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## JAN 04 1999

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

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Dear Speaker Unpingco:

Enclosed please find Substitute Bill No. 695 (COR), "AN ACT TO ADD ARTICLES 8-21 TO CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A GUAM ALLIED HEALTH PRACTICE ACT", which was vetoed and subsequently overridden by i Liheslatura. This legislation is now designated as Public Law No. 24-329.

Very truly yours,

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

Attachment:

copy attached for signed bill or overridden bill

original attached for vetoed bill

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

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

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

This is to certify that Substitute Bill No. 695 (COR), "AN ACT TO ADD ARTICLES 8 - 21 TO CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A GUAM ALLIED HEALTH PRACTICE ACT," returned without approval of I Maga'lahen Guahan, was reconsidered by I Liheslaturan Guahan and after such consideration, did agree, on the 30th day of December, 1998, to pass said bill notwithstanding the veto of I Maga'lahen Guahan by a vote of nineteen (19) members.

	ANTONIO R. UNPINGCO
JOANNE M.S. BROWN Senator and Legislative Secretary	Speaker
This Act was received by I Maga'lahen Guahan to 1998, at3'./Oo'clockM.	this <u>3/St</u> day of <u>December</u>
••	Assistant Staff Officer Maga'lahi's Office

Fublic Law No. 24-329	Public Law No.	24-329	
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## MINA'BENTE KUATTRO NA LIHESLATURAN GUAHAN 1998 (SECOND) Regular Session

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Attested:

JOANNE M.S. BROWN
Senator and Legislative Secretary

This Act was received by I Maga'lahen Guahan this 3/5+ day of December 1998, at 3.1/2 o'clock — M.

Assistant Staff Officer Maga'lahi's Office

APPROVED:

CARL T. C. GUTIERREZ
I Maga'lahen Guahan

Date: 12-3/98

Public Law No. PL 24.329

# MINABENTE KUATTRO NA LIHESLATURAN GUAHAN 1998 (SECOND) Regular Session

#### Bill No. 695 (COR)

As substituted by the Author and further substituted on the Floor and amended.

Introduced by:

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

AN ACT TO ADD ARTICLES 8 - 21 TO CHAPTER 12, DIVISION 1, PART 1 OF TITLE 10 OF THE GUAM CODE ANNOTATED, RELATIVE TO PROVIDING FOR A GUAM ALLIED HEALTH PRACTICE ACT.

1	BE IT ENACTED BY THE PEOPLE OF GUAM:		
2	Section 1. Article 8 is hereby added to Chapter 12, Division 1, Part 1 of		
3	Title 10 of the Guam Code Annotated to read as follows:		
4		"A	RTICLE 8.
5	ALLIEI	HEA	LTH PRACTICE ACT.
6	Section 12801.	Titl	e, Purpose and Statement of Policy.
7	Section 12802.	Dei	finitions.
8	•	(a)	Professions.
9		(b)	Terms.
10		(c)	Exceptions.
11	Section 12803.	Gua	am Board of Allied Health Examiners.
12		(a)	Creation.
13		(b)	Requirement.
14		(c)	Powers and Responsibilities.
15		(d)	Immunity.
16		(e)	Indemnity.
17		(f)	Protected Communication.
18		(g)	Removal.
19		(h)	Residency of Board Members.
20		(i)	Committee; Legal Counsel and
21		Staf	f.
22		<b>(</b> j)	Expense and Per Diem.
23		(k)	Electronic Communications.
24	Section 12804.	Exan	ninations.

	<ul><li>(a) Notice Requirement.</li><li>(b) Cost and Grading.</li></ul>
	(b) Cost and Grading.
	(b) Cope min Crambby
Section 12805.	Requirements for Licensure.
<b>Section 12806.</b>	Responsibilities of Licensure Applicants.
Section 12807.	Display of License.
Section 12808.	License Period. Expiration and Renewal.
<b>Section 12809.</b>	Continuing Education Requirements.
<b>Section 12810.</b>	Denial or Revocation of License;
	Grounds.
<b>Section 12811.</b>	Professional Conduct; Act.
<b>Section 12812.</b>	Professional Conduct; Penalties for
	Violation.
	(a) Discipline of Licensee.
	(b) Penalties.
	(c) Re-issuance of License.
<b>Section 12813.</b>	Unlawful Practice.
Section 12814.	Cease and Desist Order.
Section 12815	Licensee-Patient Relations; General.
	(a) Privileged Communications.
	(b) Determination of a Patient's Need
	for Care.
	(c) Gifts and Premium.
	(d) Termination of Relationship.
Section 12816.	Professional Signs, Advertisements and
	Listing.
	Section 12807. Section 12808. Section 12809. Section 12810.  Section 12811. Section 12812.  Section 12813. Section 12814. Section 12815

1		(a)	Professional Signs.
2		<b>(b)</b>	Advertisement of Professional
3		Serv	vice; Restrictions.
4		(c)	Professional Listings, Newspaper
5		and	Telephone Directory.
6	Section 12817.	Prof	fessional Signs, Advertisements and
7		List	ings; Violations; Disciplinary Action.
8	Section 12818.	Boa	rd Meetings.
9	Section 12819.	Fee	Schedule.
10	Section 12820.	Disc	ciplinary Action Against Licensees.
11		(a)	Range of Actions.
12		<b>(b)</b>	Letter of Concern.
13		(c)	Examination/Evaluation.
14		(d)	Grounds for Action.
15	Section 12821.	Proc	edures For Enforcement and
16		Disc	iplinary Action.
17		(a)	Board Authority.
18		(b)	Separation of Functions.
19		(c)	Administrative Procedures.
20		(d)	Standard of Proof.
21		(e)	Informal Conference.
22		<b>(f)</b>	Summary Suspension.
23		(g)	Cease and Desist
24		Orde	ers/Injunctions.
25		(h)	<b>Board Action Reports.</b>

1		(i) Tolling Periods of License
2	•	Suspension or Restriction.
3	Section 12822.	Compulsory Reporting and Investigation.
4	Section 12823.	Unlawful Practice of Allied Health
5		Profession: Violation and Penalties.
6	Section 12824.	Renewal of Licensure.
7	Section 12825.	Rules and Regulations.
8	Section 12826.	Funding and Fees.
9	Section 12827.	Prescriptive Authority for Allied Health
10		Professionals.
11		ARTICLE 9.
12		ACUPUNCTURE.
13	Section 12901.	Definitions.
14	Section 12902.	Qualifications for Licensure.
15	Section 12903.	Exceptions to Licensure Requirements.
16	Section 12904.	Authorized Activities.
17	Section 12905.	Use of Sterilized Disposable Needles.
18		ARTICLE 10.
19		AUDIOLOGY.
20	Section 121001.	Definitions.
21	Section 121002.	Qualifications for Licensure.
22	Section 121003.	Exceptions to Licensure Requirements.
23	Section 121004.	Scope of Practice.
24		ARTICLE 11.
25		CHIROPRACTIC.

1	Section 121101.	Definitions.
2	Section 121102.	Qualifications for Licensure.
3	Section 121103.	Graduate of Foreign School of
4		Chiropractic.
5	Section 121104.	Exceptions to Licensure Requirements.
6	Section 121105.	Specialty Board Certification.
7	Section 121106.	Use of Diagnostic X-Rays by Licensees.
8	Section 121107.	Determination of the Need for Care.
9		ARTICLE 12.
10	C	LINICAL PSYCHOLOGY.
11	Section 121201.	Definitions.
12	Section 121202.	Qualifications for Licensure.
13	Section 121203.	Graduates of Foreign Schools.
14	Section 121204.	Exceptions to Licensure Requirements.
15	Section 121205.	Prescriptive Authority.
16		ARTICLE 13.
17	INDIVIDUAL,	MARRIAGE AND FAMILY THERAPY.
18	Section 121301.	Definitions.
19	Section 121302.	Qualifications for Licensure.
20	Section 121303.	Exceptions to Licensure.
21	Section 121304.	Scope of Practice.
22	Section 121305.	Privileged Communication.
23		ARTICLE 14.
24	OC	CCUPATIONAL THERAPY.
25	Section 121401.	Definitions.

