given in the manner and pursuant to requirements prescribed by the Administrative Adjudication Law and Guam statute.

(d) A majority of the members of the Board shall constitute a quorum for the conduct of a Board meeting and, except where a greater number is required by this Act or by any rule of the Board, all actions of the Board shall be by a majority of a quorum.

(e) All Board meetings and hearings shall be open to the public. The Board may, in its discretion and according to law, conduct any portion of its meeting in executive session, closed to the public.

§ 12616. Rules.

The Guam Board of Examiners for Pharmacy shall make, adopt, amend and repeal such rules as may be deemed necessary by the Board from time to time for the proper administration and enforcement of this Act. Such rules shall be promulgated in accordance with the procedures specified in the Administrative Adjudication Law of Guam.

§ 12617. Powers and Responsibilities.

(a) The Board of Pharmacy shall be responsible for the control and regulation of the practice of pharmacy in Guam, including, but not limited to, the following:

(1) the licensing by examination or by license transfer of applicants who are qualified to engage in the practice of pharmacy under the provisions of this Act;

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(2) the renewal of licenses to engage in the practice of pharmacy;

(3) the establishment and enforcement of compliance with professional standards and rules of conduct of pharmacists engaged in the practice of pharmacy;

(4) the determination and issuance of standards for recognition and approval of degree programs of schools and colleges of pharmacy whose graduates shall be eligible for licensure in Guam, and the specification and enforcement of requirements for practical training, including internship;

(5) the enforcement of those provisions of this Act relating to the conduct or competence of pharmacists practicing in Guam, and the suspension, revocation or restriction of licenses to engage in the practice of pharmacy;

(6) the licensure and regulation of the training, qualifications and employment of pharmacy interns and pharmacy technicians;

(7) the collection of professional demographic data;

(8) the right to seize any such drugs and devices found by the Board to constitute an imminent danger to the public health and welfare;

(9) establishing minimum specifications for the physical facilities, technical equipment, environment, supplies, personnel and procedures for the storage, compounding and/or dispensing of such drugs or devices, and for the monitoring of drug therapy;

(10) establishing minimum standards for the purity and quality of such drugs, devices and other materials within the practice of pharmacy;

(11) the issuance and renewal of licenses of all persons engaged in the manufacture and distribution of drugs and devices;

(12) inspection of any licensed person at all reasonable hours for the purpose of determining if any provisions of the laws governing the legal distribution of drugs or devices or the practice of pharmacy are being violated. (The Board of Pharmacy, its officers, inspectors and representatives shall cooperate with all agencies charged with the enforcement of the laws of the United States, of Guam and of all other states relating to drugs, devices, and the practice of pharmacy); and

(13) establishing minimum standards for maintaining the integrity and confidentiality of prescription information and other patient health care information.

(b) The Board of Pharmacy shall have such other duties, powers and authority as may be necessary to the enforcement of this Act, and to the enforcement of Board rules made pursuant thereto, which shall include, but are not limited to, the following:

(1) the Board may join such professional organizations and associations organized exclusively to promote the improvement of the standards of the practice of pharmacy for the protection of the health and welfare, of the public and/or whose activities assist and facilitate the work of the Board.

(2) The Board may receive and expend funds, in addition to its annual appropriation, from parties other than the government, provided:

(A) such funds are awarded for the pursuit of a specific objective which the Board is authorized to accomplish by this Act, or which the Board is qualified to accomplish by reason of its jurisdiction or professional expertise;

(B) such funds are expended for the pursuit of the objective for which they are awarded;

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(C) activities connected with or occasioned by the expenditures of such funds do not interfere with the performance of the Board's duties and responsibilities, and do not conflict with the exercise of the Board's powers as specified by this Act;

(D) such funds are kept in a separate, special account; and

(E) periodic reports are made concerning the Board's receipt and expenditure of such funds.

(3) The Board may establish a Bill of Rights for patients concerning the health care services a patient may expect in regard to pharmaceutical care.

(4) Any investigation, inquiry, or hearing which the Guam Board of Examiners for Pharmacy is empowered to hold or undertake may be held or undertaken by or before any member or members of the Board and the finding or order of such member or members shall by deemed to be the order of said Board when approved and confirmed as noted in § 12615(d).

(5) Embargo.

(A) Notwithstanding anything in this Act to the contrary, whenever a duly authorized representative of the Board finds, or has probable cause to believe, that any drug or device is adulterated or misbranded within the meaning of the Guam Food and Drug Act, he or she shall affix to such drug or device a tag, or other appropriate marking, giving notice that such article is, or is suspected of, being adulterated or misbranded, has been detained or embargoed, and warning all persons not to remove or dispose of such article by sale or otherwise until provision for removal or disposal is given by the Board, its agent, or the Court. No person shall remove or dispose of such embargoed drug or device, by sale or otherwise, without the permission of the Board or its agent or, after summary proceedings have been instituted, without permission from the Court.

(B) When a drug or device detained or embargoed under Paragraph (A) of this Subsection (5) has been declared by such representative to be adulterated or misbranded, the Board shall, as soon as practical thereafter, petition the Judge of the Superior Court, in which jurisdiction the article is detained or embargoed, for an order for condemnation of such article. If the judge determines that the drug or device so detained or embargoed is not adulterated or misbranded, the Board shall direct the immediate removal of the tag or other marking.

(C) If the court finds the detained or embargoed drug or device is adulterated or misbranded, such drug or device, after entry of the decree, shall be destroyed at the expense of the owner under the supervision of a Board representative, and all court costs and fees, storage and other proper expense shall be borne by the owner of such drug or device. When the adulteration or misbranding can be corrected by proper labeling or processing of the drug or device, the Court, after entry of the decree and after such costs, fees and expenses have been paid and a good and sufficient bond has been posted, may direct that such drug or device be delivered to the owner thereof for such labeling or processing under the supervision of a Board representative. Expense of such supervision shall be paid by the owner. Such bond shall be returned to the owner of the drug or device on representation to the Court by the Board that the drug or device is no longer in violation of the embargo and the expense of supervision has been paid.

(D) It is the duty of the Attorney General to whom the Board reports any violation of § 12617(b)(5) to cause appropriate proceedings to be instituted in the proper court without delay and to be prosecuted in the manner required by law. Nothing in this Subparagraph (D) shall be construed to require the Board to report violations whenever the Board believes the public's interest will be adequately served in the circumstances by a suitable written notice or warning.

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(6) The Board may place under seal all drugs or devices that are owned by or in the possession, custody or control of a licensee at the time his or her license is suspended or revoked, or at the time the Board refuses to renew his or her license. Except as otherwise provided in this Section, drugs or devices so sealed shall not be disposed of until appeal rights under the Administrative Adjudication Law have expired, or an appeal filed pursuant to that Law has been determined. The court involved in an appeal filed pursuant to the Administrative Adjudication Law may order the Board, during the pendency of the appeal, to sell sealed drugs that are perishable. The proceeds of such a sale shall be deposited with that court.

(7) Except as otherwise provided to the contrary, the Board shall exercise all of its duties, powers and authority in accordance with the Guam Administrative Adjudication Law.

(8) In addition to the fees specifically provided for herein, the Board may assess additional reasonable fees for services rendered to carry out its duties and responsibilities as required or authorized by this Act or rules adopted hereunder. Such services rendered shall include, but not be limited to, the following:

(A) issuance of duplicate certificates or identification cards;

(B) mailing lists, or reports of data maintained by the Board;

(C) copies of any documents;

(D) certification of documents;

(E) notices of meetings;

(F) licensure transfer;

(G) examination administration to a licensure applicant; and

(H) examination materials.

(9) Cost Recovery.

(A) If any order issues in resolution of a disciplinary proceeding before the Board of Pharmacy, the Board may request the hearing officer to direct any licensee found guilty of a charge involving a violation of any drug laws or rules, to pay to the Board a sum not to exceed the reasonable costs of the investigation and prosecution of the case and, in any case, not to exceed Twenty-five Thousand Dollars ($25,000.00).

(B) In the case of a pharmacy or wholesale distributor, the order may be made as to the corporate owner, if any, and as to any pharmacist, officer, owner or partner of the pharmacy or wholesale distributor who is found to have had knowledge of or have knowingly participated in one (1) or more of the violations set forth in this Section.

(C) The costs to be assessed shall be fixed by the hearing officer and shall not be increased by the Board; where the Board does not adopt a proposed decision and remands the case to a hearing officer, the hearing officer shall not increase any assessed costs.

(D) Where an order for recovery of costs is made and timely payment is not made as directed in the Board's decision, the Board may enforce the order for payment in the Superior Court in Guam where the administrative hearing was held. This right of enforcement shall be in addition to any other rights the Board may have as to any person directed to pay costs.

(E) In any action for recovery of costs, proof of the Board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

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2022 NOTE: Reference to "territory" replaced with "Guam" pursuant to 1 GCA § 420.

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters in subsection (b)(2), (5), (8) and (9) were altered to adhere to the Compiler's alpha-numeric scheme.

§ 12618. Licensing: Unlawful Practice.

(a) Except as otherwise provided in this Act, it shall be unlawful for any individual to engage in the practice of pharmacy unless currently licensed to practice under any facet of the provisions of this Act.

(b) Licensed Practitioners authorized under the laws of Guam to compound drugs and to dispense drugs to their patients in the practice of their respective professions shall meet the same standards, record keeping requirements and all other requirements for the dispensing of drugs applicable to pharmacists.

(c) It shall be unlawful for any individual to assist in the practice of pharmacy unless currently registered as a pharmacy technician according to the provisions of this Act.

(d) Any individual who, after hearing, shall be found by the Board to have unlawfully engaged in the practice of pharmacy shall be subject to a fine to be imposed by the Board for each offense. Each such violation of this Act or the rules promulgated hereunder pertaining to unlawfully engaging in the practice of pharmacy shall also constitute a misdemeanor punishable upon conviction as provided in the criminal code of Guam.

§ 12619. Qualifications for Licensure by Examination.

(a) To obtain a license to engage in the practice of pharmacy, an applicant for licensure by examination shall:

(1) have submitted a written application in the form prescribed by the Board of Pharmacy;

(2) have attained the age of majority;

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

(4) at the discretion of the Board, shall make a personal appearance before the Board or a representative thereof for interview, examination or review of credentials at the request of the Board (At the discretion of the Board, the applicant may be required to present his or her original education credentials for inspection at the time of personal appearance.);

(5) shall be held responsible for verifying to the satisfaction of the Board the validity of all credentials required for his or her licensure;

(6) have graduated and received the first professional undergraduate degree from a college or school of pharmacy that has been approved by the Board of Pharmacy;

(7) have graduated from a foreign college of pharmacy, completed a transcript verification program, taken and passed a college of pharmacy equivalency exam program and completed a process of communication ability testing, as defined under Board of Pharmacy regulations so that it is assured that the applicant meets standards necessary to protect public health and safety;

(8) have completed all internship or other program that has been approved by the Board of Pharmacy, or demonstrated to the Board's satisfaction that experience in the practice of pharmacy which meets or exceeds the minimum internship requirements of the Board;

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(9) have successfully passed an examination or examinations as required by the Board of Pharmacy; and

(10) have paid the fees specified by the Board of Pharmacy for the examination and any related materials, and have paid for the issuance of the license.

(b) Examinations.

(1) The examination for licensure required under § 12615(a)(6) of the Act, shall be given by the Board at least once during each year. The Board shall determine the content and subject matter of each examination, the place, time and date of administration of the examination.

(2) The examination shall be prepared to measure the competence of the applicant to engage in the practice of pharmacy. The Board may employ, cooperate and contract with any organization or consultant in the preparation and grading of an examination, but shall retain the sole discretion and responsibility for determining which applicants have successfully passed such an examination.

(c) Internship and Other Training Programs.

(1) All applicants for licensure by examination shall obtain practical experience in the practice of pharmacy concurrent with, or after college attendance, or both, under such terms and conditions as the Board shall determine.

(2) The Board shall establish such licensure requirements for interns and standards for internship, or any other experiential program necessary to qualify an applicant for the licensure examination, and shall also determine the qualifications of preceptors used in practical experience programs.

§ 12620. Qualifications for License Transfer. Reciprocity.

