

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
SAIPAN, TINIAN, ROTA and NORTHERN ISLANDS**



COMMONWEALTH REGISTER

**VOLUME 47
NUMBER 5
MAY 15, 2025**

**COMMONWEALTH REGISTER
VOLUME 47
NUMBER 05
MAY 15, 2025**

ADOPTION

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RAYMOND M. MUNA
Chairperson, CSC

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CIVIL SERVICE COMMISSION
OFFICE OF PERSONNEL MANAGEMENT

P.O. BOX 5153 CHRB, SAIPAN, MP 96950-5153

CSC TEL NO: (670) 233-1606

OPM TEL. NO: (670) 234-6925 / 6958 / 8036 | FAX NO. (670) 234-1013

CSC website: <http://www.cnmisc.net> | OPM website: <https://opm.cnmi.gov>



JOSEPH M. PANGELINAN
Director of Personnel

**PUBLIC NOTICE OF CERTIFICATION AND ADOPTION OF REGULATIONS OF THE
CIVIL SERVICE COMMISSION**

**AMENDMENTS TO PART 001 GENERAL PROVISIONS; PURPOSE AND SCOPE
(NMIAC §10-20.2-001 through §10-20.2-020)**

ACTION TO ADOPT PROPOSED REGULATIONS: The Commonwealth of the Northern Mariana Islands, Civil Service Commission ("CSC"), HEREBY ADOPTS AS PERMANENT regulations the Proposed Regulations which were published in the Commonwealth Register pursuant to the procedures of the Administrative Procedure Act, 1 CMC § 9104(a). The CSC announced that it intended to adopt them as permanent, and now does so.

I certify by signature below that as published, such adopted regulations are true, complete, and correct copy of the referenced proposed regulations, and that they are adopted without modification.

PRIOR PUBLICATION: These regulations were published as proposed regulations in the Commonwealth Register Volume 47, Number 03, Pages 051968 to 051976 dated March 15, 2025.

ATTORNEY GENERAL APPROVAL: The adopted regulations were approved for promulgation by the Attorney General in the above-cited pages of the Commonwealth Register pursuant to 1 CMC § 2153 (e).

MODIFICATIONS FROM PROPOSED REGULATIONS, IF ANY: None.


AUTHORITY: The Civil Service Commission has statutory authority to promulgate and effect personnel regulations pursuant to 1 CMC § 8117, as amended by Public Law No. 17-80, and specifically the Sick Leave Regulations, as authorized by Public Law No. 8-25.

EFFECTIVE DATE: Pursuant to the APA, 1 CMC sec. 9105(b), these adopted regulations are effective 10 days after compliance with the APA, 1 CMC §§ 9102 and 9104(a) or (b), which, in this instance, is 10 days after this publication in the Commonwealth Register.

COMMENTS AND AGENCY CONCISE STATEMENT: No written or oral comments regarding the proposed regulations were submitted during the 30-day comment period.

I DECLARE under penalty of perjury that the foregoing is true and correct, and that this declaration was executed on the 15th day of April 2025, at Saipan, Commonwealth of the Northern Mariana Islands.

Certified and ordered by:


RAYMOND M. MUNA,
Chairperson, Civil Service Commission

4.15.2025

Date

Pursuant to 1 CMC § 2153(e) (AG approval of regulations to be promulgated as to form) and 1 CMC § 9104(a)(3) (obtain AG approval) the certified final regulations, modified as indicated above from the cited proposed regulations, have been reviewed and approved as to form and legal sufficiency by the CNMI Attorney General, and shall be published (1 CMC § 2153(f) (publication of rules and regulations)).

Dated the 21st day of April, 2025.


EDWARD MANIBUSAN
Attorney General

Filed and
Recorded by:


ESTHER SAN NICOLAS
Commonwealth Registrar

Date

05.15.2025



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CANNABIS COMMISSION

BLDG., #1341, Asencion Ct., Capitol Hill,
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Phone: (670) 488-0420
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**PUBLIC NOTICE OF CERTIFICATION AND ADOPTION OF REGULATIONS FOR
THE CNMI CANNABIS COMMISSION**

PRIOR PUBLICATION IN THE COMMONWEALTH REGISTER
AS PROPOSED AMENDMENTS TO REGULATIONS
Volume 47 Number 03, pp 051977 - 051991 of March 15, 2025

ACTION TO ADOPT PROPOSED REGULATIONS: The Commonwealth of the Northern Mariana Islands Cannabis Commission ("The Commission") HEREBY ADOPTS AS PERMANENT amendments to the Proposed Regulations which were published in the Commonwealth Register at the above-referenced pages, pursuant to the procedures of the Administrative Procedure Act, 1 CMC § 9104(a). The Commission announced that it intended to adopt them as permanent, and now does so.

I also certify by signature below that, as published, such adopted regulations are a true, complete and correct copy of the referenced Proposed Regulations, and that they are being adopted without modification or amendment.

PRIOR PUBLICATION: The prior publication was as stated above.

MODIFICATIONS FROM PROPOSED REGULATIONS, IF ANY: NONE.

AUTHORITY: The Commission is required by the Legislature to adopt rules and regulations regarding those matters over which the CNMICC has jurisdiction, see Public Laws 20-66 and 21-05.

EFFECTIVE DATE: Pursuant to the APA, 1 CMC sec. 9105(b), these adopted regulations are effective 10 days after compliance with the APA, 1 CMC §§ 9102 and 9104(a) or (b), which, in this instance, is 10 days after this publication in the Commonwealth Register.

COMMENTS AND AGENCY CONCISE STATEMENT: Pursuant to the APA, 1 CMC sec. 9104(a)(2), the agency has considered fully all written and oral submissions respecting the proposed regulations (no written comments submitted). Attached hereto are the Commission responses to all public comments received. (none) Upon this adoption of the regulations, the agency, if requested to do so by an interested person, either prior to adoption or within 30 days thereafter, will issue a concise statement of the principal reasons for and against its adoption, incorporating therein its reasons for overruling the considerations urged against its adoption.

ATTORNEY GENERAL APPROVAL for non-modified regulations or regulations with NON-material modification: The adopted regulations were approved for promulgation by the Attorney General in the above-cited pages of the Commonwealth Register, pursuant to 1 CMC sec. 2153(e) (To review and approve, as to form and legal sufficiency, all rules and regulations to be promulgated by any department, agency or instrumentality of the Commonwealth government,

including public corporations, except as otherwise provided by law).