1		Section 121402.	Qua	lifications	for	Licensure;
2	•		Occ	upational The	rapist.	
3			(a)	Educational	Requirem	ents.
4		-	(b)	Fieldwork E	xperience.	•
5		Section 121403.	Qua	lifications for	Licensure	<b>2.</b>
6			(a)	Occupationa	l Therapy	Assistant.
7			(b)	Occupationa	l Therapy	Technicians.
8		Section 121404.	Inte	rnational Grad	iuates; Re	quirements.
9		<b>Section 121405.</b>	Lice	nsure Examin	ation.	
10		Section 121406.	Qua	lifications for	Examinati	ion.
11		Section 121407.	Wai	ver of Require	ments.	
12		Section 121408.	Pers	ons and Practi	ces Not A	ffected.
13		Section 121409.	Scor	e of Practice;	Occupatio	nal Therapist.
14		Section 121410.	Scor	e of Practice;	Occupati	onal Therapy
15			Assi	stant.		
16			AR	TICLE 15.		
17			PHYSICA	AL THERAPY.	,	
18		Section 121501.	Defi	nitions.		
19		Section 121502.	Qua	lifications for	Licensure.	
20			(a)	Licensed Phy	sical Ther	apist.
21			(b)	Physical The	rapy Assis	stant.
22		Section 121503.	Exce	ptions to Licer	isure.	••
23		Section 121504.	Scop	e of Practice.		
24			(a)	Physical The	rapists.	
25			(b)	Physical The	rapy Assis	tant.
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1		(c) Physical Therapy Technician.
2	Section 121505.	Supportive Personnel; Delineation of
3	. · · ·	Responsibilities.
4	Section 121506.	Foreign Graduates; Requirements.
5		ARTICLE 16.
6		PHYSICIAN ASSISTANT.
7	Section 121601.	Definitions.
8	Section 121602.	Qualifications for Licensure.
9	Section 121603.	Scope of Practice.
10	Section 121604.	Registration of Physician Assistant's
11		Supervision.
12	Section 121605.	Renewal of License.
13	Section 121606.	Identification.
14	Section 121607.	Supervision Required.
15	Section 121608.	Prescribing.
16	Section 121609.	Exceptions to Licensure Requirement.
17		ARTICLE 17.
18		PODIATRIC MEDICINE.
19	Section 121701.	Definition.
20	Section 121702.	Qualifications for Licensure.
21	Section 121703.	Approved Schools.
22	Section 121704.	Approved Hospitals for Podiatric
23		Residencies.
24	Section 121705.	Licensure Renewal; Continuing
25		Education Requirements.

1	Section 121706.	Approved Continuing Education	
2		Programs.	
3	Section 121707.	Scope of Practice.	
4		ARTICLE 18.	
5	SPEECH-L	ANGUAGE PATHOLOGY.	
6	Section 121801.	Definitions.	
7	Section 121802.	Qualifications for Licensure.	
8		(a) Speech Language Pathologist.	
9		(b) Speech Language Assistant.	
10	Section 121803.	Exceptions to Licensure Requirements.	
11	Section 121804.	Scope of Practice.	
12		(a) Speech Language Pathologist.	
13		(b) A Speech Language Assistants.	
14		ARTICLE 19.	
15	VETE	RINARY MEDICINE.	
16	Section 121901.	Definitions.	
17	Section 121902.	Requirements for Licensure.	
18	Section 121903.	Exceptions to Licensure Requirements.	
19	Section 121904.	Professional Conduct; Additional	
20		Provisions.	
21	Section 121905.	Spay/Neuter Clinic.	
22		ARTICLE 20.	
23	RESPI	IRATORY THERAPY.	
24	Section 122001.	Definitions.	
25	Section 122002.	Qualifications for Licensure.	

1		(a) Licensed Respiratory Therapist.
2	Section 122003.	Exceptions to Licensure.
3	Section 122004.	Scope of Practice.
4	·	(a) Respiratory Therapists.
5		(b) Respiratory Technician.
6	Section 122005.	Supportive Personnel; Delineation of
7		Responsibilities.
8		ARTICLE 21.
9	NUTRITIO	NIST/CLINICAL DIETITIAN.
10	Section 122101.	Definitions.
11	Section 122102.	Qualification for Licensure; Clinical
12		Dietitian or Nutritionist.
13	Section 122103.	International Graduate Requirements.
14	Section 122104.	Licensure Examination.
15	Section 122105.	Qualifications for Examination.
16	Section 122106.	Waiver of Requirement.
17	Section 122107.	Persons and Practices Not Affected.
18	Section 122108.	Scope of Practice.
19		ARTICLE 22.
20	NURSING	HOME ADMINISTRATOR.
21	Section 122201.	Nursing Home Administrator.
22	Section 122202.	Authority.
23	Section 122203.	Qualification.
24	Section 122204.	Application for Licensure.
25	Section 122205.	Licensure by Examination.

Section 122206. Licensure by Endorsement/Reciprocity.

Section 122207. Courses of Instruction and Training.

Section 122208. Present Administrators.

Section 122209. Renewal of License.

## Section 12801. Title, Purpose, and Statement of Policy.

- (a) Title. This Act may be cited or referred to as "The Guam Allied Health Practice Act of 1998."
- (b) Purpose. The primary purpose of this Act is to protect the public against unprofessional, improper, incompetent, unlawful, fraudulent or deceptive practices by persons who practice the healing art. This Act, therefore, shall provide for the proper guidelines, such as education requirements, continuing education requirements, licensing and renewal procedures, professional conduct and any other matter, which the Board deems appropriate in serving the interests of the community.
- (c) Statement of Policy. The practice of allied health is a privilege granted by the people acting through their elected representatives. It is *not* a natural right of individuals. In the interests of public health, safety and welfare, and to protect the public from the unprofessional, improper, incompetent, unlawful, fraudulent and/or deceptive practice of allied health professions, it is necessary to provide laws and regulations to govern the granting and subsequent use of the privilege to practice allied health professions. The primary responsibility and obligation of

the Guam Board of Allied Health Examiners is to protect the people of Guam.

## Section 12802. Definitions. (a) Professions.

For purposes of this Act, the following allied health professions shall be licensed under the Guam Board of Allied Health Examiners:

- (i) 'Acupuncture' shall mean the science and art of examination and diagnosis based on Oriental medical theory, treatment by stimulation of a certain point, or pints, on or near the surface of the body by the insertion of needles or stimulation by other sources to prevent or modify the perception of pain, or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body, including the techniques of electroacupuncture, cupping, and moxibustion or any combination of these.
- (ii) 'Audiology' shall mean the application of principles, methods and procedures for measurement, testing, evaluation, prediction, counseling, selling, instruction, habilitation or rehabilitation related to hearing aids or ear molds, including the fitting of such devices, or disorders of hearing for the purpose of evaluation, identifying preventing, rehabilitating, ameliorating or modifying such disorders and conditions in individuals.

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

- (iv) 'Clinical psychology' shall mean the subspecialty in psychology which is primarily concerned with assessing and alleviating emotional, mental and behavioral disorders in a hospital, institution or other clinical setting.
- (v) 'Individual, marriage and family therapy' shall mean the intervention of a licensed therapist in assisting clients in individual, marriage and family therapy.

(vi) 'Occupational therapy' shall mean the evaluation and treatment provided to people whose lives have been disrupted by physical injury, illness, developmental problems, the aging process, or psychosocial or cognitive difficulties. Treatment entails the assessment, evaluation and treatment to assist each individual to achieve or return to an independent and productive life through techniques which prevent disability, assisting the individual in recovery from illness or accident, and by promoting the development of functions which may have been impaired or delayed. The treatment provided may include, but shall not be limited to, the adaptation of the environment and the selection, design and fabrication of assistive and orthotic devices, and other technology to facilitate development and promote the acquisition of functional skills through purposeful activity.

