



07-12-2021

4:47 pm

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Dear Speaker Therese Terlaje and the 35th Guam Legislature

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Bill 112 to Repeal the Arbitration Act

July 7th, 2021

The Guam Medical Society, Guam Nurses Association, Guam Memorial Hospital Medical Staff, The Doctors' Clinic and many other clinics on Guam are opposed to Bill 112 relative to repealing the Mandatory Medical Malpractice Arbitration Act

“Hafa’ A’dai, I am Dr. John Taitano, Co-owner of the Doctors’ Clinic, President of the Guam Medical Society, Past President of the Guam Memorial Hospital Medical Staff (Chief of Staff), Past President of the Guam Commission on Licensure and Past Chairman of the Guam Board of Medical Examiners, and I have been practicing Internal Medicine on Guam for the past 41 years!”

The old adage, “If it ain’t broke, why fix it?” should be considered here. The current Arbitration Act allows for patients and their families to bring their complaints and grievances before an Arbitration Board consisting of an arbitrator, unbiased Guam physician in the same medical specialty to review the complaint/grievance and discuss the merits of the case and to determine if the case should proceed to the court system for a trial. This forum is available and is fair and the discussion on the merits of the case could result in an equitable settlement/understanding and avoid the expense and time of proceeding to a court trial. We are in support of funding an Arbitration Act monetary account with

medical license fees to defray the cost of arbitration for patients who meet the Federal Poverty Guidelines and unable to afford the cost of arbitration. Zoom technology today allows for an Arbitration Board to meet in a secure and private fashion with computer technology and obviate the need for airline travel, hotel accommodations, meals and per diem cost and allows the arbitrator, unbiased Guam Licensed physician and patient and attorney to remain in place through zoom and continue their other responsibilities when not in arbitration through a zoom meeting.

Bill 112 would negatively affect the delivery of quality healthcare on Guam by driving up the cost of healthcare with doctors ordering more unnecessary laboratory tests, exposing the patients to more radiation from more X-ray tests and invasive medical procedures to practice defensive medicine in anticipation of missing an esoteric and rare diagnosis as the differential diagnosis list can be as short as 3 diagnoses or 10-20 or more diagnoses. Our Hippocratic Oath, "First, do no harm." drives physicians and health care providers to provide quality care by remembering that patients always come first and that we treat each patient as "family" which maintaining social detachment to avoid emotional clouding of our judgement.

Bill 112 would cause an exodus of healthcare providers to retire early or leave Guam to avoid a litigious environment and further compounds the problem that Guam is already a physician shortage area and Bill 112 also would discourage our Guam medical students and residents in healthcare training to return to Guam to practice when the pay and technology is better and more advanced in the United States. We want to encourage our future healthcare workers to return to Guam to help our island home, not chase them away!

Many years ago, when I was Chairman of the Guam Board of Medical Examiners and President of the Guam Commission on Licensure, we saw wisdom in requiring

that all physicians applying for licensure in Guam must be Board Eligible or Board Certified by an American Board of Medical Specialties. This would ensure that all physicians applying to Guam for licensure must complete at least a 3-year medical or surgical residency program and not the 1-year General Practice Program before obtaining a license in Guam with the rationale that more formal training would result in higher education level. We wanted to raise the level of education and training required to practice medicine in our remote island location in the hopes that that would translate to better healthcare delivery.

Malpractice on Guam is already being addressed by the Guam Board of Medical Examiners. When I was Chairman of the Guam Board of Medical Examiners, we **denied some applications for licensure**, because of reportable malpractice claims from the National Practitioner Data Bank, and **also revoked some Guam licenses** for those physicians with flagrant malpractice events when reviewed by the Board. Let the system that is already in place work the way it is supposed to!

“Again, the **Guam Medical Society, Guam Nurses Association, The Doctors’ Clinic and many other clinics on Guam are totally opposed to Bill 112!**”

Thank you for allowing me this opportunity to speak on behalf of the Guam Medical Society.



JOHN RAY TAITANO, MD, MSS, FACP
President, Guam Medical Society



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Latest Findings on the Looming Physician Shortage