I DECLARE under penalty of perjury that the foregoing is true and correct and that this declaration was executed on the 23th day of April, 2025, at Saipan, Commonwealth of the Northern Mariana Islands.

Certified and
Ordered by:



JUAN T. IGUEL
Chairman of the Commission

4/23/2025

Date

Filed and
Recorded by:



ESTHER R.M. SAN NICOLAS
Commonwealth Registrar

05.15.2025

Date



Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD
P.O. Box 502078, Bldg. No. 1242 Pohnpei Court
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**PUBLIC NOTICE AND CERTIFICATION OF ADOPTION OF THE AMENDMENT TO THE
HEALTH CARE PROFESSIONS LICENSING BOARD FOR
LIMITED LICENSURE FOR FOREIGN MEDICAL GRADUATES**

**PRIOR PUBLICATION IN THE COMMONWEALTH REGISTER AS PROPOSED
AMENDMENTS TO REGULATIONS**

VOLUME 47, NUMBER 4, PAGES 052031 – 052038 OF APRIL 15, 2025

ACTION TO ADOPT PROPOSED REGULATIONS: The Health Care Professions Licensing Board, HEREBY ADOPTS AS PERMANENT regulations the Proposed Regulations which were published in the Commonwealth Register at the above-referenced pages, pursuant to the procedures of the Administrative Procedure Act, 1 CMC § 9104(a). The Health Care Professions Licensing Board announced that it intended to adopt them as permanent, and now does so.

PRIOR PUBLICATION: The initial publication was as stated above. The Health Care Professions Licensing Board adopted the attached regulations as final as of the date of signing below.

MODIFICATIONS FROM PRIOR PUBLISHED PROPOSED REGULATIONS, IF ANY: One comment was received supporting the proposed amendment, and the board approved as is.

AUTHORITY: The Health Care Professions Licensing Board has statutory power to promulgate and effect regulations pursuant to 3 CMC §2206(b), as amended.

EFFECTIVE DATE: Pursuant to the APA, 1 CMC § 9105(b), these adopted amendments to the Regulations for **Limited Licensure for Foreign Medical Graduates** are effective 10 days after compliance with the APA, 1 CMC §§9102 and 9104(a) or (b), which in this instance, is 10 days after publication in the Commonwealth Register.

COMMENTS AND AGENCY CONCISE STATEMENT: Pursuant to the APA, 1 CMC § 9104(a)(2), the agency received one supporting comment on the proposed amendments to the regulations for **Limited Licensure for Foreign Medical Graduates**. Upon this adoption of the amendments, the agency will issue a concise statement of the principal reasons for accepting or rejecting any comments if requested to do so by an interested person within 30 days of publication.

ATTORNEY GENERAL APPROVAL: The adopted regulations for **Limited Licensure for Foreign Medical Graduates** were approved for promulgation by the CNMI Attorney General in the above cited pages of the Commonwealth Register, pursuant to 1 CMC § 2153 (e) (to review and approve, as to form and legal sufficiency, all rules and regulations to be promulgated by any department, agency or instrumentality of the Commonwealth government, including public corporations, except as otherwise provided by law).

I DECLARE under penalty of perjury that the foregoing is a true and correct copy, and that this declaration was executed on the 13th day of May, 2025, at Saipan, Commonwealth of the Northern Mariana Islands.

Certified and ordered by:




Esther S. Fleming
Executive Director

05/13/25

Date

Filed and recorded by:



Esther San Nicolas
Commonwealth Register

05.15.25

Date

§ 140-50.3—4206 Requirements for Licensing for Foreign or International Medical Graduates with US Training or US Licensure.

A foreign or international medical graduate applying to practice as a physician must meet the following requirements:

1. The applicant is a graduate of a foreign medical school listed in the World Directory of Medical Schools (WDMS) and must have graduated in a calendar year when the medical school was listed in the WDMS.
2. The applicant must have satisfactorily completed at least three (3) years of postgraduate training, internship, or residency in a training program accredited by ACGME, the Accreditation Committee of the Federation of the Medical Licensing Authority of Canada, the Royal College of Physicians and Surgeons of Canada, or another residency program approved by the Board, after earning a medical degree.
3. The applicant must be of good moral character and must not have been convicted of a crime of moral turpitude or a crime related to their practice as a physician in any jurisdiction, U.S. or foreign.

§ 140-50.3—4207 Foreign and International Medical Graduates without U.S. Training or License.

An applicant to practice as a physician under this category must:

1. Be entitled or eligible to enter, work, and remain in the Commonwealth.
2. Be a graduate of a medical school listed in the WDMS and must have graduated in a calendar year when the medical school was recognized by the government agency in the country where the school is located.
3. Have satisfactorily completed a 3-year postgraduate training program (residency and fellowship, if applicable) after earning a medical degree in the field in which they are applying.
4. Have taken and passed the national specialty examination of their field of medicine (if applicable) in the country where they currently practice or provide evidence, approved by the Board, of postgraduate training and continuing medical education reflecting standards commensurate with U.S. and Canadian physicians.
5. Demonstrate a command of the English language by taking and passing the Occupational English Test (OET) for physicians, the TOEFL exam, or another language proficiency exam approved by the Board. Alternatively, fluency may be determined through a conversation with a board member.
6. Hold an unrestricted, active license to practice medicine in the country where they are currently practicing and must have held that license and been practicing independently for at least two (2) years preceding the date of application to practice in the CNMI.
7. Provide a Letter of Good Standing from the licensing and/or regulatory agency in the country where they are currently practicing medicine, satisfactory to the Board, confirming that no disciplinary action has been taken against their license by any medical profession licensing authority and that they have not been the subject of any adverse action such as suspension, revocation, probation, or denial of renewal. This Letter of Good Standing must be issued and dated within six (6) months preceding the date of application to practice in the CNMI.

b) The license shall be for a period of three (3) years and may be renewed or granted an extension with Board approval.

c) A U.S. Social Security number and a National Provider Identification (NPI) number must be provided upon request by the Board during the period that the license is valid.

d) Scope of Practice:

1. The foreign-licensed physician shall practice in accordance with their training and experience.
2. The foreign-licensed physician must have a supervisor to oversee clinical practice per CHCC bylaws or other clinic bylaws.
3. The foreign-licensed physician shall be employed by the Commonwealth Healthcare Corporation or another established healthcare facility willing to comply with these regulations.

e) **Supervising Physician:** The supervising physician must comply with the bylaws of the place of employment.