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

diagnosis or treatment of the human condition; performance of treatments on the basis of test findings; supervision of selective forms of treatment by trained, supportive personnel; and provisions of consultative services for health, education and community agencies, provided, however, that physical therapy shall *not* include the use of Roentgen rays and radium for diagnostic and therapeutic purposes, the use of electricity for surgical purposes, including cauterization. Physical therapy and physical therapy services are *not* generic terms; they are the use of any intervention, including physical agent modalities/electrotherapy, that is provided by, or under the direction of, a licensed physical therapist.

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

- (ix) 'Podiatric medicine' shall mean the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot and ankle, including the tendons that insert into the foot, and the non-surgical treatment of the muscles and tendons of the leg governing the functions of the foot.
- (x) 'Speech-language pathology' shall mean the application of principles, methods and procedures for the

measurement, testing, evaluation, prediction, counseling, introduction, habilitation or rehabilitation related to the development and disorders of speech, voice, fluency or language, for the purposes of evaluating, identifying, treating, preventing, ameliorating or modifying such disorders and conditions in individuals or groups of individuals.

- (xi) 'Veterinary medicine' shall mean veterinary surgery, obstetrics, dentistry means to diagnose, treat, correct, change, relieve or prevent animal disease, deformity, defect, injury or other physical or mental condition, including the prescription or administration of any drug, medicine, biologic, apparatus, application, anesthetic, or therapeutic or diagnostic substance or technique, or the use of any manual or mechanical procedure for artificial insemination, testing for pregnancy or for correcting sterility or infertility, or to render advice or recommendation with regard to any of the above;
- (xii) 'Respiratory Therapy' means the treatment and the management of pulmonary diseases with medications and machines provided to patients' whose condition or illness is that of (breathing).'
- (xiii) 'Nutritionist/Clinical Dietary' means the development and coordination of menu planning to combine foods for maximum nutritional value, taste and eye

appeal to meet individuals/patients nutritional needs and
preferences.
(xiv) 'Home Nursing Administration' means the
leadership requirement to manage a home nursing
institution.
(xv) 'Other allied health professions' shall mean those
allied health profession not having separate Board of
Examiners enacted by I Liheslaturan Guahan that the Board of
Allied Health Examiners incorporates into the licensing
procedure under this Act.
(b) Terms. The following terms shall have the following
definitions:
(1) 'Applicant' shall mean a person seeking licensure to
practice an allied health profession on Guam.
(2) 'Board' means the Board of Allied Health Examiners.
(3) 'Collaborative Practice Agreement' shall mean an
agreement by and between a clinical psychologist or a physician
assistant and a Guam licensed physician practicing in the area of
specialty, wherein the parties to such an agreement mutually
agree, in writing, to the terms and conditions of the ordering and
prescribing of 'Schedule Drugs II – V.'
(4) 'Endorsement' shall mean evidence of current licensure
by a state or jurisdiction of the United States.
(5) 'License' shall mean a certificate issued to an applicant

by the Guam Board of Allied Health Examiners which indicates

that the person whose name appears on the certificate has been found qualified to engage in the practice of an allied health profession as stated thereon.

(6) 'Licensee' means any person currently licensed by the

- (6) 'Licensee' means any person currently licensed by the Guam Board of Allied Health Examiners.
- (7) 'Person' shall mean any individual, firm, partnership, association, joint venture, cooperative or corporation, or any other group or combination, acting in concert, whether or not acting as a principal, trustee, fiduciary, receiver or as any other kind of legal or personal representative, or as the successor in interest, assignee, agent, factor, servant, employee, director, officer or any other representative of such person, except that only individuals can be licensed under the rules and regulations.
- (8) 'Practice a healing art profession' shall mean to use any title, words, abbreviation, or letters, or by any other means to represent directly or indirectly, publicly or privately, an ability or willingness to perform any of the acts constituting the practice of any allied health profession under the purview of the Board.
- (9) 'Practitioner' shall mean a physician, podiatrist, veterinarian, optometrist, clinical psychologist or physician's assistance who is authorized to prescribe, order or administer drugs in connection with medical treatment to the extent provided by the rules and regulations of the practitioner's respective Board(s).

1	(10) 'Prescription' shall mean an order for drugs, treatment
2	or devices written, signed or transmitted by word of mouth or
3	telephone by a practitioner of the healing art.
4	(11) 'Supervision' shall be one of the following:
5	(a) 'Direct supervision' shall mean supervision
6	whereby a licensee diagnoses the condition to be treated,
7	approves the work to be performed and remains on the
8	premises while the procedures are being performed.
9	(b) 'Indirect supervision' shall mean supervision
10	whereby a licensee authorizes the procedures which are
11	being carried out, but need not be present on the premises
12	when the authorized procedures are being performed. The
13	licensee must be available on Island by telecommunications.
14	(c) Exceptions. The definition of
15	exceptions to the act shall include:
16	(i) those providing service in cases of
17	emergency where no fee or other consideration is
18	contemplated, charged or received;
19	(ii) personnel of the armed forces of the United
20	States and of the United States Public Health Service or
21	the Veterans Administration of the United States in the
22	discharge of their official duties and/or within
23	Federally controlled facilities;

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- (iii) those practicing any other of the healing arts in accord with and as provided by the laws of Guam;
- (iv) those practicing the tenets of a religion or ministering to the sick or suffering by mental or spiritual means in accord with such tenets; provided, that no person should be exempt from the public health laws of Guam or the Federal government;
- (v) a person administering a lawful domestic or family remedy to a member of his or her own family; and
- (vi) those fully licensed to practice allied health in another jurisdiction of the United States who briefly render emergency treatment, or briefly provide critical services at the specific lawful direction of an institution or Federal agency that assumes full responsibility for that treatment or service.

#### Section 12803. Guam Board of Allied Health Examiners.

(a) Creation. There is established, in and for the government of Guam, a Guam Board of Allied Health Examiners, composed of a representative from each of the profession being examined for licensure of which currently there are nine (9) members appointed by I Maga'lahen Guahan. I Maga'lahen Guahan shall appoint two (2) additional members, one (1) member for the Respiratory Therapist and one (1) member for the

Nutritionist/Clinical Dietician, and shall appoint additional members for other allied health profession being examined for licensure that the Board includes in the its licensing procedure and specifically recommend to *I Maga'lahen Guahan* to appoint a board member representative. There shall be no Board member appointment with less than ten (10) allied health professionals qualified applicants for licensure within that allied health profession of the applicants. The Board shall examine applicants for licensure within the allied health professions *not* having separate Board of Examiners enacted by *I Liheslaturan Guahan*.

- (b) Requirement. The members of the Board shall have practiced in their respective disciplines for at least five (5) years. All members shall be citizens or permanent residents of the United States who have resided in Guam for at least five (5) years. The members of the Board sitting at the date of enactment of this Act who meet the requirements and limitations placed upon membership by this Act shall remain in office until the expiration of their respective terms. When a vacancy occurs, *I Maga'lahen Guahan* shall appoint a new member within sixty (60) days of the commencement of the vacancy. 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) a month.
- (c) Powers and Responsibilities. The Guam Board of Allied Health Examiners, within the context of this act and the

1	requirements of due process, shall have the following powers and
2	responsibilities:
3	(1) promulgate rules and regulations;
4	(2) develop and adopt its budget;
5	(3) evaluate education and training of applicants;
6	<ul><li>(4) select and administer licensing examination(s);</li></ul>
7	(5) evaluate previous professional performance of
8	applicants;
9	<li>issue or deny initial licenses;</li>
10	(7) approve or deny applications for license renewal;
11	(8) receive, review, and investigate reports and
12	complaints received from law enforcement agencies, health
13	care organizations, governmental agencies, insurers and
14	other entities having information pertinent to the
15	professional performance of licensees;
16	(9) discipline licensees found in violation of the
17	Allied Health Practice Act;
18	(10) issue subpoenas, subpoenas duces tecum,
19	administer oaths, receive testimony and conduct hearings;
20	(11) institute actions in its own name and enjoin
21	violators of the Allied Health Practice Act;
<del>2</del> 2	(12) establish appropriate fees and charges to include
23	support of active and effective pursuit of its legal
24	responsibilities;

- (13) expand the allied health licensing process to include other allied health professions not having separate Board of Examiners enacted by *I Liheslaturan Guahan*, and inform *I Maga'lahen Guahan* of the need to appoint a Board member to represent the Board enacted profession;
- (14) contract consultant(s) for special needs of the Board in the investigation of complaints, monitoring of a licensed person in terms of violation of this Act, and other monitoring/investigation that requires specialized skills which the Board is unable to obtain from the services of other government agencies; and
- (15) conduct Board meetings. A quorum must be present to conduct a board meeting. The vote of the majority present shall constitute an official action of the Board. The majority vote shall consist of half of the vote plus one of those members present.
- (d) Immunity. There should be no liability, monetary or otherwise on the part of, and no cause of action for damages should arise against any current or former member, officer, administrator, staff member, committee member, examiner, representative, agent, employee, consultant, witness or any other person serving or having served the Board, either as a part of the Board's operation or as an individual, as a result of any act, omission, proceeding, conduct or decision related to his or her

duties undertaken or performed in good faith and within the scope of the function of the Board.

