

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

**PHYSICIANS PRACTICE ACT**

**SOURCE:** Sections 12206-12228 were repealed by P.L. 24-208:1 (May 13, 2008) and new §§ 12201-12217 were added by P.L. 24-208:3 (May 13, 2008). The original §§ 12201-12205 were recodified as §§ 12102-12106 by P.L. 24-208:2 (May 13, 2008).

- § 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.
- § 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.
- § 12212.3. Disclaimers and Explanatory Statements.
- § 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.
- § 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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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;

(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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

Surgeon, Dr., M.D., D.O. 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.

(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, podiatry, 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;

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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 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 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 operates no clinical practice or office on Guam;

(B) the non-resident licensed consulting physician 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 does not render any treatment to any patient on Guam.

(D) The non-resident licensed consulting physician 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 for the patient in the consultant's jurisdiction.

(E) The non-resident licensed consulting physician may render care and provide diagnostic and treatment recommendations without an active Guam license if the consulting physician acts jointly and

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

directly with the local attending physician of the patient who is the subject of the consultation.

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

**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).

**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 seven (7) members who shall be nominated and appointed by *I Maga'lahaen Guåhan*, with the advice and consent of *I Liheslaturan Guåhan*.

(1) At least six (6) of the seven (7) members shall be physicians licensed in Guam, 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 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'lahaen 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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

newly appointed shall serve for a term of four (4) years, until a successor is appointed and qualified.

(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'lahañ 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.

(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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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:

(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,

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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.



**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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) (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) (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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

**SOURCE:** 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).

**2018 NOTE:** Subsection/subitem 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.

(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) (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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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 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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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.

**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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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.

(b) (1) The applicant shall possess the degree of Doctor of Medicine or Osteopathy 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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

United States, its territories or possessions, or Canada approved by the Board or by a private nonprofit accrediting body approved by the Board.

(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) (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.

(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) (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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

Credentials Verification Service, the files of the American Medical Association and the American Osteopathic 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.

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

**§ 12206. Graduates of Foreign Medical Schools.**

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

(d) Such applicants 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) Such applicants 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 such applicants to satisfactorily complete at least thirty-six (36) months of Board approved, progressive postgraduate medical training.

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



**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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

**§ 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.

(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.

(c) Endorsement Examination: Notwithstanding any other provisions of the act, the Board is authorized to require applicants for full and unrestricted medical licensure by

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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) 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.

(e) 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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

expectation of compensation. (The practice of medicine conducted within the parameters of a 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.

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

(g) 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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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).

**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.

**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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(b) (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) (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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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:

(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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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).

**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/subitem 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. 15-123:10 (Dec. 29, 1982) as GC § 27107, codified as 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;



**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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;

(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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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;

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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 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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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;
- (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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

(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/subitem 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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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.



**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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;

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

(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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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. Persons or entities reporting under this Section shall also be promptly informed of the Board's final disposition of the matters reported.

**§ 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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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;

(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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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;

(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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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

(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. 34-070:2 (Feb. 9, 2018), effective 120 days after enactment.

**2018 NOTE:** Subsection/subitem 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;



**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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, 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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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;

(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;

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

(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.

(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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

**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.**

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.

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.

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.

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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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*.

**§ 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 (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 of 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. 16-123.

**§ 12231. Good Faith Immunity.**

No member of the Commission on Licensure to practice the healing arts, the Guam Board of Medical Examiners, the Guam

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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 office.

**SOURCE:** GC § 27130. Repealed by P.L. 16-123:25. Added by P.L. 18-48:19. Repealed and reenacted by P.L. 20-26:1. Amended by P.L. 20-177:3.

-----

**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 Continues Participation.
- § 122A08. Coordinated Information System.
- § 122A09. Joint Investigations.
- § 122A10. Disciplinary Actions.
- § 122A11. Interstate Medical Licensure Compact Commission.
- § 122A12. Powers and Duties of the Interstat 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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

- § 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



**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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.

(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,

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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,

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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.

**§ 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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

(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 through 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;

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

(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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.**

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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) (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:

(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) (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.



**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

**2018 NOTE:** Subsection/subitem 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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

(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) (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;

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

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

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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

The Interstate Commission *shall* have the duty and power to:

(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,

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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

(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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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:** Subitem 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) (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 122A0(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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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 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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

*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.

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

**§ 122A15. Rulemaking Functions of the Interstate Commission.**

(a) (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) (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



**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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.

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

**§ 122A16. Oversight of Interstate Compact.**

(a) (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) (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.

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

**§ 122A17. Enforcement of Interstate Compact.**

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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/subitem 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.

(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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

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) (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

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

prevailing party *shall* be awarded all costs of such litigation including reasonable attorney's fees.

**2018 NOTE:** Subsection/subitem 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.

(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) (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.

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

**§ 122A21. Withdrawal.**

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

**10 GCA HEALTH AND SAFETY  
CH. 12 MEDICAL PRACTICES**

(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.

**§ 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.

-----