C) Nothing in these regulations shall:

1. Prohibit the Board from disapproving any foreign medical school or postgraduate training program or from denying an application if, in the opinion of the Board, the professional instruction provided by the medical school or the postgraduate training program or the instruction received by the applicant is not equivalent to that required of U.S.-trained physicians.
2. Prohibit the Board from suspending, revoking, placing on probation, or conditioning the license on any grounds that by law or regulations would be grounds to suspend, revoke, place on probation, or condition the license to practice medicine in the CNMI, or for periods of time when the foreign-licensed physician is not under the supervision of a CNMI-licensed healthcare professional.
3. Prohibit the Board from revoking a previously issued license if the licensee has not entered the CNMI and begun work for the Commonwealth Healthcare Corporation within 6 months from the date of licensure.

D) If the Health Care Professions Licensing Board (HCPLB) is not fully satisfied with a foreign-licensed physician's application, they may request that the sponsoring institution arrange for the candidate to appear before the board for a face-to-face interview. If an in-person meeting is not feasible, the board may instead require a designated member to travel to the candidate's location for an interview. All associated costs will be the responsibility of the petitioning institution.



Commonwealth of the Northern Mariana Islands
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**PUBLIC NOTICE AND CERTIFICATION OF ADOPTION OF THE AMENDMENT TO THE
HEALTH CARE PROFESSIONS LICENSING BOARD FOR
PART 1605 – INCREASE IN SCHEDULE FEES AND SERVICES**

**PRIOR PUBLICATION IN THE COMMONWEALTH REGISTER AS PROPOSED
AMENDMENTS TO REGULATIONS**

VOLUME 47, NUMBER 4, PAGES 052039 – 052046 OF APRIL 15, 2025

ACTION TO ADOPT PROPOSED REGULATIONS: The Health Care Professions Licensing Board, HEREBY ADOPTS AS PERMANENT regulations the Proposed Regulations which were published in the Commonwealth Register at the above-referenced pages, pursuant to the procedures of the Administrative Procedure Act, 1 CMC § 9104(a). The Health Care Professions Licensing Board announced that it intended to adopt them as permanent, and now does so.

PRIOR PUBLICATION: The initial publication was as stated above. The Health Care Professions Licensing Board adopted the attached regulations as final as of the date of signing below.

MODIFICATIONS FROM PRIOR PUBLISHED PROPOSED REGULATIONS, IF ANY: The proposed amendment received no public comment, and the board approved the regulation with three minor typo corrections on fees previously approved by the board.

AUTHORITY: The Health Care Professions Licensing Board has statutory power to promulgate and effect regulations pursuant to 3 CMC §2206(b), as amended.

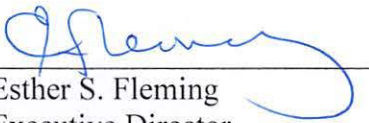
EFFECTIVE DATE: Pursuant to the APA, 1 CMC § 9105(b), these adopted amendments to the Regulations under Part 1605 to increase schedule fees and services are effective 10 days after compliance with the APA, 1 CMC §§9102 and 9104(a) or (b), which in this instance, is 10 days after publication in the Commonwealth Register.

COMMENTS AND AGENCY CONCISE STATEMENT: Pursuant to the APA, 1 CMC § 9104(a)(2), the agency did not receive any comments on the proposed regulations amendments for increasing schedule fees and services. Upon adopting the amendments, the agency will issue a concise statement of the principal reasons for accepting or rejecting any comments if requested by an interested person within 30 days of publication.

ATTORNEY GENERAL APPROVAL: The adopted regulations for the increase in schedule fees and services were approved for promulgation by the CNMI Attorney General in the above cited pages of the Commonwealth Register, pursuant to 1 CMC § 2153 (e) (to review and approve, as to form and legal sufficiency, all rules and regulations to be promulgated by any department, agency or instrumentality of the Commonwealth government, including public corporations, except as otherwise provided by law).

I DECLARE under penalty of perjury that the foregoing is a true and correct copy, and that this declaration was executed on the 13th day of May, 2025, at Saipan, Commonwealth of the Northern Mariana Islands.

Certified and ordered by:



Esther S. Fleming
Executive Director

05/13/25

Date

Filed and recorded by:



Esther San Nicolas
Commonwealth Register ran

05.15.25

Date

§ 185-10-1605 – Schedule Fees and Services by Profession

Professions	Initial Applications		License Renewal		Late fees are due every 1st of the month
	Current	License	Current	Renew License	
Acupuncture	100	300	100	200	
Addiction Professional – Certified (Level I/NCAC1)	100	150	100	50	
Addiction Professional – Certified (Level II/NCAC)	100	200	100	100	
Addiction Professional – Master’s (Level III)	100	300	100	200	
Audiologist	100	300	200	200	
Chiropractor	100	200	200	200	
Clinical Laboratory	200	400	200	300	600
Dentist	100	400	200	300	
Dental Hygienist	100	200	100	100	
Dental Therapist	100	300	100	200	
Dental Assistant – (One-time registration)	100	100	100	N/A	
Embalmer	100	300	100	200	
Emergency Medical Responder (EMR)	100	150	100	50	100
Emergency Medical Technician (EMT)	100	150	100	50	100
Advance Emergency Medical Tech (AEMT)	100	150	100	50	100
Emergency Medical Technician-Paramedic	100	150	100	50	100
License Marriage and Family Therapy	100	300	100	200	
Licensed Professional Counselor (LPC)	100	300	100	200	
Licensed Mental Health Counselor (LMHC)	100	300	100	200	
Licensed Mental Health Counselor Associate	100	300	100	200	
Medical Laboratory Technology	100	300	100	200	
Midwife	100	300	100	200	
Occupational Therapy	100	300	100	200	
Optometry	100	400	200	300	
Pharmacy Intern	100	300	100	200	
Certified Pharmacy Tech	100	300	100	200	
Pharmacist	100	400	200	300	
Pharmacy – (Retail/Wholesale/Mail-Order)	200	500	300	400	1,000
Physical Therapy	100	300	100	200	
Physical Therapy Assistant	100	200	100	100	
Physician	100	500	200	400	
Physician Assistant	100	400	100	300	
Podiatrist	100	500	200	400	
Psychology	100	400	200	300	
Psychology Associate	100	300	100	200	
Radiology Technology	100	300	100	200	
Social Worker (BA)	100	200	100	100	
Social Worker (Master)	100	300	100	200	