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

#### (f) Protected Communication.

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

1	(2) The protections afforded in this provision shall
2	not be construed as prohibiting a respondent, or his or her
3	legal counsel, from exercising the respondent's
4	Constitutional right of due process under the law.
5	(g) Removal. A member of the Board should be subject
6	to removal only when he or she:
7	(1) ceases to be a licensed allied health professional;
8	(2) is found guilty of a felony by a court of
9	competent jurisdiction;
10	(3) is found guilty of malfeasance, misfeasance or
11	nonfeasance in relation to his or her Board duties by a court
12	of competent jurisdiction;
13	(4) is found mentally incompetent by a court of
14	competent jurisdiction;
15	(5) fails to attend three (3) successive Board
16	meetings without just cause, as determined by the Board, or
17	missed fifty percent (50%) or more of Board meetings per
18	year;
19	(6) is found in violation of the Allied Health Practice
20	Act; or
21	(7) terminated by the I Maga'lahen Guahan.
22	(h) Residency of Board Members. All members of the
23	Board should hold full licenses in Guam, should be persons of
24	recognized professional ability and integrity, and should have
25	resided in Guam at least five (5) years and practiced in the

jurisdiction long enough to have become familiar with policies and practice in the jurisdiction.

- (i) Committee; Legal Counsel and Staff. The Board should be authorized to appoint committees from its membership and employ an executive secretary or director and other staff, including an adequate staff of investigators, to effectively perform its duties under the act. It should also be assigned adequate legal counsel by the Office of the Attorney General and/or be authorized to employ private counsel or its own full-time attorney.
- (j) Expense and Per diem. Travel expenses and daily compensation should be paid for each Board member's attendance, in or out of Guam, for education or training purposes directly related to Board duties and approved by the Board.
- (k) Electronic Communications. Telephone or other telecommunication conference should be an acceptable form of Board meeting for the purpose of taking emergency action to enforce the Allied Health Practice Act *if* the president alone or another officer and two (2) Board members believe the situation precludes another form of meeting. The Board should be authorized to establish procedures by which its committees may meet by telephone or other telecommunication conference system to take emergency action.
- Section 12804. Examinations. (a) Notice Requirement. Public notice shall be given at least one hundred and twenty (120) days prior to the examination. Applicants for licensure by

examination must submit application to the Board at least sixty (60) days *prior to* the scheduled examination. The Board may hold examinations as deemed necessary.

(b) Cost and Grading. Each applicant shall incur all expenses to proctor the examination. The preparation, administration and grading of examination shall be governed by rules as prescribed by the Board. To pass the examination, the examinee must demonstrate scientific and practical knowledge sufficient to prove competency to practice the profession in the judgment of the Board.

#### Section 12805. Requirements for Licensure.

- (a) Information Requirement. Any Board furnished applications, official transcripts or other documentation, as required by the Board, shall be submitted in English or accompanied by an English translation and is sent directly to the Board from the appropriate institution or governing agency. 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) recent, less than ninety (90) days, 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) list of all jurisdictions, United States or foreign, in which the applicant is licensed or has applied for licensure to practice an allied health profession or is authorized or has applied for authorization to practice an allied health profession;
- (5) list of all jurisdictions, United States or foreign, in which the applicant has been denied licensure or authorization to practice an allied health profession or has voluntarily surrendered a license or an authorization to practice an allied health profession;
- (6) list of all sanctions, judgments, awards, settlements or convictions against the applicant in any jurisdiction, United States or foreign, that would constitute grounds for disciplinary action under the Allied Health Practice Act or the Board's rules and regulations;
- (7) detailed educational history, including places, institutions, dates and program descriptions, of all his or her education, beginning with secondary schooling and including all college, pre-professional, professional and professional postgraduate education;

1	(8) detailed chronological life history, including
2	places and dates of residence, employment and military
3	service, United States or foreign;
4	(9) any other information or documentation the
5	Board determines necessary; and
6	(10) proof of residency or citizenship document
7	acceptable to the Board.
8	(b) General Requirements. The applicant for
9	licensure must present the following to the Board:
10	(1) evidence of proficiency in the English language,
11	as determined by the Board;
12	(2) evidence of professional education, training and
13	experience, as required by the applicant's area of discipline;
14	(3) three (3) letters of recommendation, originals or
15	notarized copies, one (1) of which must be a letter provided
16	by the applicant's immediate supervisor of his or her most
17	recent employer, or by a practice associate, if the applicant is
18	in private practice;
.9	(4) a police clearance from the Guam Police
20	Department if the applicant has resided on Guam for more
21	than one (1) year; if the applicant has resided on Guam for
22	less than one (1) year, a police clearance from the applicant's
23	most recent place of residence; and
24	(5) proof that the applicant is a resident of Guam or
25	a citizen of the United States of America

- by endorsement must, in addition to the requirements of Subsections (a) and (b) of this Section, include a letter provided by the licensing authority describing all complaints filed and disciplinary actions, if any, taken against the applicant. The Board may issue a license to an applicant who shows evidence of current licensure in good standing by another jurisdiction of the United States; provided, that the licensing requirements are equivalent to the standards set forth and approved by the Board.
- (d) Applicant Responsibility. Each applicant shall be responsible for the following:
  - correspondence or communication with the Board;
  - (2) periodically contacting the Board concerning the status of the application;
  - (3) informing the Board in writing of intent to withdraw an application *prior to* the remittance of the applicable fee(s), a fee(s) remitted to the Board is non-refundable;
  - (4) informing the Board of any change in name or address (An applicant whose name has changed shall submit a certified copy evidencing the change to the Board. The Board upon receipt of such evidence and the required fee shall issue a duplicate license with the name change. All license renewals will be sent to the current address on file.);

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- (5) notifying the Board, in writing, of the loss of a current license (A duplicate license for the current renewal period shall be issued by the Board upon receipt of the required form and fee.);
- (6) keeping in the licensee's possession a signed current Guam Board of Allied Health Examiners license; and
- (7) conspicuously displaying their licenses in all offices where they regularly practice.
- (e) The applicant shall be physically, mentally and professionally capable of practicing as an allied health profession in a manner acceptable to the Board, and should be required to submit to a physical, mental or professional competency examination, or a drug dependency evaluation, *if* deemed necessary by the Board.
- (f) The applicant shall not have been found guilty by a competent authority, United States or foreign, of any conduct that would constitute grounds for disciplinary action under the regulations of the Board or this Act. The Board should be authorized, at its discretion, to modify this restriction for cause, but it should be directed to use such discretionary authority in a consistent manner.
- (g) The applicant may be requested to make a personal appearance before the Board or a representative thereof for interview, examination or review of credentials. At the discretion of the Board, the applicant should be required to present his or her

original education credentials for inspection at the time of 1 personal appearance. The applicant shall be held responsible for verifying to the satisfaction of the Board the validity of all credentials required 4 for his or her licensure. 5 The applicant shall have paid all fees and have 6 completed and attested to the accuracy of all application and 7 information forms required by the Board. 8 Responsibilities of Licensure Applicants. Section 12806. 9 Each applicant shall be responsible for the following: 10 (1) correspondence or communication with the Board; 11 submission of all required documents; (2) 12 periodically contacting the Board concerning the status (3)13 of the application; 14 informing the Board in writing of intent to withdraw 15 an application prior to the remittance of the applicable fee; fees 16 17 remitted to the Board are non-refundable: 18 informing the Board of any change in name or address 19 (An applicant whose name has changed shall submit a certified 20 copy evidencing the change to the Board. The Board upon receipt 21 of such evidence and the required fee shall issue a duplicate license with the name change. All license renewals will be sent to 22 23 the current address on file.); 24 notifying the Board in writing of the loss of a current license (A duplicate license for the current renewal period shall be 25

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issued by the Board upon receipt of the required form and fee.);

keeping in the licensee's possession a signed current Guam Board of Allied Health Examiners license.