In order for a pharmacist currently licensed in another jurisdiction to obtain a license as a pharmacist by license transfer in Guam, an applicant shall:

(a) have submitted a written application in the form prescribed by the Board of Pharmacy;

(b) have attained the age of majority;

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

(d) at the discretion of the Board, shall make a personal appearance before the Board or a representative thereof for interview, examination or review of credentials at the request of the Board (At the discretion of the Board, the applicant may be required to present his or her original medical education credentials for inspection at the time of personal appearance.);

(e) shall be held responsible for verifying to the satisfaction of the Board the validity of all credentials required for his or her licensure;

(f) have possessed at the time of initial licensure as a pharmacist all qualifications necessary to have been eligible for licensure at that time in Guam;

(g) have engaged in the practice of pharmacy for a period of at least one (1) year, or have met the internship requirements of Guam within the one (1) year period immediately previous to the date of such application;

(h) have presented to the Board proof of initial licensure by examination and proof that such license is in good standing;

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(i) have presented to the Board proof that any other license granted to the applicant by any other state has not been suspended, revoked or otherwise restricted for any reason except nonrenewal or for the failure to obtain the required continuing education credits in any state where the applicant is currently licensed, but not engaged in the practice of pharmacy; and

(j) have paid the fees specified by the Board.

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters were altered to adhere to the Compiler's alpha-numeric scheme.

§ 12621. Qualifications for Registration to Practice Telepharmacy Across Guam/State Lines.

(a) An applicant applying for registration to engage in the practice of telepharmacy Across Guam/State Lines shall:

(1) present to the Board proof of licensure in another jurisdiction and proof that such license is in good standing;

(2) submit a written application in the form prescribed by the Board of Pharmacy;

(3) pay the fee(s) specified by the Board of Pharmacy for issuance of the license; and

(4) comply with all other requirements of the Board of Pharmacy.

(b) Application.

(1) The written application required under § 12617(a)(1) of this Act shall request of the applicant, at a minimum, the following information:

(A) name, address and current pharmacist licensure information in all other jurisdictions, including jurisdiction(s) of licensure and license number(s);

(B) name, address, phone number, and, if applicable, jurisdiction of licensure and license number of the site where the practice of telepharmacy will originate;

(C) a statement of the scope of patient services that will be provided;

(D) a description of the protocol or framework by which patient care will be provided, including any collaborative practice arrangements with other health care practitioners; and

(E) a statement attesting that the applicant will abide by the pharmacy laws and regulations of the jurisdiction in which the patient is located.

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters in subsection (b)(1) were altered to adhere to the Compiler's alpha-numeric scheme.

§ 12622. Renewal of Licenses.

(a) Each Pharmacist and Pharmacy Intern shall apply for renewal of his or her license biannually no later than the last day of September. A Pharmacist or Pharmacy Intern who desires to continue in the Practice of Pharmacy in Guam shall file with the Board an application in such form and containing such data as the Board may require for renewal of the license. If the Board finds that the applicant has been licensed, and that such license has not been revoked or placed under suspension, that the applicant has paid the renewal fee, has continued his or her pharmacy education in accordance with the rules of the Board, and is entitled to continue in the Practice of Pharmacy, the Board shall issue a license to the applicant.

(b) If a Pharmacist fails to make application to the Guam Board of Examiners for Pharmacy for renewal of his or her license within a period of three years from the expiration of his or her license, he or she must pass an examination for license renewal; except that a person who has been licensed under the

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laws of Guam and after the expiration of his or her license, has continually practiced pharmacy in another State under a license issued by the authority of such State, may renew his or her license upon payment of the designated fee.

(c) Each Pharmacist shall apply for renewal of his or her registration to Practice Telepharmacy Across Guam/State Lines annually, no later than the last day of September. A Pharmacist who desires to continue in the Practice of Telepharmacy Across Guam/State Lines shall file with the Board an application in such form and containing such data as the Board may require for renewal of the registration. If the Board finds that the applicant has been licensed to Practice Pharmacy in another state and registered to Practice Telepharmacy Across State Lines in that state, that such license and registration have not been revoked or placed under suspension, and that the applicant has paid the renewal fee and is entitled to continue in the Practice of Telepharmacy Across State Lines, the Board shall issue a registration to the applicant.

(d) Continuing education credits in early childhood development and literacy as prescribed by the Board and that conforms with the Department of Public Health and Public Social Services regulations shall be required for renewal of licensure under this Article.

SOURCE: Added by P.L. 24-207:1 (May 13, 1998). Subsection (d) added by P.L. 38-049:10 (Aug. 18, 2025) effective within one year upon enactment pursuant to P.L. 38-049:29.

§ 12623. Continuing Pharmacy Education.

The Board shall, by rule, establish requirements for continuing education in pharmacy, including the determination of acceptable program content and fees. The Board shall adopt rules necessary to carry out the stated objectives and purposes and to enforce the provisions of this Section, and to ensure continued competence.

§ 12624. Intern/Extern Licensure.

The Board of Pharmacy shall establish an internship program for the purpose of providing the practical experience necessary for licensure as a Pharmacist. The Board shall grant an Intern license to students in internship programs, authorizing those students to engage in the Practice of Pharmacy under the supervision of a Pharmacist. The Board of Pharmacy shall adopt rules regarding the licensure of Interns and the standards for internship programs.

§ 12625. Registration of Pharmacy Technicians.

(a) In order to be registered as a Pharmacy Technician in Guam, an applicant shall:

(1) Have submitted a written application in the form prescribed by the Board of Pharmacy.

(2) Have attained the age of eighteen.

(3) Have good moral character.

(4) Have paid the fees specified by the Board.

(5) Have been certified by the Pharmacist-in-Charge of the Pharmacy where the applicant is employed as having successfully completed a training program conducted pursuant to a Pharmacy Technician Training Manual prepared in accordance with any rules established by the Board.

(b) No Pharmacist whose license has been denied, revoked, suspended, or restricted for disciplinary purposes shall be eligible to be registered as a Pharmacy Technician.

(c) The Board of Pharmacy shall, by rule, establish requirements for registration of Pharmacy Technicians.

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§ 12626. Discipline: Grounds, Penalties, and Reinstatement.

(a) The Board of Pharmacy may refuse to issue or renew, or may suspend, revoke, restrict the licenses of, or fine any Person pursuant to the procedures set forth in this Act or upon one or more of the following grounds:

(1) Unprofessional conduct as that term is defined by the rules of the Board.

(2) Incapacity that prevents a licensee from engaging in the Practice of Pharmacy with reasonable skill, competence, and safety to the public.

(3) Being guilty of one (1) or more of the following:

(A) a felony;

(B) violations of the pharmacy or drug laws of Guam, or rules and regulation pertaining thereto, or of laws, rules, and regulations of any other state; or of the Federal government.

(4) Knowing or suspecting that a Pharmacist or Pharmacy Intern is incapable of engaging in the Practice of Pharmacy or that a Pharmacy Technician is capable of assisting in the Practice of Pharmacy, with reasonable skill, competence, and safety to the public, and failing to report any relevant information to the Board of Pharmacy.

(5) Misrepresentation of a material fact by a licensee in securing the issuance or renewal of a license.

(6) Fraud by a licensee in connection with the Practice of Pharmacy.

(7) Engaging, or aiding and abetting an individual to engage in the Practice of Pharmacy without a license; assisting in the Practice of Pharmacy or aiding and abetting an individual to assist in the Practice of Pharmacy without having registered with the Board of Pharmacy; or falsely using the title of Pharmacist or Pharmacy Intern, or Pharmacy Technician.

(8) Failing to pay the costs assessed in a disciplinary hearing pursuant to this Act.

(9) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of any licensing examination.

(10) Being found by the Board to be in violation of any of the provisions of this Act or rules adopted pursuant to this Act.

(11) Divulging or revealing Confidential Information or personally identifiable information to a Person other than as authorized by the rules of the Board.

(b) Any Person whose license to practice pharmacy in Guam has been suspended, revoked, or restricted pursuant to this Act, whether voluntarily or by action of the Board, shall have the right, at reasonable intervals, to petition the Board for reinstatement of such license. Such petition shall be made in writing and in the form prescribed by the Board. Upon investigation and hearing, the Board may, in its discretion, grant or deny such petition, or it may modify its original finding to reflect any circumstances which have changed sufficiently to warrant such modifications. The Board, also at its discretion, may require such Person to pass an examination or examinations for reentry into the Practice of Pharmacy.

(c) Nothing herein shall be construed as barring criminal prosecutions for violations of this Act.

(d) All final decisions by the Board shall be subject to judicial review pursuant to the Administrative Adjudication Law.

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(e) Any individual or entity whose license to practice pharmacy is revoked, suspended, or not renewed shall return his or her license to the offices of the Guam Board of Examiners for Pharmacy within ten (10) days after receipt of notice of such action.

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters in subsection (a)(3) were altered to adhere to the Compiler's alpha-numeric scheme.

§ 12627. Procedure.

Notwithstanding any provisions of the Guam Administrative Adjudication Law, the Board may, without a hearing, temporarily suspend a license for not more than sixty (60) days if the Board finds that a Pharmacist, Pharmacy Intern, or Pharmacy Technician has violated a law or rule that the Board is empowered to enforce, and if continued practice by the Pharmacist or Pharmacy Intern would create an imminent risk of harm to the public. The suspension shall take effect upon written notice to the Pharmacist or Pharmacy Intern, specifying the statute or rule violated. At the time it issues the suspension notice, the Board shall schedule a disciplinary hearing to be held under the Administrative Adjudication Law within twenty (20) days thereafter. The Pharmacist or Pharmacy Intern shall be provided with at least ten (10) days' notice of any hearing held under this Section.

§ 12628. Licensing of Facilities: Licensing.

(a) All Persons, engaging in the Practice of Pharmacy or in the manufacture, production, sale, or distribution of drugs or devices, or pharmacies where drugs or devices are dispensed, shall be licensed by the Board of Pharmacy, and shall annually renew their license with the Board. Where operations are conducted at more than one location, each such location shall be licensed by the Board of Pharmacy.

(b) The Board may by rule determine the licensure classifications of all persons licensed under Article V, and establish minimum standards for such persons.

(c) The Board shall establish by rule, under the powers granted to it under this Act and as may be required from time to time, under Federal law, the criteria which each person must meet to qualify for licensure in each classification. The Board may issue licenses with varying restrictions to such persons where the Board deems it necessary.

(d) Each pharmacy shall have a Pharmacist-in-Charge. Whenever an applicable rule requires or prohibits action by a Pharmacy, responsibility shall be that of the owner and the Pharmacist-in-Charge of the Pharmacy, whether the owner is a sole proprietor, partnership, association, corporation, or otherwise.

(e) The Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the licensure and inspection of entities located in this jurisdiction and those located off island.

(f) The Board of Pharmacy may deny or refuse to renew a license if it determines that the granting or renewing of such license would not be in the public interest.

§ 12629. Application.

(a) The Board shall specify by rule the licensure procedures to be followed, including but not limited to specification of forms for use in applying for such licensure and times, places, and applicable fees.

(b) Applicants for licensure to distribute, manufacture, sell, purchase, and/or produce drugs or devices within Guam shall file with the Board of Pharmacy a verified application containing such information as the Board requires of the applicant relative to the qualifications for a license.

(c) Licenses issued by the Board pursuant to this Act shall not be transferable or assignable.

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(d) The Board shall specify by rule minimum standards for responsibility of any person or Pharmacy that has employees or personnel engaged in the Practice of Pharmacy, manufacture, distribution, production, sale, or use of drugs or devices in the conduct of their business. If the licensed person is a Pharmacy located in Guam, that portion of the facility to which such license applies shall be operated only under the direct supervision of a Pharmacist licensed to practice in Guam.

§ 12630. Notifications.

(a) All licensed persons shall report to the Board of Pharmacy the occurrence of any of the following:

(1) Permanent closing.

(2) Change of ownership, management, location, or Pharmacist-in-Charge of a Pharmacy.

(3) Any theft or loss of drugs or devices.

(4) Any conviction of any employee of any Guam, State or Federal drug laws, or;

(5) Disasters, accidents, or any theft, destruction, or loss of records required to be maintained by Guam or Federal law.

(6) Occurrences of significant adverse drug reactions as defined by rules of the Board.

(7) Dissemination of confidential information or personally identifiable information; or

(8) Any and all other matters and occurrences as the Board may require, by rule.

§ 12631. Grounds, Penalties and Reinstatement.