By Jennifer L.W. Fink, RN, BSN

Last Updated: April 19, 2021

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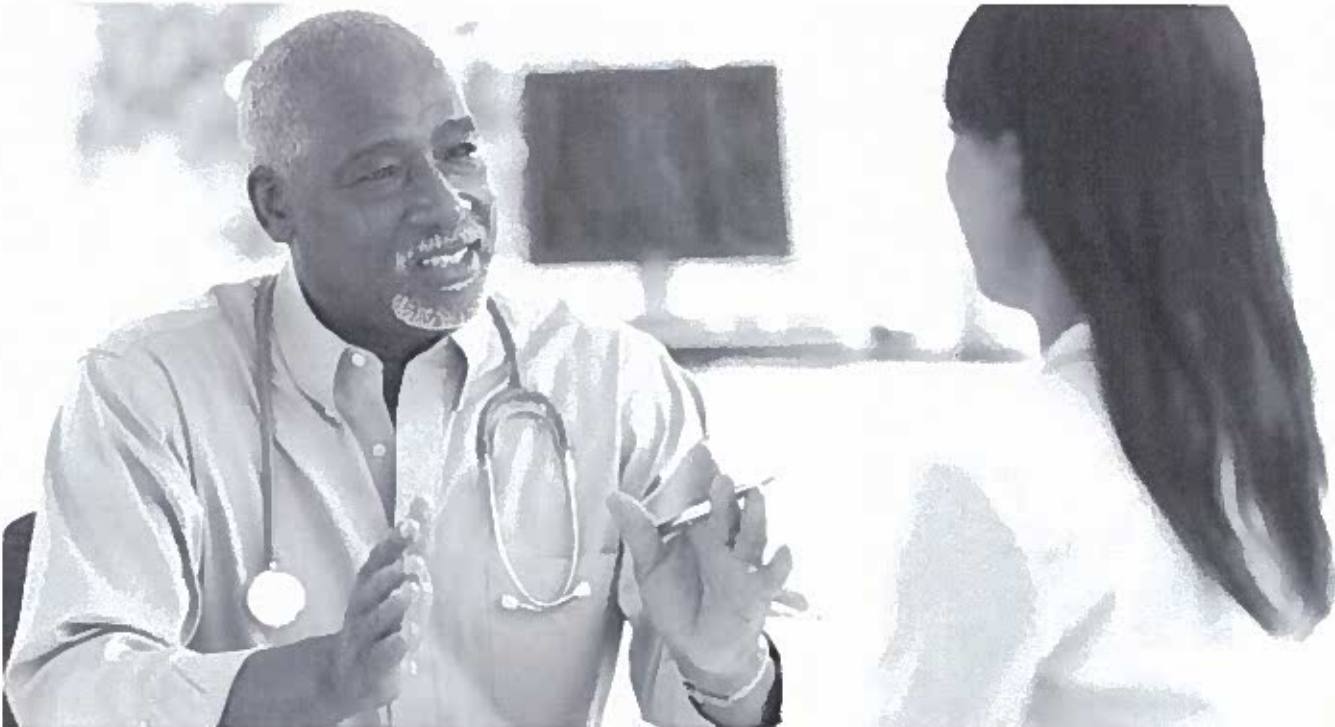
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THERESE M. TERLAJE

~~07~~ 12 2021

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The doctor shortage in the U.S. will likely get worse before it gets better.

According to data published in June 2020 by the Association of American Medical Colleges (AAMC), the United States will be short between 21,400 and 55,200 primary care physicians by 2033. The AAMC projects a shortage of between 33,700 and 86,700 non-primary care specialty physicians, including surgeons, oncologists, and cardiologists.

Those projections were based on data gathered before the COVID-19 pandemic upended healthcare. It's too soon to predict the full impact of the pandemic, but its ripple effects will probably reshape medicine and healthcare in the years to come.

Here's what the latest information shows about the physician shortage:

1. Demand for physicians is outpacing supply.

Though some physicians were furloughed during the pandemic—due to lack of demand for services when [COVID-19](#) restrictions canceled elective procedures—overall demand for physicians continues to outpace supply. Despite increasing enrollment in medical schools, the AAMC predicts a projected total doctor shortage of between 54,000 and 139,000 physicians by 2033.

Because the pandemic interrupted the education of medical students and residents (as well as the college, high school, and K-8 students behind them), the entry of the next generation of physicians into the workforce may be delayed.

2. Removal of barriers to care may increase demand for doctors.

Increasing attention to healthcare disparities has led to calls to expand access to healthcare. The AAMC found that demand could rise by an additional 74,000 to 145,000 physicians if underserved populations had healthcare use patterns similar to populations with fewer access barriers.



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Between 2018 and 2033, the United States population under age 18 is projected to grow just 3.9%. Conversely, the population age 65 and older is predicted to grow by 45.1%, while the 75-and-older population may grow nearly 50%.

The AAMC predicts that by 2033, 43% of the demand for physician services will be for the care of people aged 65 and older.

4. Demand for hospitalist physicians may decline.

Over the last decade, hospitals and healthcare systems have hired many hospitalists. However, there's some evidence to suggest that demand may be tapering off. According to the AAMC, "If the annual number of primary-care-trained physicians becoming hospitalists remains similar over time, then by 2033, general hospitalist supply will be between about 3,800 and 8,000 higher than current demand scenarios expect."

5. COVID-related burnout may hasten physician retirements, exacerbating the physician shortage.

More than 2 out of 5 currently active physicians will be at least 65 years old within the next decade, and a wave of expected retirements is a major driver of concerns about the physician workforce. Some evidence suggests that the stress of the COVID-19 pandemic may cause some physicians to retire early.

In August 2020, 43% of over age 45 physicians surveyed by Merritt Hawkins for the Physician Foundation said they would like to retire in the next year; 21% of doctors aged



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to work even harder toward educational, political, cultural and financial solutions to meet growing patient demand while still maintaining a high quality of care.

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About The Author



Jennifer L.W. Fink, RN, BSN

Jennifer L.W. Fink, RN, BSN is a Registered Nurse-turned-writer. She's also the creator of BuildingBoys.net and co-creator/co-host of the podcast On Boys: Real Talk about Parenting, Teaching & Reaching Tomorrow's Men.

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