All practitioners must, Display of License. upon receipt of license, conspicuously display their licenses in all offices

### License Period; Expiration and Renewal.

All licenses shall expire biennially on December 31st of each even numbered year, and may be renewed upon payment of renewal fee and completion of continuing education requirements as stated in these rules and regulations.

The Board staff shall, no later than September 1st of each even-numbered year, mail a notice of renewal along with a renewal form. A new certificate or other evidence of current licensure may be mailed to all persons completing renewal

- An expired license may be renewed within four (4) years of the date of expiration by paying the current renewal fee in addition to any delinquent fees. An expired license beyond four (4) years of the date of expiration requires a new application for a license, subject to the qualifications and standards as set forth in this Article.
- The Board may waive the payment of the registration renewal fee of a licensee if the licensee is called to active duty

outside of Guam with any branch of the United States armed services, not to exceed four (4) years or the duration of a national emergency, whichever shall be longer.

## Section 12809. Continuing Education Requirements.

- (a) A total of thirty (30) credit hours of continuing education within each two (2) year licensure period is required of each licensee to qualify for a renewal, except for licensees under Podiatry and Physician Assistants, which require fifty (50) credit hours of continuing education. At least twenty (20) of these credit hours must be in the licensee's specific area of practice. The Board shall prorate the continuing education credit hours requirement for licenses issued less than two (2) years prior to the renewal period.
  - (b) Continuing education hours may include:
    - (1) membership in national associations;
    - (A) membership in a national association of the licensee's practice area will provide four (4) credit hours within the renewal period; and
    - (B) other appropriate national professional association membership will provide two (2) credit hours for each, a maximum of four (4) credit hours within the renewal period;
  - (2) subscription to appropriate professional journals will provide two (2) credit hours per subscription, limited to five (5) subscriptions;

1	(3) attendance of a conference will provide one (1)
2	credit hour for each hour of conference attended (The
3	conference must be within the renewal period.);
4	(4) teaching, workshops and in-service will provide
5	one (1) credit per hour of teaching, workshop or in-service
6	(This is limited to ten (10) credit hours.);
7	(5) speeches or presentation of papers will provide
8	five (5) credit hours each for non-professional audience; ten
9	(10) credit hours each for professional audience;
10	(6) publication in a professional journal, any
11	publication within the field, will provide ten (10) credit
12	hours;
13	(7) attendance at local association meetings will
14	provide one (1) point per meeting, up to twelve (12) credit
15	hours;
16	(8) videotapes, or other audio-visual materials
17	prepared by a professional association or educational
18	institution and approved by the Board, will provide one (1)
19	credit hour for every hour viewed, limited to ten (10) credit
20	hours; or
21	(9) others, as required by discipline.
22	(c) The Board, in its sole discretion, may require the
23	licensee to provide receipts, attendance certification or other
24	evidence of participation for credit hours claimed.
25	Section 12810. Denial or Revocation of License; Grounds.

The Board may deny licensure to an applicant or revoke a license from a 1 licensee for reasons including, but not limited to, the following: 2 fraud, bribery or misrepresentation in the application 3 or procurement of a license or the periodic re-registration of a 4 license: 5 cheating on or attempting to subvert a licensing 6 examination: 7 conviction of a gross misdemeanor or felony, or a plea 8 of guilty or nolo contendere to a gross misdemeanor or felony, 9 whether or not related to the practice of the licensed profession; 10 having been adjudicated mentally incompetent or 11 insane by a court of competent jurisdiction; 12 violation of any Guam, state, Federal or foreign law or 13 regulation relating to controlled substances; 14 disciplinary action by a licensing jurisdiction, foreign (f) 15 or domestic, for acts or conduct which constitute a violation of 16 these rules and regulations; a certified copy of the action taken by 17 the licensing jurisdiction shall be conclusive evidence, thereof; 18 sanctions or disciplinary actions taken by a peer 19 20 review body, hospital, health care institution, professional association or society for acts or conduct which constitute a 21 violation of these rules and regulations; 22 23 failure to report to the Board any adverse action taken

against him or her by a peer review body, health care institution,

professional society or association, governmental agency, law

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enforcement agency or court, of a licensing United States or foreign jurisdiction, for acts or conduct which constitute a violation of these rules and regulations;

- (i) failure to report to the Board the revocation or denial of a license to practice a healing art in a United States or foreign jurisdiction, or the surrender of membership on any staff or any professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct which would constitute a violation of these rules and regulations;
- (j) failure to report any present, pending or settled adverse action which would constitute a violation of these rules and regulations;
- (k) failure to report any settlement or award which would constitute a violation of these rules and regulations;
- (l) failure to furnish the Board, its investigators or representatives, within a reasonable time, information legally requested by the Board; or
- (m) violation of any other requirement for licensure as delineated by the Board through the Administrative Adjudication Law.

Section 12811. Professional Conduct; Acts. A licensee shall neither act, nor aid or abet another to act, in any manner which is reprehensible, immoral, illegal, against the public interest, policy or safety, or which tends to degrade, destroy or bring discredit upon the

licensee, the community or the profession. The following includes, but 1 is not limited to, acts of unprofessional conduct which shall result in 2 disciplinary action: 3 attempting to obtain or renew, or obtaining or (a) 4 renewing a Guam license by fraud, bribery or misrepresentation; 5 revocation or suspension of a license, or any other 6 disciplinary action taken against a practitioner, including the 7 denial of licensure, by the licensing authority of another state, 8 territory or country, other than for the nonpayment of registration 9 fee: 10 a conviction, plea of guilty or plea of nolo contendere (c) 11 of a felony in any jurisdiction; 12 advertising goods or services contrary to these rules 13 and regulations; 14 habitual drunkenness: 15 (e) (f) an adjudication of insanity by a court of competent 16 jurisdiction; 17 aiding, assisting, procuring or advising any unlicensed 18 person to practice a healing art contrary to these rules and 19 20 regulations, or to knowingly employ any unlicensed personnel to 21 render professional services; 22 failing to perform any statutory or legal obligation 23 imposed upon a licensee;

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intentionally filing a false report or record, or

negligently failing to file a report or record required by state,

Federal, or Guam law, or willfully discouraging, impeding or obstructing such filing, or inducing another person to do so;

- (j) sexual misconduct, sexual battery or sexual assault upon a patient;
- (k) making deceptive, untrue or fraudulent representations in the practice of his or her profession;
- (l) failing to keep patient or clinic records justifying the course of treatment of a patient (Records must be retained for a minimum period of time consistent with Guam law.);
- (m) exercising influence on a patient or client as to exploit the patient or client for the financial gain of the licensee, or of a third party, including, but not limited to, acts that promote or sell goods or services, engaging in any split-fee arrangement in any form whatsoever, with an organization, an agency or a person, either directly or indirectly, for patients referred to providers of health care goods and services (No licensee shall divide, share, split, or allocate, directly or indirectly, any fee for services with any lay person, firm, association or corporation. The provisions of this Paragraph shall *not* be construed to prevent a licensee from receiving a fee for legitimate, *bona fide* professional consultation services.);
- (n) failing to make available for legitimate and reasonable purposes of review to a patient or client, or to the licensee's legal representative, copies of documents in the possession or under control of the licensee which relate to that patient or client;