(a) No Person or Pharmacy designated in this Act shall operate until a license has been issued to said Person by the Board.

(b) Except where otherwise permitted by law, it shall be unlawful for a manufacturer or a wholesale distributor to distribute or deliver drugs or devices to any person in Guam not licensed under this statute. Any person who shall distribute or deliver drugs or devices to a person not licensed shall be subject to a fine to be imposed by the Board not to exceed One Thousand Dollars ($1,000.00) for each offense in addition to such other disciplinary action the Board may take under this Act. Each such violation shall also constitute a misdemeanor punishable upon conviction as provided in the Criminal Code of Guam.

(c) The Board may suspend, revoke, deny, or refuse to renew the license of any Person or Pharmacy on any of the following grounds:

(1) The finding by the Board of violations of any Federal, State, or local laws relating to the Practice of Pharmacy, drug samples, wholesale or retail drug or device distribution, or distribution of controlled substances.

(2) Any felony conviction under Federal, State, or local laws.

(3) The furnishing of false or fraudulent material in any application made in connection with drug or device manufacturing or distribution.

(4) Suspension or revocation by Federal, State, or local government of any license currently or previously held by the applicant for the manufacture or distribution of any drugs or devices, including controlled substances.

(5) Obtaining any remuneration by fraud, misrepresentation, or deception.

(6) Dealing with drugs or devices that they know or should have known are stolen drugs or devices.

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(7) Purchasing or receiving of a drug or device from a source other than a Person or Pharmacy licensed under the laws of Guam, except where otherwise provided.

(8) Wholesale drug distributors other than pharmacies dispensing or distributing drugs or devices directly to patients; or

(9) Violations of any of the provisions of this Act or of any of the rules adopted by the Board under this Act, or

(10) Divulging or revealing confidential information or personally identifiable information to a person other than as authorized by the rules of the Board.

(d) Reinstatement of a license that has been suspended, revoked, or restricted by the Board may be granted in accordance with the procedures specified by § 12626 of this Chapter.

ARTICLE 7
OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPIST ASSISTANTS

§ 12700. Establishment of Rules and Regulations.
§ 12701. Requirements for Occupational Therapists and Occupational Therapy Assistants.

§ 12700. Establishment of Rules and Regulations.

The Guam board of Allied Health Examiners, with the assistance of the Office of Attorney General, shall, upon enactment hereof and in accordance with the Administrative Adjudication Law, cause to be prepared such rules and regulations as are required for:

(a) the regulation of the practice of occupational therapy; and

(b) the licensure of occupational therapists and occupational therapy assistants in accordance with the provisions of § 12701 of this Article.

§ 12701. Requirements for Occupational Therapists and Occupational Therapy Assistants.

(a) Occupational Therapists. In addition to qualifications established by the Guam Board of Allied Health Examiners pursuant to § 12700 of this Article, any person representing himself or herself as an occupational therapist shall meet all of the following requirements:

(1) be a graduate of an occupational therapy curriculum that is accredited by the American occupational Therapy Association, the World Federation of Occupational Therapy, or another nationally recognized accrediting agency; and

(2) meet the following requirement:

(A) be certified, or eligible for certification, by the American Occupational Therapy Certification Board.

(b) Occupational Therapy Assistant. Any person representing himself or herself as an occupational therapy assistant shall be a person who is certified, or eligible for certification, by the American Occupational Therapy Certification Board as a certified occupational therapy assistant, and shall meet the qualifications for occupational therapy assistants prescribed by regulations pursuant to § 12700 of this Article.

(c) Misdemeanor for unauthorized representation as occupational therapist or occupational therapy assistant. It is unlawful and constitutes a misdemeanor for any person not meeting the criteria established under (a) and (b) of this Section to use, in connection with his or her name or place of business, the words

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"occupational therapist", "occupational therapy assistant", "certified occupational therapist", "certified occupational therapy assistant", "occupational therapist registered", or the letters "OT", "OTA" "COT", "COTA", or "OTR", or any other words, letters, abbreviations, or insignia indicating or implying that he or she is an occupational therapist or to represent, in any way, orally, in writing, in print or by sign, directly or by implication, that he or she is an occupational therapist or occupational therapy assistant, or claim to be providing occupational therapy services.

SOURCE: Article Added by P.L. 22-140:IV:6(c) (Sept. 29, 1994).

2012 NOTE: In maintaining the general codification scheme of the GCA the Compiler changed the hierarchy of subsections beginning with "lowercase roman numerals" to "uppercase letters" in subsection (a)(2).

ARTICLE 8
ALLIED HEALTH PRACTICE ACT

SOURCE: Entire Article added by P.L. 24-329:1 (Dec. 30, 1998).

§ 12801. Title, Purpose and Statement of Policy.
§ 12802. Definitions.
§ 12803. Guam Board of Allied Health Examiners.
§ 12804. Examinations.
§ 12805. Requirements for Licensure.
§ 12806. Responsibilities of Licensure Applicants.
§ 12807. Display of License.
§ 12808. License Period; Expiration and Renewal.
§ 12809. Continuing Education Requirements.
§ 12810. Denial or Revocation of License; Grounds.
§ 12811. Professional Conduct; Act.
§ 12812. Professional Conduct; Penalties for Violation.
§ 12813. Unlawful Practice.
§ 12814. Cease and Desist Order.
§ 12815. Licensee-Patient Relations; General.
§ 12816. Professional Signs, Advertisements and Listing.
§ 12817. Professional Signs, Advertisements and Listings; Violations; Disciplinary Action.
§ 12818. Board Meetings.
§ 12819. Fee Schedule; Budget.
§ 12820. Disciplinary Action Against Licensees.
§ 12821. Procedures For Enforcement and Disciplinary Action.
§ 12822. Compulsory Reporting and Investigation.
§ 12823. Unlawful Practice of Allied Health Profession: Violation and Penalties.
§ 12824. Renewal of Licensure.
§ 12825. Rules and Regulations.
§ 12826. Revolving Fund.
§ 12827. Prescriptive Authority for Clinical Psychologists.

§ 12801. Title, Purpose, and Statement of Policy.

(a) Title. This Act may be cited or referred to as "The Guam Allied Health Practice Act of 1998."

(b) Purpose. The primary purpose of this Act is to protect the public against unprofessional, improper, incompetent, unlawful, fraudulent or deceptive practices by persons who practice the healing art. This Act,

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therefore, shall provide for the proper guidelines, such as education requirements, continuing education requirements, licensing and renewal procedures, professional conduct and any other matter, which the Board deems appropriate in serving the interests of the community.

(c) Statement of Policy. The practice of allied health is a privilege granted by the people acting through their elected representatives. It is not a natural right of individuals. In the interests of public health, safety and welfare, and to protect the public from the unprofessional, improper, incompetent, unlawful, fraudulent and/or deceptive practice of allied health professions, it is necessary to provide laws and regulations to govern the granting and subsequent use of the privilege to practice allied health professions. The primary responsibility and obligation of the Guam Board of Allied Health Examiners is to protect the people of Guam.

§ 12802. Definitions.

(a) Professions. For purposes of this Act, the following allied health professions shall be licensed under the Guam Board of Allied Health Examiners:

(1) "Acupuncture" and "Oriental Medicine" shall mean the science and art of examination and diagnosis based on traditional oriental medicine, and treatment of symptoms and diseases by the insertion of needles into the respective three hundred sixty-five (365) major trigger points of twelve (12) meridians, eight (8) extra trigger points of extra meridians, Ashi (regional or local) points, as well as other extra points on the human body, by piercing the skin of the body to control and regulate the flow and balance of vital energy in the body and to treat ailments or diseases of the mind, body, any wound, bodily injury, or deformity. The term includes therapies that use manual, mechanical, thermal, electrical, or electromagnetic treatment based on the principles of oriental medicine to prevent or modify the perception of pain or to normalize physiological functions including pain control for the treatment of diseases or dysfunction of the Yin and Yang organic systems, and includes the application of acupuncture needles, electro-acupuncture, electrodynamics stimulation, i.e., electro-stimulation, neuromuscular stimulation, etc., ultrasound, or diathermy devices, cold lasers, magnets, cupping, moxibustion, heat and cold therapy, i.e., heat and cold pads, heat lamp, infrared heat, etc., hydrotherapy, acupressure, Tui Na, oriental massage, massage therapy, Chi-gong, breathing techniques, therapeutic exercise, manual traction, natural medicine techniques, and nutrition, including the incorporation of drugless substances and herbs as dietary supplements to promote health. Ordering blood and laboratory tests, x-rays, or image tests to assist in making a diagnosis and monitoring a treatment plan is within the scope of practice of acupuncture and oriental medicine. It shall exclude operative surgery and the prescription of scheduled drugs.

(2) "Audiology" shall mean the application of principles, methods and procedures for measurement, testing, evaluation, prediction, counseling, selling, instruction, habilitation or rehabilitation related to hearing aids or ear molds, including the fitting of such devices, or disorders of hearing for the purpose of evaluation, identifying preventing, rehabilitating, ameliorating or modifying such disorders and conditions in individuals.

(3) "Chiropractic" shall mean the science, art, and philosophy of things natural, the science of locating and removing interference with the transmissions or expression of nerve forces in the human body, by the correction of misalignments or subluxation of the articulations and adjacent structures, more especially those of the vertebral column and pelvis, for the purpose of restoring and maintaining health. It shall include the use of all natural agencies to assist in the healing art, such as food, water, heat, cold, electricity, mechanical appliances, and the ordering of laboratory tests. The use of imaging procedures shall be limited to skeletal imaging and shall exclude the therapeutic use of X-radiation, the use of contrast studies that introduce dyes, isotopes, or similar contrast media through the skin,

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orally, via catheterization or retrograde into any body cavity. It shall exclude operative surgery and the prescription of scheduled drugs.

(4) "Clinical psychology" shall mean the subspecialty in psychology which is primarily concerned with assessing and alleviating emotional, mental and behavioral disorders in a hospital, institution or other clinical setting.

(5) "Individual, marriage and family therapy" shall mean the intervention of a licensed therapist in assisting clients in individual, marriage and family therapy.

(6) "Occupational therapy" shall mean the evaluation and treatment provided to people whose lives have been disrupted by physical injury, illness, developmental problems, the aging process, or psychosocial or cognitive difficulties. Treatment entails the assessment, evaluation and treatment to assist each individual to achieve or return to an independent and productive life through techniques which prevent disability, assisting the individual in recovery from illness or accident, and by promoting the development of functions which may have been impaired or delayed. The treatment provided may include, but shall not be limited to, the adaptation of the environment and the selection, design and fabrication of assistive and orthotic devices, and other technology to facilitate development and promote the acquisition of functional skills through purposeful activity.

(7) "Physical Therapy" means the utilization of scientific principles for the evaluation and treatment of any disability, injury or disease by the use of physical, chemical or mechanical means, including, but not limited to, heat, cold, air, light, sound, electricity, water, massage, therapeutic exercise and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting or alleviating dysfunction resulting from such disability, injury or disease; the performance of tests and measurements of neuromuscular function as an aid to the diagnosis or treatment of human condition; performance of treatments on the basis of test findings; supervision of selective forms of treatment by trained supportive personnel; dry needling, but only as provided in this Article and by Board rules and regulations; and the provision of consultative services for health, education and community agencies; provided, however, that physical therapy shall not include radiology or electrosurgery. Physical therapy and physical therapy services are not generic terms; they are the use of any intervention, including physical agent modalities/electrotherapy, that is provided by, or under the direction of, a licensed, physical therapist.

(8) [Renumbered § 12202(a)(8)]

(9) [Renumbered § 12202(a)(9)]

(10) "Speech-language pathology" shall mean the application of principles, methods and procedures for the measurement, testing, evaluation, prediction, counseling, introduction, habilitation or rehabilitation related to the development and disorders of speech, voice, fluency or language, for the purposes of evaluating, identifying, treating, preventing, ameliorating or modifying such disorders and conditions in individuals or groups of individuals.

(11) "Veterinary medicine" shall mean veterinary surgery, obstetrics, dentistry means to diagnose, treat, correct, change, relieve or prevent animal disease, deformity, defect, injury or other physical or mental condition, including the prescription or administration of any drug, medicine, biologic, apparatus, application, anesthetic, or therapeutic or diagnostic substance or technique, or the use of any manual or mechanical procedure for artificial insemination, testing for pregnancy or for correcting sterility or infertility, or to render advice or recommendation with regard to any of the above;

(12) "Respiratory Therapy" means the treatment and the management of pulmonary diseases with medications and machines provided to patients "whose condition or illness is that of (breathing)."