§ 185-10-1605 – Schedule Fees and Services by Profession

Social Worker (Clinical)	100	300	100	200	
Speech Language Pathology	100	300	200	200	

Misc Fees	Fees			
	Current	Prop		
Temporary License	200.00	300.00		
Replacement/Duplication of License	75.00	125.00		
Replacement/Duplication of License - Wallet-size card	25.00	75.00		
Fees for Documents:				
• Photocopy - less than 10 pages	No charge			
- more than 11 pages	0.50	1.00		
• Copies of meeting minutes on flash drive	15.00	30.00		
• Request for Information requires more than one hour	Labor at \$20 per hour.			
Annual reports of the Board	10.00	20.00		
Verification of License	25.00	35.00		
Certified Copies		10.00		
Research of licensure status	Less than 30 minutes - no charge; for every half hour over 30 minutes \$15.00			
Hearing Transcripts	\$100 plus the actual cost paid to transcribe			
Preparation of record on appeal	No charge			
In forma pauperis waiver	No charge			
(Expedited means a turnaround time of 5 business days regardless of expiration date)	3X Renewal Fee (i.e., Physician Renewal) \$400 X 3 = \$1,200			



COMMONWEALTH ZONING BOARD ZONING OFFICE

Caller Box 10007, Saipan, MP 96950
Tel. 670-234-9661/2/3, FAX 234-9666
zoningboard@cnmizoning.com



Public Notice of Proposed Zoning Regulations

Notice of Intended Action: The Zoning Administrator hereby approves the publication of the following proposed regulations. The Zoning Administrator intends to adopt these regulations, pursuant to the Administrative Procedure Act, 1 CMC § 9104(a). If adopted, these regulations will become effective ten days after publication of a Notice of Adoption in the Commonwealth Register. 1 CMC § 9105(b).


Authority: These regulations are promulgated under the authority of 2 CMC § 7221 (d), which requires the Zoning Board to promulgate regulations to carry out the intent and purposes of the Zoning Code of the Commonwealth of the Northern Mariana Islands; pursuant to Section 309 of the Saipan Zoning Law of 2013, 10 CMC § 3511, which authorizes the Board to administer and enforce it and to promulgate regulations to carry out its intents and purposes; and Section 30504 of the Nuisance Abatement and Blighted Property Maintenance Act of 2018 which authorizes the Zoning Administrator to enforce its terms and promulgate regulations in furtherance thereof.

Terms and Substance: These proposed regulations specify enforcement priorities, impose fines and fees, and detail the manner in which notice of enforcement activity will be given and appeals will be taken.

On December 18, 2019, the Zoning Board voted to publish these proposed regulations for comment.

Directions for Filing and Publication: These proposed amendments shall be published in the Commonwealth Register in the section on proposed and newly adopted regulations (1 CMC § 9102(a)(1)) and posted in convenient places in the civic center and in local government offices in each senatorial district, both in English and in the principal vernacular (1 CMC § 9104(a)(1)).

Comments: Interested parties may submit written comments on the proposed regulations to Therese T. Ogumoro, Zoning Administrator, via U.S. mail to Caller Box 10007, Saipan, MP 96950, or via email to therese.ogumoro@cnmizoning.com. Comments, data, views, or arguments are due within 30 days from the date of publication of this notice. 1 CMC § 9104(a)(2).

Submitted by:  Date: 04-24-25
Therese T. Ogumoro
Zoning Administrator



COMMONWEALTH ZONING BOARD
ZONING OFFICE

Caller Box 10007, Saipan, MP 96950
Tel. 670-234-9661/2/3, FAX 234-9666
zoningboard@cnmizoning.com



Received by: Jean Paul B. Reyes Date: 04/24/2025
Jean Paul B. Reyes
Acting Special Assistant for Administration

Filed and Recorded by: Esther San Nicolas Date: 05.15.2025
Esther San Nicolas
Commonwealth Register

I certify, pursuant to 1 CMC § 2153(e) and 1 CMC § 9104(a)(3), that I have reviewed and approved these regulations as to form and legal sufficiency.

Edward Manibusan Date: 4/24/2025
EDWARD MANIBUSAN
Attorney General



COMMONWEALTH KUETPUN ZONING UFISINAN ZONING

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Nutisian Pupbliku put i Mapropoponi na Giniha Zoning

Aksión ni Ma'intinsiona: I Atministradót Zoning guini pã'gu ha apreba i pupublikasiòn i tinãtti i na manmaproponi na giniha para i Åktun 2018 na regulasiòn i "Nuisance Abatement" yan "Blighted Property Maintenance" siha. I Atministradót Zoning ha intensiona para u adãpta esti na giniha, sigun gi Åktun Administrative Procedure, 1 CMC § 9104(a). Yanggin ma'adãpta, esti na giniha siempri umifektibu gi dies dihas dispues di pupublikasiòn esti na Nutisian i Adaptasion gi halum i Rehistran Commonwealth. 1 CMC § 9105(b).

Åturidãt: Esti na giniha para u ma'implimenta gi pãpa' i åturidãt i 2 CMC § 7221 (d), ni ha dimãnda i Kuetpun Zoning para u implimenta i regulasiòn/giniha siha para u kãtga huyung i intension yan plãnun-ñiha siha nu i Kodigun Zoning iya Commonwealth gi Sangkattan na Islas Mariãnas; sigun para Seksiona 310 nu i Lain Zoning Sa'ipan nu 2013, 10 CMC § 3511, ni inaturisa i "Zoning Administer" para u kundukta, kãtga huyung, yan para u implimenta i regulasiòn/giniha para u kãtga huyung i intension yan plãnun-ñiha siha; yan Seksiona 30504 nu i Åktun nu 2018 "Nuisance Abatement" yan "Blighted Property Maintenance" ni ha aturisa i Atministradót Zoning para u kãtga huyung i teman-ñiha yan implimenta i regulasiòn siha para u inatbãnsa siha.

I Tema yan i Sustãnsian i Palãbra Siha: Esti maproponi na giniha gi regulasiòn siha prinibebeni klãru na dinifinan "Indigent", i sumãsaonão na "criteria" para u ditetmina mansiña siha, yan i ginagãogão i aplikasiòn.