- (o) performing professional services, which have *not* been authorized by the patient or client, or the licensee's legal representative;
- (p) fraud, deceit or misconduct in the practice of the profession for which the license was granted;
- (q) being guilty of incompetence by failing to meet the minimum standards of performance in diagnosis and treatment when measured against generally prevailing peer performance, including, but not limited to, the undertaking of diagnosis and treatment for which the licensee is *not* qualified by training or experience;
- (r) practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities which, in the opinion of the Board, the licensee should know, or should have reason to know, that he or she is *not* competent to perform;
- (s) delegating professional responsibilities to any person whom, in the opinion of the Board, the licensee should know, or have reason to know, is *not* qualified by training, experience or licensure to perform;
- (t) solicitation of patients who are currently undergoing treatment with another provider by the promise of superior service or reduced fees;
- (u) the use of the title 'Doctor,' or the abbreviation 'Dr.,' in connection with the practice of the healing arts licensed by the

1	Board, unless the practitioner possesses an earned doctorate degree				
	from an institution accredited, authorized or approved;				
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3	(v) every use of the title 'Doctor,' or the abbreviation 'Dr.,'				
4	pursuant to a license issued by the Board, shall clearly indicate the				
5	type of license, certificate or degree conferred;				
6	(w) breach of privileged communication;				
7	<ul><li>(x) breaching the confidentiality of patient records; or</li></ul>				
8	(y) any other acts, as determined by the Board, to be				
9	unprofessional conduct.				
10	Section 12812. Professional Conduct; Penalties for Violation.				
11	(a) Discipline of Licensee. Upon receiving a written				
12	complaint against any licensee, the Board shall conduct an				
13	investigation and provide the licensee due notice and hearing in				
14	accordance with the provisions of the Administrative				
15	Adjudication Law.				
16	(b) Penalties. When the Board finds that any applicant or				
17	licensee has committed an act of unprofessional conduct, it shall				
18	enter a final order imposing one (1) or more of the following				
19	penalties:				
20	(1) denial of an application for licensure or renewal;				
21	(2) revocation of existing license;				
22	(3) suspension of a license for a time determined by				
23	the Board;				
24	(4) issuance of a reprimand;				
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(5) placement of the licensee on probation for a period of time and subject to such conditions as the Board may specify, including requiring the licensee to attend continuing education courses or demonstrate licensee competency through a written or practical examination or to work under the supervision of another licensee (The type of supervision will be determined by the Board.);

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- (6) restricting the authorized scope of practice; and
- (7) imposition of an administrative fine not to exceed Ten Thousand Dollars (\$10,000.00) for each separate offense.
- (c) Re-issuance; Compliance. The Board may recommend re-issuance of the license of a disciplined licensee, after a thorough evaluation by the Board, to determine that the licensee has complied with all of the terms and conditions set forth in the final order and is capable of meeting local standards.

Section 12813. Unlawful Practice. Any person who practices a healing art profession without an appropriate current valid license, as regulated by this Board, shall be guilty of a misdemeanor upon the first offense and guilty of a felony for second and subsequent offenses. No person without a current valid license may receive any compensation for services so rendered.

Section 12814. Cease and Desist Order. (a) The Board, Commission, or any person affected may petition the court having jurisdiction for injunctions to prevent violations of the provisions

of any applicable statute or rule; the court is empowered to grant a cease and desist order regardless of whether criminal prosecution or any other action is instituted as a result of such violation. A single act of illegal practice, including the offer to practice, shall be sufficient to invoke the injunctive relief of this Section. The court may issue a restraining order or injunction, or both, without requiring allegation or proof that the petitioner has no adequate remedy at law.

- (b) The violation of any cease and desist order issued by the court under Subsection (a) of this Section shall subject the person violating the order to further proceedings before the court; the court shall be authorized to impose a fine not to exceed Five Hundred Dollars (\$500.00) for each violation thereof. Each day that a person practices in violation of this Article shall constitute a separate violation.
- (c) Nothing in this Section shall be construed to prohibit the Board or Commission from seeking remedies otherwise available by statute without first seeking a cease and desist order in accordance with the provisions of this Section.

## Section 12815. Licensee-Patient Relations; General.

(a) Privileged Communications. No licensee or licensee's employee or agent may disclose any information acquired from a patient being consulted in his professional capacity, except:

- (1) in the event the licensee, his employee or agent reasonably suspects an act or acts of child abuse, sexual abuse, or neglect have been or are being committed;
- (2) when the communication of threat, crime or harmful act is made known to the licensee;
- (3) when it is necessary to advise parents of a child's self-destructive behavior for the protection of the child if the child is an unemancipated minor, or an adult adjudicated incompetent or otherwise found to be incompetent; and
- (4) when the patient gives written and informed consent for the sharing of the patient's confidential information with third parties.
- (b) Determination of a Patient's Need for Care. The determination of a patient's need for care may be made within the scope of practice as defined by these rules and regulations. The determination shall be the sole privilege of the licensee and is considered to be an inherent part of the scope of practice of a licensee's discipline.
- (c) Gifts and Premiums. No licensee, or licensee's staff shall offer, give, dispense, distribute or make available to any person, or aid or abet another to do so, any gift, premium, chance, reward, ticket, item or thing of more than minimal value as a reward or inducement for obtaining a patient for any practice. The Board is the sole judge of what is interpreted as being of nominal value.

(d) Termination of Relationship. No licensee shall abandon a patient he or she has undertaken to treat. Treatment may be discontinued after reasonable notice has been given to the patient by the licensee of the intention to discontinue treatment and the patient has had a reasonable time to secure the services of another professional, or after all licensee services actually begun have been completed and there is no contract or agreement to provide further treatment.

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Advertisements and Professional Signs, Section 12816. Signs shall designate the name Professional Signs. (a) Listings. of the professional office where a licensee is engaged in the practice of the profession. Signs may contain the name of the practitioner, earned degree or degrees, or the name of a specialty you are limited, if limited to a specialty. The sign may also indicate the common conditions treated. The use of flashing or moving background or lettering in a sign is expressly prohibited pursuant to sign regulations, Article 5 of Chapter 61 of Title 21 of the Guam Code Annotated.

- (b) Advertisement of Professional Services; Restrictions. Licensees are prohibited from advertisements, which include the following:
  - false, misleading or deceptive statements;
  - (2) statements of opinion as to the quality of services;

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- (3) an appeal to an individual's anxiety in a excessive or unfair way, intimidate, or exert undue pressure or influence over a prospective patient;
- (4) the creation of unjustified expectations concerning the potential result of any treatment;
- (5) the promotion of professional superiority or performance of professional services in a superior manner;
- (6) reference to benefits or other attributes of procedures or products that involve significant risks, but which do *not* include realistic assessments of the safety and efficacy of those procedures or products;
- (7) statistical data, representations or other information *not* susceptible to reasonable verification by the public;
- (8) reference to a fee or fees for services, which do not disclose that additional fees may be involved in individual cases, if the possibility of incurring such additional fees may reasonably, be foreseen;
- (9) the utilization, in any manner, of any celebrity or authority figure;
- (10) direct or implied guarantees or testimonials from patients or other persons;
- (11) the availability of free treatment, free examinations or free consultations;

(12) any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients or customers to any Board licensee; (13) the offer a discount for services without

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- disclosing the total fee to which the discount will apply; and
- (14) a false disclosure of the source of an authorship of any message published under a by-line.
- Professional Listings, Newspaper and Telephone Such listings may contain the name, the degree Directory. or degrees of each licensee, the address, phone numbers, office hours and graphics, such as a clinic logo or the logo of a professional association of which the licensee is a bona fide member. Listings may also include an indication of the common conditions treated. Where the practitioner limits his or her practice to one (1) specialty, the practitioner may add such limitation of practice or specialty immediately following his or her alphabetical listing. Professional board certifications may also be indicated as long as a national professional association or the Board recognizes the certification. A practitioner shall not list or permit the listing of his or her name, clinic name or address under any separate practice type or specialty heading for which he or she is not licensed.