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(13) "Dietetics and Nutrition Practice" shall mean the integration and application of scientific principles derived from the study of food, nutrition, biochemistry, metabolism, nutrigenomics, physiology, food management, and from behavioral and social sciences in achieving and maintaining health throughout the life span and in providing nutrition care services, including medical nutrition therapy; assessing and evaluating the nutritional needs of individuals and groups, and determining resources and constraints in the practice setting, including ordering nutrition-related laboratory tests to check and track nutrition status and monitor effectiveness of dietary plans and orders; establishing priorities, goals and objectives that meet nutritional needs and are consistent with available resources and constraints; providing nutrition counseling in health and disease; developing, implementing, and managing nutrition care systems; evaluating, making changes in, and maintaining appropriate standards of quality in food and nutrition services; and ordering therapeutic diets, for the prevention, management, and treatment of disease. This term includes, but is not limited to, nutrition assessment; nutrition diagnosis; nutrition intervention, including the ordering of patient diets, nutritional supplements; monitoring and evaluation of nutrition care plans; nutrition support, including the ordering of enteral and parental nutrition, medical food; dietary and nutritional counseling and education regarding food, nutrient and prescription drug interactions; and the development and administration of nutrition care standards and systems. The practice of dietetics and nutrition does not include the medical differential diagnosis of the health status of an individual.

(14) "Home Nursing Administration" means the leadership requirement to manage a home nursing institution.

(15) "Other allied health professions" shall mean those allied health profession not having separate Board of Examiners enacted by I Liheslaturan Guåhan that the Board of Allied Health Examiners incorporates into the licensing procedure under this Act.

(16) "School psychology" means the subspecialty of psychology that is primarily concerned with pupils or students in educational settings and the provision of services related to learning, educational, behavioral, social-emotional, developmental, and adjustment needs.

(b) Terms. The following terms shall have the following definitions:

(1) "Applicant" shall mean a person seeking licensure to practice an allied health profession on Guam.

(2) "Board" means the Board of Allied Health Examiners.

(3) [Repealed.]

(4) "Endorsement" shall mean evidence of current licensure by a state or jurisdiction of the United States.

(5) "License" shall mean a certificate issued to an applicant by the Guam Board of Allied Health Examiners which indicates that the person whose name appears on the certificate has been found qualified to engage in the practice of an allied health profession as stated thereon.

(6) "Licensee" means any person currently licensed by the Guam Board of Allied Health Examiners.

(7) "Person" shall mean any individual, firm, partnership, association, joint venture, cooperative or corporation, or any other group or combination, acting in concert, whether or not acting as a principal, trustee, fiduciary, receiver or as any other kind of legal or personal representative, or as the successor in interest, assignee, agent, factor, servant, employee, director, officer or any other

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representative of such person, except that only individuals can be licensed under the rules and regulations.

(8) "Practice a healing art profession" shall mean to use any title, words, abbreviation, or letters, or by any other means to represent directly or indirectly, publicly or privately, an ability or willingness to perform any of the acts constituting the practice of any allied health profession under the purview of the Board.

(9) "Practitioner" shall mean a physician, podiatrist, veterinarian, optometrist, clinical psychologist or physician's assistance who is authorized to prescribe, order or administer drugs in connection with medical treatment to the extent provided by the rules and regulations of the practitioner's respective Board(s).

(10) "Prescription" shall mean an order for drugs, treatment or devices written, signed or transmitted by word of mouth or telephone by a practitioner of the healing art.

(11) "Supervision" shall be one of the following:

(A) "Direct supervision" shall mean supervision whereby a licensee diagnoses the condition to be treated, approves the work to be performed and remains on the premises while the procedures are being performed.

(B) "Indirect supervision" shall mean supervision whereby a licensee authorizes the procedures which are being carried out, but need not be present on the premises when the authorized procedures are being performed. The licensee must be available on Island by telecommunications.

(C) "Exceptions". The definition of exceptions to the act shall include:

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

(ii) personnel of the armed forces of the United States and of the United States Public Health Service or the Veterans Administration of the United States in the discharge of their official duties and/or within Federally controlled facilities;

(iii) those practicing any other of the healing arts in accord with and as provided by the laws of Guam;

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

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

(vi) those fully licensed to practice allied health in another jurisdiction of the United States who briefly render emergency treatment, or briefly provide critical services at the specific lawful direction of an institution or Federal agency that assumes full responsibility for that treatment or service.

SOURCE: Added by P.L. 24-329:1 (Dec. 30, 1998). Subsection (a)(xiii) repealed and reenacted by P.L. 25-192:2 (Jan. 25, 2001). Subsections (a)(1), (3), (7), (13) repealed and reenacted, (b)(3) repealed by P.L. 36-138:8-12 Dec. 28, 2022). Subsection (a)(9) transferred by P.L. 38-042:2(b) (Aug. 18, 2025), renumbered § 12202(a)(8). Subsection (a)(8) transferred by P.L. 38-043:9(b) (Aug. 18, 2025), renumbered § 12202(a)(9). Subsection (a)(16) added by P.L. 38-131:4 (June 3, 2026).

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2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters in subsections (a) and (b)(11) were altered to adhere to the Compiler's alpha-numeric scheme.

§ 12803. Guam Board of Allied Health Examiners.

(a) Creation. There is established, in and for the government of Guam, a Guam Board of Allied Health Examiners, composed of a representative from each of the professions being examined for licensure nominated and appointed by I Maga'hågan/Maga'låhen Guåhan, with the advice and consent of I Liheslaturan Guåhan, to include acupuncture and oriental medicine; audiology; chiropractic; clinical psychology; licensed professional counselor; licensed mental health counselor; marriage and family therapist; clinical dietitian and nutritionist; occupational therapy; physical therapy; speech language pathology; respiratory therapy; and veterinary medicine; and shall appoint additional members for any other allied health profession being examined for licensure that the Board may recommend. In addition to the representatives of the professions licensed by the Board, I Maga'hågan/Maga'låhen Guåhan shall appoint two (2) public members who are neither a practitioner of the healing arts, or representative of a health care institution or insurance company. The Board shall examine applicants for licensure within the allied health professions not having separate Board of Examiners enacted by I Liheslaturan Guåhan.

The term of appointment shall be for a period of three (3) years, at the end of which I Maga'hågan/Maga'låhen Guåhan shall either reappoint the member or nominate and appoint a new member, either of which case shall be with the advice and consent of I Liheslaturan Guåhan.

(b) Requirement. The members of the Board shall have practiced in their respective disciplines for at least five (5) consecutive years immediately preceding the appointment. All members shall be citizens or permanent residents of the United States who have resided in Guam for at least five (5) consecutive years immediately preceding the appointment. The members of the Board sitting as of the date of enactment of this Act who meet the requirements and limitations placed upon membership by this Act shall remain in office until the expiration of their respective terms. When a vacancy occurs, I Maga'hågan/Maga'låhen Guåhan shall appoint a new member within sixty (60) days of the commencement of the vacancy, with the advice and consent of I Liheslaturan Guåhan.

Members of the Board shall receive a stipend and be compensated in the amount of Fifty Dollars ($50.00) for attending a Board meeting, not to exceed One Hundred Dollars ($100.00) per month.

(c) Powers and Responsibilities. The Guam Board of Allied Health Examiners, within the context of this act and the requirements of due process, shall have the following powers and responsibilities:

(1) promulgate rules and regulations;

(2) develop and adopt its budget;

(3) evaluate education and training of applicants;

(4) select and administer licensing examination(s);

(5) evaluate previous professional performance of applicants;

(6) issue or deny initial licenses;

(7) approve or deny applications for license renewal;

(8) receive, review, and investigate reports and complaints received from law enforcement agencies, health care organizations, governmental agencies, insurers and other entities having information pertinent to the professional performance of licensees;

(9) discipline licensees found in violation of the Allied Health Practice Act;

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(10) issue subpoenas, subpoenas duces tecum, administer oaths, receive testimony and conduct hearings;

(11) institute actions in its own name and enjoin violators of the Allied Health Practice Act;

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

(13) expand the allied health licensing process to include other allied health professions not having separate Board of Examiners enacted by I Liheslaturan Guåhan, and inform I Maga'hågan/Maga'låhen Guåhan of the need to appoint a Board member to represent the Board enacted profession;

(14) contract consultant(s) for special needs of the Board in the investigation of complaints, monitoring of a licensed person in terms of violation of this Act, and other monitoring/investigation that requires specialized skills which the Board is unable to obtain from the services of other government agencies; and

(15) conduct Board meetings. A quorum must be present to conduct a board meeting. The vote of the majority present shall constitute an official action of the Board. A quorum consists of a majority of the whole number of appointed members of the Board as of the time of the meeting. The majority vote shall consist of half of the vote plus one (1) of those members present.

(d) Immunity. There should be no liability, monetary or otherwise on the part of, and no cause of action for damages should arise 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.

(e) Indemnity. If a current or former member, officer, administrator, staff member, committee member, examiner, representative, agent, employee, consultant or any other person serving or having served the Board requests the government to defend him or her against any claim or action arising out 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, and if such a request is made in writing at a reasonable time before trial, and if the person requesting defense cooperates in good faith in the defense of the claim or action, the government should provide and pay for such defense, and should pay any resulting judgment, compromise or settlement.

(f) Protected Communication.

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

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

(g) Removal. A member of the Board should be subject to removal only when he or she:

(1) ceases to be a licensed allied health professional;

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(2) is found guilty of a felony by a court of competent jurisdiction;

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

(4) is found mentally incompetent by a court of competent jurisdiction;

(5) fails to attend three (3) successive Board meetings without just cause, as determined by the Board, or missed fifty percent (50%) or more of Board meetings per year;

(6) is found in violation of the Allied Health Practice Act; or

(7) terminated by the I Maga'hågan/Maga'låhen Guåhan.

(h) Residency of Board Members. All members of the Board should hold full licenses in Guam, should be persons of recognized professional ability and integrity, and should have resided in Guam at least five (5) years and practiced in the jurisdiction long enough to have become familiar with policies and practice in the jurisdiction.

(i) Committee; Legal Counsel and Staff. The Board should be authorized to appoint committees from its membership and employ an executive secretary or director and other staff, including an adequate staff of investigators, to effectively perform its duties under the act. It should also be assigned adequate legal counsel by the Office of the Attorney General and/or be authorized to employ private counsel or its own full-time attorney.

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

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

SOURCE: Subsections (a) and (b) amended by P.L. 30-195:3 (Aug. 28, 2010), effective, Jan. 2, 2011, pursuant to P.L. 30-195:5. Subsection (a) and subsections (c)(15) amended by P.L. 36-138:13-14 (Dec. 28, 2022).

§ 12804. Examinations.

(a) Notice Requirement. Public notice shall be given at least one hundred and twenty (120) days prior to the examination. Applicants for licensure by examination must submit application to the Board at least sixty (60) days prior to the scheduled examination. The Board may hold examinations as deemed necessary.

(b) Cost and Grading. Each applicant shall incur all expenses to proctor the examination. The preparation, administration and grading of examination shall be governed by rules as prescribed by the Board. To pass the examination, the examinee must demonstrate scientific and practical knowledge sufficient to prove competency to practice the profession in the judgment of the Board.

§ 12805. Requirements for Licensure.

(a) Information Requirement. Any Board furnished applications, official transcripts from post-secondary educational institutions, or other documentation as required by the Board, including examination results and test scores administered by professional associations and institutions that may be required as a precondition of licensure, shall be submitted in English or accompanied by a certified English translation, and must be sent directly to the Board from the appropriate institution or governing agency. The applicant

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shall provide the Board and attest to the following information and documentation in a manner required by the Board:

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

(2) recent, less than ninety (90) days, 2x2 inch passport photograph, a set of fingerprints of the applicant, if requested, and a sample of handwriting, if requested;

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

(4) list of all jurisdictions, United States or foreign, in which the applicant is licensed or has applied for licensure to practice an allied health profession or is authorized or has applied for authorization to practice an allied health profession;

(5) list of all jurisdictions, United States or foreign, in which the applicant has been denied licensure or authorization to practice an allied health profession or has voluntarily surrendered a license or an authorization to practice an allied health profession;

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

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

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

(9) proof of U.S. citizenship or proof of lawful presence to practice an allied health profession in the United States or any territory thereof; and

(10) any other information or documentation the Board determines necessary.