Direksiòn para u Mapo'lu yan Pupublikasiòn: Esti maproponi na giniha siempri mapupblika gi halum i Rehistran Commonwealth gi halum i seksiona ni maproponi yan nuebu na ma'adãpta na giniha para regulasiòn siha (1 CMC § 9102(a)(1)) yan u mapega gi mangkumbinienti na lugãt siha gi halum civic center yan i ufisinan gubietnu siha gi kada distritun senadot, kuntodu finu' Inglis yan i dos na lingguãhin natibu. (1 CMC § 9104(a)(1)).

Upiñon Siha: I manintires na pattidã siha siña manna'halum tinigi' upiñon put i maproponi na giniha siha gi Åktun nu 2018 na regulasiòn "Nuisance Abatement" yan "Blighted Property Maintenance" para guatu as Therese T. Ogumoro, Atministradót Zoning, kattãyi guatu para Caller Box 10007, Saipan, MP 96950, osino email guatu as therese.ogumoro@cnmizoning.com. I upiñon, data, views, pat testimoniun kinentra siha debi na u manahãlum gi hãlum trenta (30) dihas ginin i fetchan pupublikasion nu esti na nutisia. 1 CMC § 9104(a)(2).



COMMONWEALTH KUETPUN ZONING UFISINAN ZONING

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Nina'hålum as: Therese T. Ogumoro Fetcha: 04.24.25
Therese T. Ogumoro
Atministradót Zoning

Rinisibi as: Jean Paul B. Reyes Fetcha: 04/24/2025
Jean Paul B. Reyes
Tempuråriu Ispisiåt na Ayudånti para Atministrasiån

Pine'lu yan Ninota as: Esther San Nicolas Fetcha: 05.15.2025
Esther San Nicolas
Rehistran Commonwealth

**Hu testiguyi, sigun gi 1 CMC § 2153(e) yan 1 CMC § 9104(a)(3), na hu ribisa yan aprueba
esti na regulasion siha komu fotma yan ligåt na sufisienti.**

Edward Manibusan Fetcha: 4/29/2025
EDWARD MANIBUSAN
Abugådu Heneråt



COMMONWEALTH ZONING BOARD BWULASIYOL ZONING

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Tel. 670-234-9661/2/3, FAX 234-9666
zoningboard@cnmizoning.com



Arongorongol Toulap reel Ppwommwol Afal sáangi Zoning

Arongorong reel Mángemángil Mwóghut: Administrator sáangi Zoning aa átirowa akkatééwowul ppwommwol afal reel mwóghutughut ikka e amwirimwiritiw ngáli “Nuisance Abatement and Blighted Property Maintenance Act of 2018”. Administrator sáangi Zoning e mángemángil rebwe adóptáálil afal kkaal, sáangi Administrative Procedures Act, 1 CMC § 9104(a), Ngáre re adóptááli, ebwe bwunguló mwóghutughut kkal llól seigh ráál mwiril aal akkatééwowul Arongorongol Adóptaa me llól Commonwealth Register. 1 CMC § 9105(b).

Bwángil: Ebwe arongowow mwóghutughut kkaal faal bwángil 2 CMC § 7221 (d), iye e tipáli Zoning Board rebwe arongawow mwóghutughut kkal reel ebwe toowow mángemáng me bwulul Zoning Code-il Commonwealth Téél Falúw kka Efáng llól Marianas; sáangi Tálil 309 reel Alléghúl Zoning sáangi Seipél reel 2013, 10 CMC § 3511, iye e ayoorai bwángiir Board reel rebwe aghatchú mwóghutughutúl me ayoorai alléghúl me rebwe bwal arongawow mwóghutughut kkaal reel mángemángil me bwulul; me Tálil 30504 reel “Nuisance Abatement me Blighted Property Maintenance” Act-il 2018 iye e ayoorai bwángiir Zoning Administrator bwe ebwe isiisiwow kkapasal me arongawow mwóghutughut kkaal me faráághil.

Kkapasal me Aweeweel: E lo ppwommwol afal ngáli mwóghutughut bwe ebwe ffat weeweel kkapas iye “Indigent”, eew “criteria” iye e lollól ghikkillil ngare u ffil ngáli “eligibility”, me mille “application requirements”.

Afal reel Ammwelil me Akkatééwowul: Ebwe akkatééwow ppwommwol afal me llól Commonwealth Register llól tálil ppwommwol me ffél mwóghutughut ikka ra adóptááli (1 CMC § 9102(a)(1)) me ebwe appaschetá llól civic center me bwal llól bwulasiyol gobetnameento llól senatorial district, fengál reel English me mwáliyaasch (1 CMC § 9104(a)(1)).

Kkapas: Schóó kka re mwuschel isiisilong ischil mángemáng wóól ppwommwol afal ngáli “Nuisance Abatement and Blighted Property Maintenance Act” sáangi mwóghutughutúl 2018 rebwe isch ngáli Therese T. Ogumoro, Zoning Administrator, emmwel rebwe afanga ngáli Caller Box 1007, Saipan, MP 96950, ngare email-li ló threse.ogumoro@cnmizoning.com. Kkapas, data, views, ngare angiingi ebwe toolong eliigh ráál mwiril aal akkatééwow arongorong yeel. 1 CMC § 9104(a)(2).



COMMONWEALTH ZONING BOARD
BWULASIYOL ZONING

Caller Box 10007, Saipan, MP 96950
Tel. 670-234-9661/2/3, FAX 234-9666
zoningboard@cnmizoning.com



Isáliyalong: Therese T. Ogumoro Ráál: 04.24.25
Therese T. Ogumoro
Zoning Administrator

Bwughiyal: Jean Paul B. Reyes Ráál: 04/24/2025
Jean Paul B. Reyes
Acting Special Assistant ngáli Administration

Ammwelil: Esther San Nicolas Ráál: 05.15.2025
Esther San Nicolas
Commonwealth Register

I átirow, sáangi 1 CMC § 2153€ me 1 CMC § 9104(a)(3), bwe I ya takkal amwuri fischiiy me átirowa mwóghutughut kkaal bwe aa fil reel fféérúl me legal sufficiency.