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Section 12817. Professional Signs, Advertisements and Listings; Violations; Disciplinary Action. (a) No disciplinary action may be commenced until the licensee or firm involved has

action may be commenced until the licensee or firm involved has been given thirty (30) days written notice of the Board's evaluation of the advertisement. This notice must include a copy of the applicable portions of these rules and regulations, describe the prohibited advertising involved, and state that the violator has thirty (30) days from the date of notice to correct the violation. If the violation is *not* corrected, disciplinary action shall follow. The thirty (30) day notice and right to correct are *not* applicable to any subsequent violations.

- (b) No disciplinary action will be taken against a licensee for the acts of advertising agents that result in communications to the public which do *not* comply with the restrictions adopted by the Board, *if* the advertisement does *not* specify the name of the licensee, or the name of the group, corporation or firm under which the licensee practices. *However*, this provision does *not* apply in the following situations:
  - (1) the advertising agency is owned or controlled by the licensee;
  - (2) the licensee provided information that does *not* comply with restrictions adopted by the Board to the advertising agent for distribution to the public; *or*
  - (3) the content of the advertising is determined to any extent by the licensee.

(c) Applicability. This Section applies to any advertising done on Guam regardless of whether such advertising is done for, or on behalf of, or contracted by any off-Island practice or organization.

Section 12818. Board Meetings. The Board shall meet regularly at a time and place decided by the Board, or as decided by the Chairperson. A special meeting may be called at the discretion of the Chairperson. All meetings, whether regular or special, shall be announced and notice thereof given in accordance with the Administrative Adjudication Law.

Section 12819. Fee Schedule. The Board in accordance with the following fee schedule will assess fees for each applicant for licensure. Fees received by the Board shall be deposited in the Revolving Fund of §12229 of Article 2, Chapter 12 of Title 10 of the Guam Code Annotated in accordance with the laws of Guam. All fees are non-refundable.

17	Application by Endorsement	\$125.00
18	Application by Examination	125.00
19	Nursing Home Administrator Application	125.00
20	Certificate of Exemption	50.00
21	License Fee (Initial)	125.00
22	Renewal Fee	80.00
23	Late Renewal (Penalty)	100.00
24	Collaborative Practice Agreement	
25	For Prescriptive Authority (initial or renewal)	50.00

License Verification 25.00
Re-issuance of Certificate 75.00
Re-issuance of License Card 10.00
Practice Act 5.00
Rules and Regulations 10.00
Photocopy (up to five (5) pages) 4.00
Photocopy (each additional sheet) 0.50
Examination fee (as determined by the Board.)
The above fee schedule and other fees determined by the Board
shall be subject to amendments through the Administrative
Adjudication Law, Rule Making Procedures, pursuant to Article 3 of
Chapter 9 of Title 5 of the Guam Code Annotated.
Section 12820. Disciplinary Action Against Licensees.
(a) Range of Actions. The range of disciplinary
actions available to the Board includes, but not limited to, the
following:
(1) revocation of the Allied Health license;
(2) suspension of the Allied Health license;
(3) probation;
(4) stipulations, limitations, restrictions and
conditions relating to practice;
(5) censure, including specific redress, if
(5) censure, including specific redress, if appropriate;

1	<li>(8) monetary redress to another party;</li>
2	<ul><li>(9) a period of free public or charity service;</li></ul>
3	(10) satisfactory completion of an educational
4	training and/or treatment program or programs;
5	(11) fine; <i>and</i>
6	(12) payment of disciplinary costs.
7	The Board at its discretion may take such actions singly or in
8	combination, as the nature of the violation requires.
9	(b) Letter of Concern. The Board should be
10	authorized to issue a confidential letter of concern to a licensee
11	when, though evidence does not warrant formal proceedings, the
12	Board has noted indications of possible errant conduct by the
13	licensee that could lead to serious consequences and formal action.
14	In its letter of concern, the Board should also be authorized, at its
15	discretion, to request clarifying information from the licensee.
16	(c) Examination/Evaluation. The Board should be
17	authorized, at its discretion, to require professional competency,
18	physical, mental or chemical dependency examination(s) or
19	evaluation(s) of any applicant or licensee, including withdrawal
20	and laboratory examination of bodily fluids.
21	(d) Grounds for Action. The Board should be
22	authorized to take disciplinary action for unprofessional or
23	dishonorable conduct, which should be defined to mean, but not
24	be limited to, the following:

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- (1) fraud, bribery or misrepresentation in the application or procurement of a license or in connection with applying for or procuring periodic re-registration of a license;
- (2) cheating on or attempting to subvert a licensing examination;
- (3) conviction of a gross misdemeanor or felony, or a plea of guilty or nolo contenders to a gross misdemeanor or felony charge, whether or not related to the practice of an allied health profession;
- (4) conduct likely to deceive, defraud or harm the public;
- (5) making a false or misleading statement regarding his or her skill or the efficacy or value of the treatment or remedy prescribed by him or her, or at his or her direction, in the treatment of any disease or other condition of the body or mind;
- (6) representing to a patient that an incurable condition, sickness, disease or injury can be cured;
- (7) willfully or negligently violating the confidentiality between practitioner and patient except as required by law;
- (8) negligence in the practice of an allied health profession as determined by the Board;

1	(9) being found adjudicated mentally incompetent
2	or of unsound mind by a court of competent jurisdiction;
3	(10) being physically or mentally unable to engage
4	safely in the practice of an allied health profession;
5	(11) practice or other behavior that demonstrates an
6	incapacity or incompetence to practice an allied health
7	profession;
8	(12) the use of any false, fraudulent or deceptive
9	statement in any document connected with the practice of an
10	allied health profession;
11	(13) practicing under a false or assumed name;
12	(14) aiding or abetting the practice of an allied health
13	profession by an unlicensed, incompetent or impaired
14	person;
15	(15) allowing another person or organization to use
16	his or her license to practice an allied health profession;
17	(16) commission of any act of sexual misconduct,
18	which exploits the practitioner-patient relationship in a
19	sexual way;
20	(17) habitual or excessive use or abuse of drugs,
21	alcohol or other substances that impairs ability to perform
2 <u>2</u>	his/her profession;
23	(18) prescribing, selling, administering, distributing,
24	ordering or giving any drug legally classified as a controlled

substance, or recognized as an addictive or dangerous drug for other than accepted therapeutic purposes;

- (19) except as otherwise permitted by law, prescribing, selling, administering, distributing, ordering or giving to a habitual addict, or any person previously drug dependent, any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug;
- (20) prescribing, selling, administering, distributing, ordering or giving any drug legally classified as a controlled substance or recognized as an addictive or dangerous drug to a family member or to himself or herself;
- (21) violating any state or Federal law or regulation relating to controlled substances;
- (22) obtaining any fee by fraud, deceit or misrepresentation;
  - (23) employing abusive billing practices;
- (24) directly or indirectly giving or receiving any fee, commission, rebate or other compensation for professional services *not* actually and personally rendered, though this prohibition should *not* preclude the legal functioning of lawful professional partnerships, corporations or associations;
- (25) disciplinary action of another state or jurisdiction against a license or other authorization to practice an allied health profession based upon acts or conduct by the licensee

similar to acts or conduct that would constitute grounds for action as defined in this Section, a certified copy of the record of the action taken by the other state or jurisdiction being conclusive evidence thereof;

- (26) failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction, United States or foreign, by any peer review body, by any health care institution, by any professional society or association, by any governmental agency, by any law enforcement agency, or by any court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this Section;
- (27) failure to report to the Board surrender of a license or other authorization to practice an allied health profession in another state or jurisdiction, or surrender of membership in any professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this Section;
- (28) any adverse judgment, award or settlement against the licensee resulting from an allied health liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for action, as defined in this Section;

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- (29) failure to report to the Board any adverse judgment, settlement or award arising from a liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this Section;
- (30) failure to transfer pertinent and necessary records to another practitioner in a timely fashion when legally requested to do so by the subject patient, or by a legally designated representative of the subject patient;
  - (31) improper management of patient's records;
- (32) failure to furnish the Board, its investigators or representatives, information legally requested by the Board;
- (33) failure to cooperate with a lawful investigation conducted by the Board;
- (34) willful negligence in complying with the rules and regulations of the Guam Board of Allied Health pertaining to physician supervision of physician assistants;
- (35) violation of any provision(s) of the Allied Health Practice Act or the rules and regulations of the Board or of an action, stipulation or agreement of the Board;
- (36) failure to follow generally accepted infection control procedures; and
- (37) failure to comply with any state statute or board regulation regarding a licensee's reporting responsibility for

HIV, HVB (hepatitis B virus) or HVC (hepatitis C virus) sero-positive status.