(b) General Requirements. The applicant for licensure must present the following to the Board:

(1) evidence of proficiency in the English language, as determined by the Board;

(2) evidence of professional education, training and experience, as required by the applicant's area of discipline;

(3) three (3) letters of recommendation, originals or notarized copies, one (1) of which must be a letter provided by the applicant's immediate supervisor of his or her most recent employer, or by a practice associate, if the applicant is in private practice;

(4) a police clearance from the Guam Police Department if the applicant has resided on Guam for more than one (1) year; if the applicant has resided on Guam for less than one (1) year, a police clearance from the applicant's most recent place of residence; and

(5) [Repealed.]

(c) Licensure By Endorsement. Applicants for licensure by endorsement must, in addition to the requirements of Subsections (a) and (b) of this Section, include a letter provided by the licensing authority describing all complaints filed and disciplinary actions, if any, taken against the applicant. The Board may issue a license to an applicant who shows evidence of current licensure in good standing by another

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jurisdiction of the United States; provided, that the licensing requirements are equivalent to the standards set forth and approved by the Board.

(d) Applicant Responsibility. Each applicant shall be responsible for the following:

(1) correspondence or communication with the Board;

(2) periodically contacting the Board concerning the status of the application;

(3) informing the Board in writing of intent to withdraw an application prior to the remittance of the applicable fee(s), a fee(s) remitted to the Board is non-refundable;

(4) informing the Board of any change in name or address (An applicant whose name has changed shall submit a certified copy evidencing the change to the Board. The Board upon receipt of such evidence and the required fee shall issue a duplicate license with the name change. All license renewals will be sent to the current address on file.);

(5) notifying the Board, in writing, of the loss of a current license (A duplicate license for the current renewal period shall be issued by the Board upon receipt of the required form and fee.);

(6) keeping in the licensee's possession a signed current Guam Board of Allied Health Examiners license; and

(7) conspicuously displaying their licenses in all offices where they regularly practice.

(e) The applicant shall be physically, mentally and professionally capable of practicing as an allied health profession in a manner acceptable to the Board, and should be required to submit to a physical, mental or professional competency examination, or a drug dependency evaluation, if deemed necessary by the Board.

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

(g) The applicant may be requested to make a personal appearance before the Board or a representative thereof for interview, examination or review of credentials. At the discretion of the Board, the applicant should be required to present his or her original education credentials for inspection at the time of personal appearance.

(h) The applicant shall be held responsible for verifying to the satisfaction of the Board the validity of all credentials required for his or her licensure.

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

(j) [No text]

(1) The Board is authorized to issue a Military Limited Volunteer Medical License to an applicant who:

(A) is licensed and in good standing as an allied healthcare provider in another state;

(B) maintains credentials within the military credentialing system and authorizes the Guam-based Military Credentialing Office to provide to the Guam Board of Allied Health Examiners the required verification documents and military commander's approval; and

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(C) agrees to be subject to Board rules and regulations, including those regarding disciplinary action, license registration and renewal, and continuing medical education, throughout the duration of Military Limited Volunteer Medical licensure.

(2) A Military Limited Volunteer Medical License shall be issued

(A) at no charge to the applicant,

(B) is valid for a period of two (2) years, and

(C) may be renewed and maintained according to registration requirements as prescribed by the Board.

(3) [No text]

(A) The applicant who practices in the allied health fields on Guam under a license issued under this Subsection may only practice at a clinic or outreach event that primarily provides services for indigent populations, or, in the case of veterinarians, an animal control project such as a spay/neuter clinic; and

(B) the practitioner shall not receive direct or indirect compensation or payment of anything of monetary value in exchange for the medical services rendered by the practitioner to the indigent patients at the clinic or outreach event, or, in the case of veterinarians, an animal control project such as a spay/neuter clinic.

(4) The license shall be in effect upon receipt of the application packet by the Guam Board of Allied Health Examiners, subject to final review.

(5) This presumptive eligibility for licensure is contingent upon the appropriate military commander's authorization allowing the practitioner to practice in the community and the appropriate collaborative sharing of information between the Military Credentialing Office and the Guam Board of Allied Health Examiners.

SOURCE: Added by P.L. 24-329:1 (December 30, 1998). Subsection (a)(10) repealed by P.L. 32-088:3 (Nov. 27, 2013). Subsection (b)(5) repealed by P.L. 32-088:3 (Nov. 27, 2013). Subsection (j) added by P.L. 34-128:2 (Oct. 17, 2018). Subsection (a) and subsections (a)(2), (3), and (9) amended by P.L. 36-138:15 (Dec. 28, 2022); subsection (a)(10) added by P.L. 36-138:15; subsection (j)(3)(A) amended by P.L. 36-138:16.

2024 NOTE: The Compiler has added "no text" to indicate a change in formatting only; the content of the provision has not been altered.

2018 NOTE: Subsection designations altered/added pursuant to the authority granted by 1 GCA § 1606.

§ 12806. Responsibilities of Licensure Applicants.

Each applicant shall be responsible for the following:

(a) correspondence or communication with the Board;

(b) submission of all required documents;

(c) periodically contacting the Board concerning the status of the application;

(d) informing the Board in writing of intent to withdraw an application prior to the remittance of the applicable fee; fees remitted to the Board are non-refundable;

(e) informing the Board of any change in name or address (An applicant whose name has changed shall submit a certified copy evidencing the change to the Board. The Board upon receipt of such evidence and the required fee shall issue a duplicate license with the name change. All license renewals will be sent to the current address on file.);

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(f) notifying the Board in writing of the loss of a current license (A duplicate license for the current renewal period shall be issued by the Board upon receipt of the required form and fee.); and

(g) keeping in the licensee's possession a signed current Guam Board of Allied Health Examiners license.

2011 NOTE: In maintaining the general codification scheme of the GCA the Compiler changed the hierarchy of subsections beginning with "numbers" to "Lowercase letters" in this section.

§ 12807. Display of License.

All practitioners must, upon receipt of license, conspicuously display their licenses in all offices where they regularly practice.

§ 12808. License Period; Expiration and Renewal.

(a) All licenses shall expire biennially on December 31st of each even numbered year, and may be renewed upon payment of a renewal fee and completion of continuing education requirements as stated in these rules and regulations.

The Board staff shall, no later than September 1st of each even-numbered year, mail a notice of renewal along with a renewal form. A new certificate or other evidence of current licensure may be mailed to all persons completing renewal requirements as stated herein.

(b) An expired license may be renewed within four (4) years of the date of expiration by paying the current renewal fee in addition to any delinquent fees. An expired license beyond four (4) years of the date of expiration requires a new application for a license, subject to the qualifications and standards as set forth in this Article.

(c) The Board may waive the payment of the registration renewal fee of a licensee if the licensee is called to active duty outside of Guam with any branch of the United States armed services, not to exceed four (4) years or the duration of a national emergency, whichever shall be longer.

§ 12809. Continuing Education Requirements.

(a) Except as provided elsewhere in this Article or by rules and regulations adopted by the Board for a specific profession, a minimum of thirty (30) credit hours of continuing education within each two (2) year licensure period is required of each licensee to qualify for a renewal. At least twenty (20) of these credit hours must be in the licensee's specific area of practice. The Board is authorized to prorate the continuing education credit hours requirement for licenses issued less than two (2) years prior to the renewal period.

(b) The determination of what constitutes acceptable or authorized continuing education credit hours shall be determined by the Board by rules and regulations adopted by the Board in accordance with the Administrative Adjudication Law.

SOURCE: Repealed and reenacted by P.L. 36-138:17 (Dec. 28, 2022).

§ 12810. Denial or Revocation of License; Grounds.

The Board may deny licensure to an applicant or revoke a license from a licensee for reasons including, but not limited to, the following:

(a) fraud, bribery or misrepresentation in the application or procurement of a license or the periodic re-registration of a license;

(b) cheating on or attempting to subvert a licensing examination;

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(c) conviction of a gross misdemeanor or felony, or a plea of guilty or nolo contendere to a gross misdemeanor or felony, whether or not related to the practice of the licensed profession;

(d) having been adjudicated mentally incompetent or insane by a court of competent jurisdiction;

(e) violation of any Guam, state, Federal or foreign law or regulation relating to controlled substances;

(f) disciplinary action by a licensing jurisdiction, foreign or domestic, for acts or conduct which constitute a violation of these rules and regulations; a certified copy of the action taken by the licensing jurisdiction shall be conclusive evidence, thereof;

(g) sanctions or disciplinary actions taken by a peer review body, hospital, health care institution, professional association or society for acts or conduct which constitute a violation of these rules and regulations;

(h) failure to report to the Board any adverse action taken against him or her by a peer review body, health care institution, professional society or association, governmental agency, law enforcement agency or court, of a licensing United States or foreign jurisdiction, for acts or conduct which constitute a violation of these rules and regulations;

(i) failure to report to the Board the revocation or denial of a license to practice a healing art in a United States or foreign jurisdiction, or the surrender of membership on any staff or any professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct which would constitute a violation of these rules and regulations;

(j) failure to report any present, pending or settled adverse action which would constitute a violation of these rules and regulations;

(k) failure to report any settlement or award which would constitute a violation of these rules and regulations;

(l) failure to furnish the Board, its investigators or representatives, within a reasonable time, information legally requested by the Board; or

(m) violation of any other requirement for licensure as delineated by the Board through the Administrative Adjudication Law.

§ 12811. Professional Conduct; Act.

A licensee shall neither act, nor aid or abet another to act, in any manner which is reprehensible, immoral, illegal, against the public interest, policy or safety, or which tends to degrade, destroy or bring discredit upon the licensee, the community or the profession. The following includes, but is not limited to, acts of unprofessional conduct which shall result in disciplinary action:

(a) attempting to obtain or renew, or obtaining or renewing a Guam license by fraud, bribery or misrepresentation;

(b) revocation or suspension of a license, or any other disciplinary action taken against a practitioner, including the denial of licensure, by the licensing authority of another state, territory or country, other than for the nonpayment of registration fee;

(c) a conviction, plea of guilty or plea of nolo contendere of a felony in any jurisdiction;

(d) advertising goods or services contrary to these rules and regulations;

(e) habitual drunkenness;

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(f) an adjudication of insanity by a court of competent jurisdiction;

(g) aiding, assisting, procuring or advising any unlicensed person to practice a healing art contrary to these rules and regulations, or to knowingly employ any unlicensed personnel to render professional services;

(h) failing to perform any statutory or legal obligation imposed upon a licensee;

(i) intentionally filing a false report or record, or negligently failing to file a report or record required by state, Federal, or Guam law, or willfully discouraging, impeding or obstructing such filing, or inducing another person to do so;

(j) sexual misconduct, sexual battery or sexual assault upon a patient;

(k) making deceptive, untrue or fraudulent representations in the practice of his or her profession;

(l) failing to keep patient or clinic records justifying the course of treatment of a patient (Records must be retained for a minimum period of time consistent with Guam law.);

(m) exercising influence on a patient or client as to exploit the patient or client for the financial gain of the licensee, or of a third party, including, but not limited to, acts that promote or sell goods or services, engaging in any split-fee arrangement in any form whatsoever, with an organization, an agency or a person, either directly or indirectly, for patients referred to providers of health care goods and services (No licensee shall divide, share, split, or allocate, directly or indirectly, any fee for services with any lay person, firm, association or corporation. The provisions of this Paragraph shall not be construed to prevent a licensee from receiving a fee for legitimate, bona fide professional consultation services.);

(n) failing to make available for legitimate and reasonable purposes of review to a patient or client, or to the licensee's legal representative, copies of documents in the possession or under control of the licensee which relate to that patient or client;

(o) performing professional services, which have not been authorized by the patient or client, or the licensee's legal representative;

(p) fraud, deceit or misconduct in the practice of the profession for which the license was granted;

(q) being guilty of incompetence by failing to meet the minimum standards of performance in diagnosis and treatment when measured against generally prevailing peer performance, including, but not limited to, the undertaking of diagnosis and treatment for which the licensee is not qualified by training or experience;

(r) practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities which, in the opinion of the Board, the licensee should know, or should have reason to know, that he or she is not competent to perform;

(s) delegating professional responsibilities to any person whom, in the opinion of the Board, the licensee should know, or have reason to know, is not qualified by training, experience or licensure to perform;

(t) solicitation of patients who are currently undergoing treatment with another provider by the promise of superior service or reduced fees;

(u) the use of the title "Doctor," or the abbreviation "Dr.," in connection with the practice of the healing arts licensed by the Board, unless the practitioner possesses an earned doctorate degree from an institution accredited, authorized or approved;

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(v) every use of the title "Doctor," or the abbreviation "Dr.," pursuant to a license issued by the Board, shall clearly indicate the type of license, certificate or degree conferred;

(w) breach of privileged communication;

(x) breaching the confidentiality of patient records; or

(y) any other acts, as determined by the Board, to be unprofessional conduct.