Edward Manibusan Ráál: 4/29/2025
EDWARD MANIBUSAN
Soulemelemil Allégh Lapalap

Zoning Office Guideline No. 04-2025-1 ZG

Title: To define “**Indigent**” and explain qualifying criteria

Purpose. This guideline defines the word “indigent” and identifies the qualifying criteria and applicable procedures

Adopted By: 
Therese T. Ogumoro, Zoning Administrator

Date: 04.24.25

Authority

Section 104 of the Nuisance Abatement and Blighted Properties Maintenance Act of 2018 authorizes the Zoning Administrator to interpret the Act and to make, alter, and repeal rules and regulations in conformity to this Act.

Background

Property owners may claim to be unable to afford the payment of penalty fines or fees should they be found in violation of the Nuisance Abatement and Blighted Property Maintenance Act of 2018. This guideline defines the word “indigent” and explains the criteria involved in assessing the qualifications and characteristics of being “indigent”, as well as the procedures to follow when such case is identified:

GUIDELINE:

A. Definition

1.) **Indigent:** shall be defined as the following:

- a. One who suffers from extreme poverty; being unable to afford the basic necessities of a normal life.
- b. One who is extremely poor; either from having no money or being in bad health.
- c. One who lacks necessities of life because of poverty; needy; poor; impoverished.
- d. Those for whom medical bills would threaten the household financial viability.
Qualifying as a medically indigent patient does not require qualification as financially indigent.
- e. One who, at the time need is determined, does not have sufficient assets, credit, or other means to provide for payment of enforcement violation penalties and fines

associated with the Act and all other necessary expenses of representation without depriving the person or his dependents of food, shelter or clothing, and who has not disposed of any assets with the intent of establishing eligibility for indigent representation.

B. Criteria for qualification:

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually. These guidelines are used as an eligibility criterion. The poverty guidelines issued here are a simplified version of the poverty thresholds that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty who meet the poverty guidelines derived from the Census Bureau's current official poverty thresholds, with figures based on annual incomes equivalent to relevant year's update to the following table:

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150
For families/households with more than 8 persons, add \$5,500 for each additional person.	

"the poverty guidelines are updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)."

C. Eligibility Determination

(1) The determination as to whether a property owner is indigent or is unable to afford to pay the enforcement penalties or fines shall be at the discretion of the Zoning Administrator, pursuant to detailed assessment of each section of this guideline. For purposes of determining eligibility, *an indigent person is one who meets the definition of "indigent" as defined under A.1(a) thru (e), such as a person who, at the time need is determined, does not have sufficient assets, credit, or other means to provide for payment of enforcement violation penalties and fines associated with the Act and all other necessary expenses of representation without depriving the person or his dependents of food, shelter or clothing, and who has not disposed of any assets with the intent of establishing eligibility for indigent representation.*

(2) A property owner shall be presumptively eligible if income is equal to or below 125% of the updated and relevant year's U.S. Health and Human Services Poverty Guidelines for the United States or due to other factors, such as real or personal property owned, the age of dependents, outstanding debts or lifestyle. The poverty guidelines are generally published in late January of each year. The Zoning Office shall use the preceding year's guidelines until 30 days after publication of the new guidelines.

In addition to using the USDHSS poverty guidelines, an Application for Indigent Qualifications with the following attachments shall also be submitted to the Zoning Administrator for further assessment to determine eligibility. The date of such submission of documents shall signal the stop of the calendar day count toward activation of penalty fines or lien process.

1. Completed Application for Indigent Qualifications (*with the following attachments*)
 - a. Proof of eligibility for NAP (Nutritional Assistance Program)
 - b. Two recent check stubs or income statements
 - c. Medical bills for the past 3 months (*without sensitive and confidential information*)
 - d. Medicaid coverage (*without sensitive and confidential information*)

The Zoning Administrator shall respond to the property owner in writing within 15 days after receiving the complete Application for Indigent Qualifications with attachments.

Any disapproved application shall trigger the start of the calendar day count toward the activation of enforcement actions including the issuance of a notice of violation, with penalty/ fine or lien process. Any denied application shall automatically be scheduled to be appealed to the Commonwealth Zoning Board for hearing on the Zoning Administrator's recommendations for actions to be taken.



Department of Finance

P.O. Box 5234 CHRB

Saipan, MP 96950

Phone: (670) 664-1100/Fax: (670) 664-1115



PUBLIC NOTICE OF PROPOSED AMENDMENTS TO REGULATIONS to the DEPARTMENT OF FINANCE, DIVISION OF CUSTOMS SERVICE

INTENDED ACTION TO ADOPT THESE PROPOSED AMENDED REGULATIONS:

The Department of Finance – Division of Customs Biosecurity intends to amend the Customs Service Regulations, pursuant to the procedures of the Administrative Procedure Act (APA), 1 CMC § 9104(a). If adopted, these amendments will become effective ten days after the publication of a Notice of Adoption in the Commonwealth Register. 1 CMC §9105(b)

AUTHORITY: These amendments are promulgated under the authority set forth in the Commonwealth Code, including but not limited to 1 CMC §2553, 1 CMC §2557, 1 CMC §252021, 1 CMC §1104, 1 CMC §1402, 4 CMC §1425 and §1820.

THE TERMS AND SUBSTANCE: The purpose of the amendment to Customs Service Regulations Chapter 70-10 is to establish an exemption for aircrafts and vessels imported into the CNMI for the purpose of commercial interisland or interstate transportation of passengers, goods, commodities, resources, or merchandise.


DIRECTIONS FOR FILING AND PUBLICATION: These proposed amended regulations shall be published in the Commonwealth Register in the section on Proposed and Newly Adopted Regulations (1 CMC § 9102(a)(1)) and posted in convenient places in the civic center and in local government offices in each senatorial district, both in English and in the principal vernacular. 1 CMC § 9104(a)(1)

TO PROVIDE COMMENTS: Interested parties may submit written comments on the proposed regulations to Tracy B. Norita, Secretary of Finance, via US mail to the Dept. of Finance, P O Box 5234 CHRB, or via hand-delivery to the Office of the Secretary of Finance, Capitol Hill, Saipan, MP. Comments, data, views, or arguments are due within 30 days from the date of publication in this notice. 1 CMC § 9104(a)(2)

Department of Finance
P O Box 5234 CHRB Saipan, MP 96950
670-664-1100 info@dof.gov.mp


Submitted by: CONNIE AGULTO
Acting Secretary of Finance

5/12/25
Date



Received by: JEAN PAUL B. REYES
Governor's Acting Special Assistant
for Administration

05/12/2025
Date


Filed & Recorded by: ESTHER SAN NICOLAS
Commonwealth Registrar

05.13.2025
Date

Pursuant to 1 CMC § 2153(e) and 1 CMC § 9104(a)(3) the proposed regulations attached hereto have been reviewed and approved as to form and legal sufficiency by the CNMI Attorney General and shall be published, pursuant to 1 CMC § 2153(f).