Section 12821. Procedures for Enforcement and Disciplinary

Action. (a) Board Authority. The Board shall be empowered

to commence legal action to enforce the provisions of the Allied

Health Practice Act and to exercise full discretion and authority

with respect to disciplinary actions.

- (b) Separation of Functions. In the exercise of its power, the Board's investigative and judicial functions should be separated to assure fairness, and the Board should be required to act in a consistent manner in the application of disciplinary sanctions.
- administrative procedures act or similar statute, in whole or in part, should either be applicable to or serve as the basis of the procedural provisions of the Allied Health Practice Act. The procedural provisions should provide for investigation of charges by the Board; notice of charges to the accused; an opportunity for a fair and impartial hearing for the accused before the Board or its examining committee; an opportunity for representation of the accused by counsel; the presentation of testimony, evidence and argument; subpoena power and attendance of witnesses; a record of proceedings; and judicial review by the courts in accordance with the standards established by the jurisdiction for such review.

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

- (e) Informal Conference. Should there be an open meeting law, an exemption to it should be authorized to permit the Board, at its discretion, to meet in informal conference with an accused licensee who seeks or agrees to such a conference. Disciplinary action taken against a licensee as a result of such an informal conference, and agreed to in writing by the Board, and the accused licensee should be binding and a matter of public record. However, license revocation and suspension should be dealt with in open hearing. The holding of an informal conference should not preclude an open hearing if the Board determines such is necessary.
- authorized to summarily suspend a license prior to a formal hearing when it believes such action is required due to imminent threat to public health and safety. The Board should be permitted to summarily suspend a license by means of a vote conducted by telephone conference call or other electronic means, *if* appropriate Board officials believe such prompt action is required. Proceedings for a formal hearing should be instituted simultaneously with the summary suspension. The hearing should be set within thirty (30) days of the date of the summary suspension. No court should be empowered to lift or otherwise

interfere with such suspension while the Board proceeds in a timely fashion.

- should be authorized to issue a cease and desist order and/or obtain an injunction to restrain any person or any corporation or association, and its officers and directors from violating the provisions of the Allied Health Practice Act. Violation of an injunction should be punishable as contempt of court. No proof of actual damage to any person should be required for issuance of a cease and desist order and/or an injunction, nor should issuance of an injunction relieve those enjoined from criminal prosecution for violation of the Allied Health Practice Act.
- (h) Board Action Reports. All the Board's final disciplinary actions and license denials, including related findings of fact and conclusions of law, should be matters of public record. Voluntary surrender of and voluntary limitation(s) on the license of any person should also be matters of public record.
- (i) Tolling Periods of License Suspension or Restriction.

  The Board should provide, in cases of license suspension or restriction, that any time during which the disciplined allied health professional practices in another jurisdiction without comparable restriction shall *not* be credited as part of the period of suspension or restriction.

Section 12822. Compulsory Reporting and Investigation.

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(a) Any person shall be permitted to report to the Board in writing information he or she has reason to believe indicates an allied health licensee is, or may be, professionally incompetent, guilty of unprofessional conduct or mentally or physically unable to engage safely in the practice of an allied health profession.

The following shall be required to report to the Board

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

- (1) all professionals licensed under the Act;
- all licensed health care providers;
- (3) all hospitals and other health care institutions on Guam, to include hospitals, clinics, managed care organizations, etc.;
- (4) all government/with services involving health care activities;
  - (5) all law enforcement agencies in Guam;
  - (6) all courts in Guam; and
  - (7) all peer review bodies on Guam.
- (b) Malpractice insurance carriers and affected licensees shall be required to file with the Board a report of each final judgment, settlement or award against insured licensees.

Licensees not covered by malpractice insurance carriers shall be required to file the same information with the Board regarding themselves. All such reports shall be made to the Board promptly (e.g. within thirty (30) days).

- (c) Upon receiving reports concerning a licensee, or on its own motion, the Board shall be permitted to investigate any evidence that appears to show a licensee is, or may be, medically incompetent, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of an allied health profession.
- (d) Any person, institution, agency or organization required to report under this provision of the Allied Health Practice Act who does so in good faith shall *not* be subject to civil damages or criminal prosecution for so reporting.
- (e) To assure compliance with compulsory reporting requirements, specific civil penalties shall be established for demonstrated failure to report up to Ten Thousand Dollars (\$10,000.00) per instance.
- (f) The Board shall promptly acknowledge all reports received under this Section. Persons or entities reporting under this Section shall also be promptly informed of the Board's final disposition of the matter reported.

Section 12823. Unlawful Practice of Allied Health Profession:

Violation and Penalties. (a) It shall be declared unlawful for any

person, corporation or association to perform any act constituting the practice of an allied health profession as defined in the Allied Health Practice Act without first obtaining a license in accordance with that Act and the rules and regulations of the Board.

- (b) The Board shall be authorized to issue a cease and desist order and/or obtain injunctive relief against the unlawful practice of an allied health profession by any person, corporation or association.
- (c) Any person, corporation or association performing any act constituting the practice of an allied health profession, as defined in the Allied Health Practice Act, or causing or aiding and abetting such action, shall be deemed guilty of a felonious offense.
- (d) A practitioner located in another state practicing within the state by electronic or other means without a license issued by the Board shall be deemed guilty of a felonious offense.

  Section 12824. Renewal of Licensure. (a) At the time of renewal of licensure, the Board shall require the licensee to demonstrate to its satisfaction his or her continuing qualification for licensure. The application form for license re-registration shall be designed to require the licensee to update and/or add to the information in the Board's file relating to the licensee and his or her professional activity. It shall also require the licensee to report to the Board the following information:
  - (1) Any action taken against the licensee by:

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- (a) any jurisdiction or authority, United States or foreign, that licenses or authorizes the practice of an allied health profession;
  - (b) any peer review body;
  - (c) any health care organization;
  - (d) any professional society or association,
  - (e) any law enforcement agency;
  - (f) any court; and
- (g) any governmental agency for acts or conduct similar to acts or conducts described in the Allied Health Practice Act as grounds for disciplinary action.
- (2) Any adverse judgment, settlement or award against the licensee arising from a professional liability claim.
- (3) The licensee's voluntary surrender of or voluntary limitation on any license or authorization to practice an allied health profession in any jurisdiction, including military, public health and foreign.
- (4) Any denial to the licensee of a license or authorization to practice an allied health profession by any jurisdiction, including military, public health and foreign.
- (5) The licensee's voluntary resignation from the staff of any professional organization or voluntary limitation of his or her staff privileges at such an organization, if that

action occurred while the licensee was under formal or informal investigation by the organization or a committee hereof for any reason related to possible professional incompetence, unprofessional conduct, or mental or physical impairment.

- (6) The licensee's voluntary resignation or withdrawal from a national, state, or county professional society, association or organization, if that action occurred while the licensee was under formal or informal investigation or review by that body for any reason related to possible professional incompetence, unprofessional conduct, or mental or physical impairment.
- (7) Whether the licensee has abused or has been addicted to or treated for addiction to alcohol or any chemical substance during the registration period.
- (8) Whether the licensee has had any physical injury or disease, or mental illness within the registration period that affected or interrupted his or her practice of an allied health profession.
- (9) The licensee's completion of continuing education or other forms of professional maintenance and/or evaluation, including certification or re-certification, within the registration period.