§ 12812. Professional Conduct; Penalties for Violation.

(a) Discipline of Licensee. Upon receiving a written complaint against any licensee, the Board shall conduct an investigation and provide the licensee due notice and hearing in accordance with the provisions of the Administrative Adjudication Law.

(b) Penalties. When the Board finds that any applicant or licensee has committed an act of unprofessional conduct, it shall enter a final order imposing one (1) or more of the following penalties:

(1) denial of an application for licensure or renewal;

(2) revocation of existing license;

(3) suspension of a license for a time determined by the Board

(4) issuance of a reprimand;

(5) placement of the licensee on probation for a period of time and subject to such conditions as the Board may specify, including requiring the licensee to attend continuing education courses or demonstrate licensee competency through a written or practical examination or to work under the supervision of another licensee (The type of supervision will be determined by the Board.);

(6) restricting the authorized scope of practice; and

(7) imposition of an administrative fine not to exceed Ten Thousand Dollars ($10,000.00) for each separate offense.

(c) Re-issuance; Compliance. The Board may recommend re-issuance of the license of a disciplined licensee, after a thorough evaluation by the Board, to determine that the licensee has complied with all of the terms and conditions set forth in the final order and is capable of meeting local standards.

§ 12813. Unlawful Practice.

Any person who practices a healing art profession without an appropriate current valid license, as regulated by this Board, shall be guilty of a misdemeanor upon the first offense and guilty of a felony for second and subsequent offenses. No person without a current valid license may receive any compensation for services so rendered.

§ 12814. Cease and Desist Order.

(a) The Board, Commission, or any person affected may petition the court having jurisdiction for injunctions to prevent violations of the provisions of any applicable statute or rule; the court is empowered to grant a cease and desist order regardless of whether criminal prosecution or any other action is instituted as a result of such violation. A single act of illegal practice, including the offer to practice, shall be sufficient to invoke the injunctive relief of this Section. The court may issue a restraining order or injunction, or both, without requiring allegation or proof that the petitioner has no adequate remedy at law.

(b) The violation of any cease and desist order issued by the court under Subsection (a) of this Section shall subject the person violating the order to further proceedings before the court; the court shall be

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authorized to impose a fine not to exceed Five Hundred Dollars ($500.00) for each violation thereof. Each day that a person practices in violation of this Article shall constitute a separate violation.

(c) Nothing in this Section shall be construed to prohibit the Board or Commission from seeking remedies otherwise available by statute without first seeking a cease and desist order in accordance with the provisions of this Section.

§ 12815. Licensee-Patient Relations; General.

(a) Privileged Communications. No licensee or licensee's employee or agent may disclose any information acquired from a patient being consulted in his or her professional capacity, except:

(1) in the event the licensee, his or her employee or agent reasonably suspects an act or acts of child abuse, sexual abuse, or neglect have been or are being committed;

(2) when the communication of threat, crime or harmful act is made known to the licensee;

(3) when it is necessary to advise parents of a child's self-destructive behavior for the protection of the child if the child is an unemancipated minor, or an adult adjudicated incompetent or otherwise found to be incompetent; and

(4) when the patient gives written and informed consent for the sharing of the patient's confidential information with third parties.

(b) Determination of a Patient's Need for Care. The determination of a patient's need for care may be made within the scope of practice as defined by these rules and regulations. The determination shall be the sole privilege of the licensee and is considered to be an inherent part of the scope of practice of a licensee's discipline.

(c) Gifts and Premiums. No licensee, or licensee's staff shall offer, give, dispense, distribute or make available to any person, or aid or abet another to do so, any gift, premium, chance, reward, ticket, item or thing of more than minimal value as a reward or inducement for obtaining a patient for any practice. The Board is the sole judge of what is interpreted as being of nominal value.

(d) Termination of Relationship. No licensee shall abandon a patient he or she has undertaken to treat. Treatment may be discontinued after reasonable notice has been given to the patient by the licensee of the intention to discontinue treatment and the patient has had a reasonable time to secure the services of another professional, or after all licensee services actually begun have been completed and there is no contract or agreement to provide further treatment.

§ 12816. Professional Signs, Advertisements and Listings.

(a) Professional Signs. Signs shall designate the name of the professional office where a licensee is engaged in the practice of the profession. Signs may contain the name of the practitioner, earned degree or degrees, or the name of a specialty you are limited, if limited to a specialty. The sign may also indicate the common conditions treated. The use of flashing or moving background or lettering in a sign is expressly prohibited pursuant to sign regulations, Article 5 of Chapter 61 of Title 21 of the Guam Code Annotated.

(b) Advertisement of Professional Services; Restrictions. Licensees are prohibited from advertisements, which include the following:

(1) false, misleading or deceptive statements;

(2) statements of opinion as to the quality of services;

(3) an appeal to an individual's anxiety in an excessive or unfair way, intimidate, or exert undue pressure or influence over a prospective patient;

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(4) the creation of unjustified expectations concerning the potential result of any treatment;

(5) the promotion of professional superiority or performance of professional services in a superior manner;

(6) reference to benefits or other attributes of procedures or products that involve significant risks, but which do not include realistic assessments of the safety and efficacy of those procedures or products;

(7) statistical data, representations or other information not susceptible to reasonable verification by the public;

(8) reference to a fee or fees for services, which do not disclose that additional fees may be involved in individual cases, if the possibility of incurring such additional fees may reasonably, be foreseen;

(9) the utilization, in any manner, of any celebrity or authority figure;

(10) direct or implied guarantees or testimonials from patients or other persons;

(11) the availability of free treatment, free examinations or free consultations;

(12) any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients or customers to any Board licensee;

(13) the offer a discount for services without disclosing the total fee to which the discount will apply; and

(14) a false disclosure of the source of an authorship of any message published under a by-line.

(c) Professional Listings, Newspaper and Telephone Directory. Such listings may contain the name, the degree or degrees of each licensee, the address, phone numbers, office hours and graphics, such as a clinic logo or the logo of a professional association of which the licensee is a bona fide member. Listings may also include an indication of the common conditions treated. Where the practitioner limits his or her practice to one (1) specialty, the practitioner may add such limitation of practice or specialty immediately following his or her alphabetical listing. Professional board certifications may also be indicated as long as a national professional association or the Board recognizes the certification. A practitioner shall not list or permit the listing of his or her name, clinic name or address under any separate practice type or specialty heading for which he or she is not licensed.

§ 12817. Professional Signs, Advertisements and Listings; Violations; Disciplinary Action.

(a) No disciplinary action may be commenced until the licensee or firm involved has been given thirty (30) days written notice of the Board's evaluation of the advertisement. This notice must include a copy of the applicable portions of these rules and regulations, describe the prohibited advertising involved, and state that the violator has thirty (30) days from the date of notice to correct the violation. If the violation is not corrected, disciplinary action shall follow. The thirty (30) day notice and right to correct are not applicable to any subsequent violations.

(b) No disciplinary action will be taken against a licensee for the acts of advertising agents that result in communications to the public which do not comply with the restrictions adopted by the Board, if the advertisement does not specify the name of the licensee, or the name of the group, corporation or firm under which the licensee practices. However, this provision does not apply in the following situations:

(1) the advertising agency is owned or controlled by the licensee;

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(2) the licensee provided information that does not comply with restrictions adopted by the Board to the advertising agent for distribution to the public; or

(3) the content of the advertising is determined to any extent by the licensee.

(c) Applicability. This Section applies to any advertising done on Guam regardless of whether such advertising is done for, or on behalf of, or contracted by any off-island practice or organization.

§ 12818. Board Meetings.

The Board shall meet regularly at a time and place decided by the Board, or as decided by the Chairperson. A special meeting may be called at the discretion of the Chairperson. All meetings, whether regular or special, shall be announced and notice thereof given in accordance with the Administrative Adjudication Law.

§ 12819. Fee Schedule; Budget.

(a) The Board shall be fully supported by the revenues generated from its activities, including fees, charges, fines, and reimbursed costs. All such revenues, including accrued interest, shall be deposited to the "Guam Board of Allied Health Examiners Revolving Fund." The Guam Board of Allied Health Examiners Revolving Fund shall receive all interest earned on the deposit of such revenues. Such funds shall be appropriated continuously and shall be used by the Board for administration and enforcement of this Article.

(b) All fees and charges shall be set by the Board pursuant to its actual and anticipated budget needs, in accordance with the Administrative Adjudication Law. Fees collected from applicants for licensure or renewal of licensure are non-refundable.

(c) The Board shall develop and adopt its own budget reflecting revenues, including the interest thereon, and costs associated with the administration, regulation, and enforcement of this Article, and which shall also include allocations for establishment and maintenance of a reasonable reserve fund.

(d) A designated officer of the Board, or other person specifically designated by the Board, shall serve as Treasurer of the Board and, at the direction of the Board, oversee the collection and disbursement of funds.

SOURCE: Repealed and reenacted by P.L. 36-138:18 (Dec. 28, 2022).

§ 12820. Disciplinary Action Against Licensees.

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

(1) revocation of the Allied Health license;

(2) suspension of the Allied Health license;

(3) probation;

(4) stipulations, limitations, restrictions and conditions relating to practice;

(5) censure, including specific redress, if appropriate;

(6) reprimand;

(7) chastisement;

(8) monetary redress to another party;

(9) a period of free public or charity service;

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(10) satisfactory completion of an educational, training and/or treatment program or programs;

(11) administrative fines of not less than Two Thousand Five Hundred Dollars ($2,500) and not more than Ten Thousand Dollars ($10,000) per violation per day; and

(12) payment of disciplinary costs, including attorneys' fees and related expenses related to the prosecution of any disciplinary matter against a licensee.

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

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

(c) Examination/Evaluation. The Board should be authorized, at its discretion, to require professional competency, physical, mental or chemical dependency examination(s) or evaluation(s) of any applicant or licensee, including withdrawal and laboratory examination of bodily fluids.