EDWARD MANIBUSAN
Attorney General

5/12/2025
Date



Department of Finance

P.O. Box 5234 CHRB

Saipan, MP 96950

Phone: (670) 664-1100/Fax: (670) 664-1115



NUTISIAN PUPBLIKU NI MANMAPROPONI NA REGULASION SIHA PARA I DIPATTAMENTON I FINANSIAT, DIBISION I CUSTOMS

NUTISIA PUT I AKSION NI MA'INTENSIONA: I Dipattamenton i Finansiat, Dibision i Customs (Customs) ma'apl'ueba i publikasion i tinattiyi na amendasion siha para iyo-niha Customs Service Regulations. Ma'intensiona para u ma'adapta esti siha na regulasion kumu petrnanienti, sigun para i Aktun Administrative Procedures, 1 CMC § 91 04(a). Kwnu rna' adapta, esti siha na regulasion siempri mu ifektibu gi Mlum dies (1 0) dihas dispues di publikasion nu i Nutisian i Adaptasion gi M.lum i Rehisl'an Commonwealth. (1 CMC § 9 105(b))

ATURIDAT: Esti na amendasion siha para u macho'gui gi papa' i aturidat ni mapega mona gi halum i Commonwealth Code iningklusi, lao ti chi-na para, 1 CMC § 2553, 1 CMC § 2557, 1 CMC § 25201, 4 CMC § 1 104, 4 CMC § 1402, 4 CMC § 1425 yan 4 CMC § 1 820.

I TEMA YAN SVST ANSIAN I P ALARRA SIHA: I intensiona i amendasion siha para i Customs Service Regulations Chapter 70-10 para u ma'estapblesi i policy yan i manera siha ni para u ma'implimenta ya mapribeni unifotmi na enforcement i lai I Commonwealth gi Sangkattan na Islas Marianas ni mamaneña gi Customs; manisisita i Customs para u gubietna i imports i todú articles, fektus, pat kosas para i ibaluasion yan kuleksion i tax siha; yan para i inturumpi i piligru na elements yan otu contraband.

DIREKSION PARA V MAPO'LV YAN MAPUPBLIKA: Esti i manmaproponi na amend as ion siha debi na u mapupblika gi hruum i Rehistran i Commonwealth gi halum i seksiona ni maproponi yan nuebu na ma'adapta na regulasion siha (1 CMC § 91 02(a)(1)) yan u mapega gi hlllum i kumbinienti na lugat gi halum civic center yan gi hruum ufisinan gubietnarnentu siha gi halum distritun senadot, parehu Englis yan gi linguahln natibu (1 CMC § 9 104(a)(1)).

UPINON SIHA: I manintirisao na petsona siha sina manna'halum tinigi' upinon ni manmaproponi na regulasion siha para i Sekriwian i Finansiat, Tracy B. Norita, via U.S. mail para Dipattamenton i Finansiat, P.O. Box 5234 CHRB, Saipan, MP 96950, pat intrega halum gi Ufisinan i Sekretarian Finansiat. I upinon, data, views, pat agumentu siha nisisita u fanhruum gi halum trenta (30) dihas ni tinattitiyi gi fetchan kalendaru gi publikasion nu esti na nutisia. 1 CMC 91 04(a)(2).

Department of Finance
P O Box 5234 CHRB Saipan, MP 96950
670-664-1100 info@dof.gov.mp

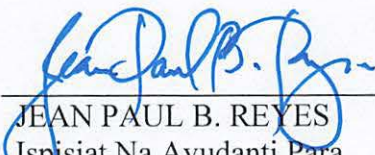
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CONNIE AGULTO
Acting Sekretarian I Finansii

5/12/25
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Rinisibi as:



JEAN PAUL B. REYES
Ispisiat Na Ayudanti Para
Atministrasion

05/12/2025
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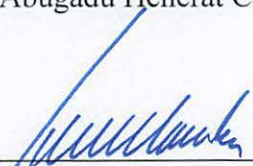
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Ninota as:



ESTHER SAN NICOLAS
Rehistran Commonwealth

05.13.2025
Fetcha

Sigun i 1 CMC § 2153(e) yan i 1 CMC § 9104(a)(3) i manmaproponi na regulasion siha ni manechettun guini ni manmaribisa yan manma'aprueba kumu fotma yan sufisienti ligat ginin i Abugadu Henerat CNMI yan debi na u mapupblika, 1 CMC § 2153(f).



EDWARD MANIBUSAN
Abugadu Henerat

5/12/2025
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Department of Finance

P.O. Box 5234 CHRB

Saipan, MP 96950

Phone: (670) 664-1100 / Fax: (670) 664-1115



ARONGORONGOL TOULAP REEL POMMWOL LIIWEL NGALI MWOUGHUTUGHUTUL DEPATTAMENTOOL FINANCE, DIVISION OF CUSTOMS

ARONGORONG REEL MANGEMANGIL MWOUGHUT: Depattamentool Finance, Division of Customs (Customs) re atirow reel akkateewowul liiwel kka e amwirimwirtiwi ngali Mwoghutughutul Customs Service. Re mangemangil rebwe adoptaali mwoghutughut kkal bwe ebwe lleghlo, sangi Administrative Procedure Act, 1 CMC § 9 104(a). Ngare re adoptaali, ebwe bwungulo liiwel kkal llo1 seigh ráál mwiril aal akkateewow reel Notice of Adoption llo1 Commonwealth register. 1 CMC § 9105(b).

BWANGIL: Liiwel kkal nge aa ffil reel ffeerul faal bwangil iye ebwe mmwetelo mmwal llo1 Commonwealth Code ebwe bwal aschuulong, nge ese yoor pilil ngali, 1 CMC § 2553, 1 CMC § 2557, 1 CMC § 25201. 4 CMC § 1104, 4 CMC § 1402, 4 CMC § 1425 me 4 CMC § 1820.