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

(1) fraud, bribery or misrepresentation in the application or procurement of a license or in connection with applying for or procuring periodic re-registration of a license;

(2) cheating on or attempting to subvert a licensing examination;

(3) conviction of a gross misdemeanor or felony, or a plea of guilty or nolo contenders to a gross misdemeanor or felony charge, whether or not related to the practice of an allied health profession;

(4) conduct likely to deceive, defraud or harm the public;

(5) making a false or misleading statement regarding his or her skill or the efficacy or value of the treatment or remedy prescribed by him or her, or at his or her direction, in the treatment of any disease or other condition of the body or mind;

(6) representing to a patient that an incurable condition, sickness, disease or injury can be cured;

(7) willfully or negligently violating the confidentiality between practitioner and patient except as required by law;

(8) negligence in the practice of an allied health profession as determined by the Board;

(9) being found adjudicated mentally incompetent or of unsound mind by a court of competent jurisdiction;

(10) being physically or mentally unable to engage safely in the practice of an allied health profession;

(11) practice or other behavior that demonstrates an incapacity or incompetence to practice an allied health profession;

(12) the use of any false, fraudulent or deceptive statement in any document connected with the practice of an allied health profession;

(13) practicing under a false or assumed name;

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(14) aiding or abetting the practice of an allied health profession by an unlicensed, incompetent or impaired person;

(15) allowing another person or organization to use his or her license to practice an allied health profession;

(16) commission of any act of sexual misconduct, which exploits the practitioner-patient relationship in a sexual way;

(17) habitual or excessive use or abuse of drugs, alcohol or other substances that impairs ability to perform his/her profession;

(18) prescribing, selling, administering, distributing, ordering or giving any drug legally classified as a controlled substance, or recognized as an addictive or dangerous drug for other than accepted therapeutic purposes;

(19) except as otherwise permitted by law, prescribing, selling, administering, distributing, ordering or giving to a habitual addict, or any person previously drug dependent, any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug;

(20) prescribing, selling, administering, distributing, ordering or giving any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug to a family member or to himself or herself;

(21) violating any state or Federal law or regulation relating to controlled substances;

(22) obtaining any fee by fraud, deceit or misrepresentation;

(23) employing abusive billing practices;

(24) directly or indirectly giving or receiving any fee, commission, rebate or other compensation for professional services not actually and personally rendered, though this prohibition should not preclude the legal functioning of lawful professional partnerships, corporations or associations;

(25) disciplinary action of another state or jurisdiction against a license or other authorization to practice an allied health profession based upon acts or conduct by the licensee similar to acts or conduct that would constitute grounds for action as defined in this Section, a certified copy of the record of the action taken by the other state or jurisdiction being conclusive evidence thereof;

(26) failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction, United States or foreign, by any peer review body, by any health care institution, by any professional society or association, by any governmental agency, by any law enforcement agency, or by any court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this Section;

(27) failure to report to the Board surrender of a license or other authorization to practice an allied health profession in another state or jurisdiction, or surrender of membership in any professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this Section;

(28) any adverse judgment, award or settlement against the licensee resulting from an allied health liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for action, as defined in this Section;

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(29) failure to report to the Board any adverse judgment, settlement or award arising from a liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this Section;

(30) failure to transfer pertinent and necessary records to another practitioner in a timely fashion when legally requested to do so by the subject patient, or by a legally designated representative of the subject patient;

(31) improper management of patient's records;

(32) failure to furnish the Board, its investigators or representatives, information legally requested by the Board;

(33) failure to cooperate with a lawful investigation conducted by the Board;

(34) willful negligence in complying with the rules and regulations of the Guam Board of Allied Health pertaining to physician supervision of physician assistants;

(35) violation of any provision(s) of the Allied Health Practice Act or the rules and regulations of the Board or of an action, stipulation or agreement of the Board;

(36) failure to follow generally accepted infection control procedures; and

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

SOURCE: Subsections (a)(11) and (12) amended by P.L. 36-138:19 (Dec. 28, 2022).

§ 12821. Procedures for Enforcement and Disciplinary Action.

(a) Board Authority. The Board shall be empowered to commence legal action to enforce the provisions of the Allied Health Practice Act and to exercise full discretion and authority with respect to disciplinary actions.

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

(c) Administrative Procedures. The existing administrative procedures act or similar statute, in whole or in part, should either be applicable to or serve as the basis of the procedural provisions of the Allied Health Practice Act. The procedural provisions should provide for investigation of charges by the Board; notice of charges to the accused; an opportunity for a fair and impartial hearing for the accused before the Board or its examining committee; an opportunity for representation of the accused by counsel; the presentation of testimony, evidence and argument; subpoena power and attendance of witnesses; a record of proceedings; and judicial review by the courts in accordance with the standards established by the jurisdiction for such review.

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

(e) Informal Conference. Should there be an open meeting law, an exemption to it should be authorized to permit the Board, at its discretion, to meet in informal conference with an accused licensee who seeks or agrees to such a conference. Disciplinary action taken against a licensee as a result of such an informal conference, and agreed to in writing by the Board, and the accused licensee should be binding and a matter of public record. However, license revocation and suspension should be dealt with in open hearing. The holding of an informal conference should not preclude an open hearing if the Board determines such is necessary.

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(f) Summary Suspension. The Board should be authorized to summarily suspend a license prior to a formal hearing when it believes such action is required due to imminent threat to public health and safety. The Board should be permitted to summarily suspend a license by means of a vote conducted by telephone conference call or other electronic means, if appropriate Board officials believe such prompt action is required. Proceedings for a formal hearing should be instituted simultaneously with the summary suspension. The hearing should be set within thirty (30) days of the date of the summary suspension. No court should be empowered to lift or otherwise interfere with such suspension while the Board proceeds in a timely fashion.

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

(h) Board Action Reports. All the Board's final disciplinary actions and license denials, including related findings of fact and conclusions of law, should be matters of public record. Voluntary surrender of and voluntary limitation(s) on the license of any person should also be matters of public record.

(i) Tolling Periods of License Suspension or Restriction. The Board should provide, in cases of license suspension or restriction, that any time during which the disciplined allied health professional practices in another jurisdiction without comparable restriction shall not be credited as part of the period of suspension or restriction.

§ 12822. Compulsory Reporting and Investigation.

(a) Any person shall be permitted to report to the Board in writing information he or she has reason to believe indicates an allied health licensee is, or may be, professionally incompetent, guilty of unprofessional conduct or mentally or physically unable to engage safely in the practice of an allied health profession.

The following shall be required to report to the Board promptly and in writing any information that indicates a licensee is, or may be, professionally incompetent, guilty of unprofessional conduct or mentally or physically unable to engage safely in the practice of an allied health profession; and any restriction, limitation, loss or denial of a licensee's staff privileges or membership that involves patient care:

(1) all professionals licensed under the Act;

(2) all licensed health care providers;

(3) all hospitals and other health care institutions on Guam, to include hospitals, clinics, managed care organizations, etc.;

(4) all government/with services involving health care activities;

(5) all law enforcement agencies in Guam;

(6) all courts in Guam; and

(7) all peer review bodies on Guam.

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

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(c) Upon receiving reports concerning a licensee, or on its own motion, the Board shall be permitted to investigate any evidence that appears to show a licensee is, or may be, medically incompetent, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of an allied health profession.

(d) Any person, institution, agency or organization required to report under this provision of the Allied Health Practice Act who does so in good faith shall not be subject to civil damages or criminal prosecution for so reporting.

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

(f) The Board shall promptly acknowledge all reports received under this Section. Persons or entities reporting under this Section shall also be promptly informed of the Board's final disposition of the matter reported.

§ 12823. Unlawful Practice of Allied Health Profession: Violation and Penalties.

(a) It shall be declared unlawful for any person, corporation or association to perform any act constituting the practice of an allied health profession as defined in the Allied Health Practice Act without first obtaining a license in accordance with that Act and the rules and regulations of the Board.

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

(c) Any person, corporation or association performing any act constituting the practice of an allied health profession, as defined in the Allied Health Practice Act, or causing or aiding and abetting such action, shall be deemed guilty of a felonious offense.

(d) A practitioner located in another state practicing within the state by electronic or other means without a license issued by the Board shall be deemed guilty of a felonious offense.

§ 12824. Renewal of Licensure.

(a) At the time of renewal of licensure, the Board shall require the licensee to demonstrate to its satisfaction his or her continuing qualification for 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:

(1) Any action taken against the licensee by:

(A) any jurisdiction or authority, United States or foreign, that licenses or authorizes the practice of an allied health profession;

(B) any peer review body;

(C) any health care organization;

(D) any professional society or association,

(E) any law enforcement agency;

(F) any court; and

(G) any governmental agency for acts or conduct similar to acts or conducts described in the Allied Health Practice Act as grounds for disciplinary action.

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(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 an allied health profession in any jurisdiction, including military, public health and foreign.

(4) Any denial to the licensee of a license or authorization to practice an allied health profession by any jurisdiction, including military, public health and foreign.

(5) The licensee's voluntary resignation from the staff of any professional 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 professional incompetence, unprofessional conduct, or mental or physical impairment.

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

(7) Whether the licensee has abused or has been addicted to or treated for addiction to alcohol or any chemical substance during the registration period.

(8) Whether the licensee has had any physical injury or disease, or mental illness within the registration period that affected or interrupted his or her practice of an allied health profession.

(9) The licensee's completion of continuing education or other forms of professional maintenance and/or evaluation, including certification or re-certification, within the registration period.

(b) The Board shall be authorized, at its discretion, to require continuing education for license re-registration and to require documentation of that education. The Board shall require continuing education credits in early childhood development and literacy as prescribed by the Board and that conforms with the Department of Public Health and Social Services regulations.

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

(d) The Board shall be directed to establish an effective system for reviewing re-registration forms. It shall also be authorized to initiate investigations and/or disciplinary proceedings based on information submitted by licensees for license re-registration.

SOURCE: Added by P.L. 24-329:1 (Dec. 30, 1998). Subsection (b) amended by P.L. 38-049:11 (Aug. 18, 2025).

2026 NOTE: Designations in subsection (b) modified by the Compiler pursuant to the authority of 1 GCA § 1606.

2012 NOTE: In maintaining the general codification scheme of the GCA the Compiler changed the hierarchy of subsections beginning with "lowercase letters" to "uppercase letters" in subsection (a)(1).

§ 12825. Rules and Regulations.

(a) The Board shall be authorized to adopt and enforce rules and regulations to carry into effect the provisions of the Allied Health Practice Act and to fulfill its duties under this Act.

(b) The Board shall adopt rules and regulations in accordance with Administrative Adjudication Law, Rule Making Procedures.

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§ 12826. Revolving Fund.

(a) There is created, separate and apart from other funds of the government of Guam, a fund known as the Guam Board of Allied Health Examiners Revolving Fund (Fund) specifically for use by the Board in the administration and enforcement of this Article. All revenues from whatever source, including, but not limited to, appropriations, fees and charges, fines and penalties, gifts, grants, and accrued interest shall be deposited into the Fund. The Fund shall not be subject to any transfer authority of I Maga'hågan/Maga'låhen Guåhan.

(b) The Office of Public Accountability shall audit the financial records of the Board annually, or as often as it may deem appropriate, and report its findings to the Board, I Maga'hågan/Maga'låhen Guåhan, and I Liheslaturan Guåhan.

SOURCE: Added by P.L. 24-329:1 (Dec. 30, 1998), entitled "Funding and Fees." Repealed and reenacted by P.L. 36-138:20 (Dec. 28, 2022).

2023 NOTE: This provision was formerly named "Funding and Fees" and was renamed as part of the reenactment by P.L. 36-138:20 (Dec. 28, 2022).

§ 12827. Prescriptive Authority for Clinical Psychologists.

(a) A clinical psychologist may be authorized to administer, prescribe, and dispense licensed drugs or class of drugs, within their education, training, and competence as determined by the Board. Ordering laboratory tests for purposes of diagnosis and monitoring therapeutic levels of prescribed medication is included within the scope of practice of clinical psychology.

(b) To qualify for prescriptive authority, a clinical psychologist must have all of the following:

(1) completion of a program of education in an organized program of intensive didactic instruction, consisting of a minimum of three hundred (300) contact hours defined by the Guam Board of Allied Health Examiners, consisting of the following core areas of instruction: neuroscience, pharmacology, psychopharmacology, physiology, pathophysiology, appropriate and relevant physical and laboratory assessment, and clinical pharmacotherapeutics;

(2) having obtained supervised and relevant clinical experience, consisting of treatment of a minimum of one hundred (100) patients, sufficient to attain competency in the treatment of a diverse population;

(3) proof of successfully passing the Psychopharmacology Examination for Psychologists (PEP) administered by the Association of State and Provincial Psychology Boards (ASPPB);

(4) a current Federal Drug Enforcement Administration (DEA) certification; and

(5) a current Guam Controlled Substance Registration (CSR) from the Department of Public Health and Social Services.

(c) A licensed clinical psychologist shall not prescribe any drug or class of drugs that the clinical psychologist is not competent to prescribe as determined by the Board, and may not prescribe any drugs that are not routinely administered within the clinical psychologist's scope of practice.

(d) A clinical psychologist's prescriptive authority shall be automatically revoked for an invalid or revoked Guam or Federal DEA registration, and may be revoked for any violation of this Article or applicable rules and regulations as determined by the Board of Allied Health Examiners.

(e) Prescriptive authority shall be renewed at the time of licensure renewal. The Board shall determine minimum continuing education requirements for the renewal of a clinical psychologist's prescriptive authority by rule.

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SOURCE: Repealed and reenacted by P.L. 36-138:21 (Dec. 28, 2022).

2023 NOTE: This provision was formerly named "Prescriptive Authority for Allied Health Professionals" and was renamed as part of the reenactment by P.L. 36-138:20 (Dec. 28, 2022).

2013 NOTE: Pursuant to the authority granted by 1 GCA § 1606, numbers and/or letters were altered to adhere to the Compiler's alpha-numeric scheme.

ARTICLE 9
ACUPUNCTURE

SOURCE: Entire Article added by P.L. 24-329:2 (Dec. 30, 1998).

§ 12901. Definitions.
§ 12902. Qualifications for Licensure.
§ 12902.1. Examinations: National Examination; Practical Examination; Times Offered; Cancelled Examinations; Reexamination; Regulations.
§ 12903. Exceptions to Licensure Requirements.
§ 12904. Authorized Activities.
§ 12905. Use of Sterilized Disposable Needles.
§ 12906. Penalties and Fines, Recovery of Costs, Fees, and Other Expenses.

§ 12901. Definitions.

(a) "Acupuncture and Oriental Medicine" means the science and art of examination and diagnosis based on traditional oriental medicine, and treatment of symptoms and diseases by the insertion of needles into the respective three hundred sixty-five (365) major trigger points of twelve (12) meridians, eight (8) extra trigger points of extra meridians, Ashi (regional or local) points, as well as other extra points on the human body, by piercing the skin of the body to control and regulate the flow and balance of vital energy in the body and to treat ailments or diseases of the mind, body, any wound, bodily injury, or deformity. The term includes therapies that use manual, mechanical, thermal, electrical, or electromagnetic treatment based on the principles of oriental medicine to prevent or modify the perception of pain or to normalize physiological functions including pain control for the treatment of diseases or dysfunction of the Yin and Yang organic systems, and includes the application of acupuncture needles, electro-acupuncture, electrodynamics stimulation, i.e., electro-stimulation, neuromuscular stimulation, etc., ultrasound, or diathermy devices, cold lasers, magnets, cupping, moxibustion, heat and cold therapy, i.e., heat and cold pads, heat lamp, infrared heat, etc., hydrotherapy, acupressure, Tui Na, oriental massage, massage therapy, Chi-gong, breathing techniques, therapeutic exercise, manual traction, naturopathy and natural medicine techniques, and nutrition, including the incorporation of drugless substances and herbs as dietary supplements to promote health. Ordering blood and laboratory tests, x-rays, or image tests to assist in making a diagnosis and monitoring a treatment plan is within the scope of practice of acupuncture and oriental medicine. It shall exclude operative surgery and the prescription of scheduled drugs.

(b) "Doctor" or "Master Degree of Acupuncture and Oriental Medicine" means a person licensed under the provisions of this Chapter to practice acupuncture and oriental medicine. A person who is licensed pursuant to this Article as a practitioner of acupuncture and oriental medicine may refer to themself as a Doctor of Acupuncture and Oriental Medicine if he or she has successfully completed a Doctorate level or Ph.D. program, or a Master of Acupuncture and Oriental Medicine if he or she has successfully completed a Master's degree program in Acupuncture and Oriental Medicine that has been approved by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM), and has otherwise met the conditions and

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qualifications for licensure pursuant to this Article and the rules and regulations adopted by the Board in accordance with the Administrative Adjudication Law.

(c) "Accredited School of Acupuncture and Oriental Medicine" means a school of Acupuncture and Oriental medicine accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) of the United States of American and United States National Board of Oriental Medicine and Alternative Medicine.

SOURCE: Repealed and reenacted by P.L. 36-138:22 (Dec. 28, 2022).

§ 12902. Qualifications for Licensure.

(a) In addition to the requirements set forth by the Board and in this Article, an applicant for a license to practice acupuncture and oriental medicine must have:

(1) successfully completed a master's or doctorate degree program, or its equivalent, program of study in acupuncture and oriental medicine at an accredited school in the United States of America;

(2) passed an investigation of his or her background and personal history conducted by the Board; and

(3) passed the examinations required in the following Section.

(b) The applicant has:

(1) successfully completed a four (4)-year program of study, or its equivalent as determined by the Board, in acupuncture and oriental medicine at a school or college of oriental medicine approved by the Board;

(2) passed an investigation of his or her background and personal history conducted by the Board; and

(3) passed the examinations required in the following Section.

SOURCE: Repealed and reenacted by P.L. 36-138:23 (Dec. 28, 2022).

§ 12902.1. Examinations: National Examination; Practical Examination; Times Offered; Cancelled Examinations; Reexamination; Regulations.

(a) Each applicant for a license to practice acupuncture and oriental medicine must successfully pass:

(1) an examination in acupuncture and oriental medicine that is administered by a national organization approved by the Board; and

(2) a practical examination approved by the Board that tests the applicant's knowledge and understanding of:

(A) basic medical science;

(B) acupuncture;

(C) oriental medicine, including herbal medicine;

(D) English proficiency; and

(E) the laws and regulations of Guam relating to health and safety in the practice of acupuncture and oriental medicine.

(b) The Board may establish by regulation:

(1) additional subject areas to be included in the practical examination; and

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(2) specific methods for the administration of the practical examination, including, but not limited to, written, oral, demonstrative, practical or any combination thereof.

(3) The Board is authorized to contract for the preparation, administration, and grading of the practical examination.

(4) Except as provided in the following Subsection, the Board shall offer the practical examination at least once each year.

(5) The Board may cancel a scheduled practical examination if, within sixty (60) days before the examination, the Board has not received a request to take the examination.

(6) A person who fails the practical examination may retake the examination.

(c) The Board shall not issue or renew a license to practice acupuncture and oriental medicine unless the applicant for issuance or renewal of the license meets the above requirements.

(d) A person who, as of the date of the enactment of this Section, is currently licensed to practice acupuncture but is not otherwise qualified by education, training, and experience in the broader field of oriental medicine, may be permitted to renew his or her license to practice acupuncture; provided, that the license shall reflect it is limited to the practice of acupuncture only, and not oriental medicine.

SOURCE: Added by P.L. 36-138:24 (Dec. 28, 2022).

§ 12903. Exceptions to Licensure Requirements.

(a) No person shall practice acupuncture and oriental medicine on Guam, either gratuitously or for pay or shall offer to practice, or shall hold themselves out to the public, advertise, declare, represent or in any way proclaim to practice acupuncture and oriental medicine, or use any titles, words, letters, signs, devices, techniques, maneuvers or modalities that could represent to the public that such person is authorized to engage in the practice of acupuncture and oriental medicine, either publicly or privately, without having a valid and current license on Guam issued by the Guam Board of Allied Health Examiners.

(b) This Article shall not be construed to prevent or restrict a doctor's or master's degree of acupuncture and oriental medicine holding a current license elsewhere, to engage in the practice of acupuncture and oriental medicine for the purpose of a specific short-term class, demonstration, seminar, or workshop on Guam which does not involve direct patient or client care. Teleconferencing outside of Guam is an acceptable mode of instruction.

SOURCE: Amended by P.L. 36-138:25 (Dec. 28, 2022).

§ 12904. Authorized Activities.

An acupuncturist license authorizes the holder to the following:

(a) to engage in the practice of acupuncture; and

(b) to perform the use of Oriental massage, breathing techniques, exercise or nutrition, including the incorporation of drugless substances or herbal products as dietary supplements to promote health.

§ 12905. Use of Sterilized Disposable Needles.

Any practitioner of acupuncture and oriental medicine licensed under the provisions of this Article shall use only sterilized disposable needles. The Board member representing acupuncture and oriental medicine, or the Board's authorized agent or representative, shall periodically inspect each acupuncture and oriental medicine clinic, with the assistance of the Department of Public Health and Social Services, and report their findings to the Board.

SOURCE: Amended by P.L. 36-138:26 (Dec. 28, 2022).

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§ 12906. Penalties and Fines, Recovery of Costs, Fees, and Other Expenses.

(a) Any person who violates any of the provisions of this Article 9 or the regulations adopted pursuant thereto is guilty of a misdemeanor upon a first conviction.

(b) Any person who knowingly and willfully violates any of the provisions of this Article or the regulations adopted pursuant thereto a second time or more is guilty of a felony.

(c) In addition to any other penalties prescribed by law, the Board may, after notice and an opportunity for hearing as required by law, impose upon any person who violates any provision of this Article or the regulations adopted pursuant thereto an administrative fine of not less than Two Thousand Five Hundred Dollars ($2,500) and not more than Ten Thousand Dollars ($10,000).

(d) The Board, its members, staff, and employees shall also be entitled to recover and be reimbursed for all costs and expenses incurred in the prosecution and defense of any proceeding before the Board or before the courts of Guam, including the U.S. District Court of Guam. Costs and expenses that are subject to recovery and reimbursement by the Board include, but are not limited to, filing fees, attorneys' fees, hearing officer fees, deposition fees, expert witness fees, travel and lodging for witnesses and experts, and all other expenses incurred in the prosecution or defense of this Article, the regulations adopted pursuant thereto, any decision of the Board and any member of the Board or its staff acting in good faith and within the scope and function of the Board as determined in the sole discretion of the Attorney General of Guam.

SOURCE: Added by P.L. 36-138:27 (Dec. 28, 2022).

ARTICLE 10
AUDIOLOGY

SOURCE: Entire Article added by P.L. 24-329:3 (Dec. 30, 1998).

§ 121001. Definitions.
§ 121002. Qualifications for Licensure.
§ 121003. Exceptions to Licensure Requirements.
§ 121004. Scope of Practice.

§ 121001. Definitions.

For purposes of this Article, the following words and phrases have been defined to mean:

(a) "ASHA" means the American Speech, Language and Hearing Association.

(b) "Audiologist" means a person duly licensed by the Board to practice in the field of audiology.

(c) "Audiology" means the application of principles, methods and procedures for measurement, testing, evaluation, prediction, counseling, selling, instruction, habilitation or rehabilitation related to hearing aids or ear molds, including the fitting of such devices, or disorders of hearing for the purpose of evaluation, identifying, preventing, rehabilitating, ameliorating or modifying such disorders and conditions in individuals.

(d) "Habilitation" and "rehabilitation", as used in this Article, include, but are not limited to, hearing aid evaluation, prescription and fitting of hearing aid devices.

§ 121002. Qualifications for Licensure.

(a) Applicants for licensure must possess a "Certificate of Clinical Competence in Audiology" issued by ASHA as evidence of professional training and experience.

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(b) Applicants shall have an official statement from ASHA sent directly to the Board reporting applicant's present ASHA certification.

(c) Continuing education credits in early childhood development and literacy as prescribed by the Board and that conforms with the Department of Public Health and Social Services regulations shall be required to maintain licensure under this Article.

SOURCE: Added by P.L. 24-329:3 (Dec. 30, 1998). Subsection (c) added by P.L. 38-049:12 (Aug. 18, 2025) effective within one year upon enactment pursuant to P.L. 38-049:29.

§ 121003. Exceptions to Licensure Requirements.

The provisions contained herein shall not be construed to prevent or restrict the following:

(a) any person licensed on Guam, under any other law, from engaging in the profession or occupation for which the person is licensed;

(b) the activities and services of persons pursuing a course of study leading to a degree in audiology at an accredited college or university, if such activities and services constitute a part of an approved supervised course of study and such person is designated an audiologist intern or trainee;

(c) the activities and services of persons presently working on their Clinical Fellowship Year (CFY) and such persons are designated as "CFY-Audiologist."

§ 121004. Scope of Practice.

The practice of audiology includes:

(a) identifying, including screening, assessing, interpreting, diagnosing, counseling, preventing, and rehabilitating peripheral and central auditory system dysfunctions;

(b) providing and interpreting behavior and (electro) physiological measurements of auditory and vestibular functions;

(c) tests for vestibular functions, including the electronystagmography (ENG) test battery consisting of the gaze, optokinetic, positional, Hallpike and bithermal caloric test;

(d) selecting, fitting, dispensing, and selling of hearing aids, assistive listening and amplification devices, including alerting devices and other systems (e.g. implantable devices), taking earmold impressions, providing earmolds, and providing training in the use of hearing aids and amplification devices;

(e) providing aural rehabilitation and related counseling services to hearing impaired individuals and their families;

(f) removal of cerumen only for the purpose of providing auditory, vestibular functions measurements and for taking earmold impressions;

(g) screening of speech-language and other factors affecting communication function for the purposes of audiologic evaluation or initial identification of individuals with other communication disorders;

(h) facilitating the conservation of auditory system function; and

(i) developing and implementing environmental and occupational hearing conservation programs.

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