KKAPASAL ME AWEEWEL: Bwulul liiwel ngali Customs Service Regulations Chapter 70-10 nge ebwe itittiw afal me mwoghut ngali peiragh me rebwe ayoora bwe ebwe weewelo enforcement reel alleghul Commonwealth me Teel Faluw kka Efang llo1 Marianas iye Customs re lemeli; re mwuschel bwe Customs rebwe lemeli kkosas ikka e toolong me faluw kka akkaaw reel alongal tappal kkosas, wares, ngare merchandise ngali assessment me collection reel tax; me bwal atippa mil kka e nngaw ngaliir aramas me akkaaw ikka esoor bwangil ngare e nngaw nge re bweibwoghlone.

AFAL REEL AMMWELIL ME AKKATEEWOWUL: Pommwol liiwel kkal nge ebwe akkateewow llo1 Commonwealth Register loll talil pommwol me ffel mwoghutughut kka ra adoptaali (1 CMC § 9102(a)(1)) me ebwe apascheta llo1 civic center me llo1 gobetnamento llo1 senatorial district, fengal reel kkasal English me mwaliyaasch (1 CMC § 9 104(a) (1)).

FOOS: Scho kka re mwuschel isiisilong iischil mangemang wool pommwol mwoghutughut kka rebwe isch ngali Tracy B. Norita, Sekkretoriyal Finance, via U. S. Mail ngali Depattamentool Finance, P. O. Box 5234, CHRB, Seipel, MP 96950, ngare bwughilo reel Bwulasiyol Sekkretoriyal Finance, Asungul, Seipel, MP, Isiisilongol mangemang, data, views, ngare angiiing ebwe toolong llo1 eliigh (30) ráál mwiril aal a kateewow arongorong yeel. 1 CMC § 9 104(a) (2).

Department of Finance
P O Box 5234 CHRB Saipan, MP 96950
670-664-1100 info@dof.gov.mp

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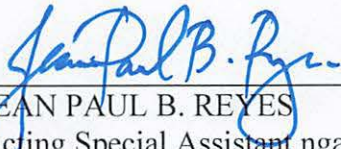


CONNIE AGULTO
Acting Sekkretoriyal Finance



Ráál

Bwughiyal:

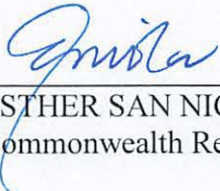


JEAN PAUL B. REYES
Acting Special Assistant ngali
Administration



Ráál

Ammwelil:




ESTHER SAN NICOLAS
Commonwealth Register



Ráál

Sangi 1 CMC §2153 (e) me 1 CMC § 9104(a)(3) reel pommwol mwoghutughut ikka e appasch bwe ra takkal amwuri fischiiy me atirowa bwe aa ffil reel ffeerul me legal sufficiency sangi Soulemelemil Allegh Lapalapal CNMI me ebwe akkateewow. 1 CMC § 2153(f).



EDWARD MANIBUSAN
Soulemelemil Allegh Lapalap



Ráál

SUBCHAPTER 70-10.1 CUSTOMS SERVICE REGULATIONS

§ 70-10.1-110 Exemptions

The following items shall not be subject to the excise tax of 4 CMC § 1402(a):

(a) Aircraft and Vessels for Commercial Transport. Aircraft and vessels imported into the CNMI for the purpose of commercial interisland or interstate transportation of passengers, goods, commodities, resources, or merchandise. To qualify for exemption under this subsection, the aircraft or vessel must be actively and primarily engaged in such commercial transportation. This exemption shall not apply to aircraft or vessels imported for personal, recreational, or non-commercial use.

(a)(b) Capital equipment and machinery. Capital equipment and machinery used in businesses primarily engaged in manufacturing in the CNMI for export outside the CNMI with a fair market value exceeding \$1,000 per unit and raw materials used in businesses primarily engaged in manufacturing in the CNMI for export. Customs Service will certify a qualifying business annually at the beginning of each calendar year during the months of January and February, upon application by the business through the issuance of a certificate to the qualifying business, which is engaged in the CNMI for export outside the CNMI. Application is made to the Director of Customs Service on a form provided by Customs Service. A new business not in existence at the beginning of the calendar year may make application at any time during the year, but must make application to the Director at least thirty days prior to the importation of capital equipment and machinery qualifying for this exemption. Failure to follow the application procedure may result in the disallowance of this exemption;

(b)(c) Churches. Items brought into the CNMI by churches for the purpose of carrying on the religious functions of the church. Items under this exemption shall include items such as sacramental wine for use in religious rites of a religious organization, and chalice, habits, cassocks, vestments, and other items to be used by a religious order;

(c)(d) Display and Promotion. Goods, commodities, resources, or merchandise, documents, educational and business seminar materials brought into the Commonwealth temporarily and solely for the purpose of display, demonstration or promotion and not primarily for the purpose of sale. Any goods, commodities, resources, merchandise documents or seminar materials temporarily imported under this subsection must be entered pursuant to a written application as follows:

(1) Any items temporarily imported under this section, in order to be free of tax, must be entered pursuant to and following a written application filed with the Secretary of Finance. The application filed with the Secretary should specify at the minimum, the following:

- (i) The type and amount of goods, resources, merchandise, documents and materials to be temporarily imported;
- (ii) The reason(s) for the temporary importation;
- (iii) The expected date and method (air, sea, hand carry, etc.) of importation and the expected date and method of re-exportation of the items;
- (iv) The name and address of the importer as well as that of the local contact person or firm(s); and

(v) The value of the goods, resources, merchandise, documents and materials and the location(s) of the display or demonstration sites for the items.

(2) The Secretary of Finance will review any such written application for temporary importation for the purpose of display, demonstration, and promotion and will issue, if he finds it appropriate, a written permit for such temporary importation, which either shall be free of tax or defer taxes.

(3) The Secretary of Finance may place restrictions on any temporary importation free of tax under this subsection, including a reasonable fee for customs inspection and supervision of the items. Upon review and approval of the application, the Secretary may defer taxes, waive penalties and interest for purposes of business promotion for a period of two years when it is in the best interest of the Commonwealth. This application may be renewed on one year increments upon resubmission and re-approval of the Secretary for a maximum total period of three years. In addition, he may require the posting of a bond to ensure the departure of the goods, impose appropriate security requirements, impose requirements for periodic customs inspection of the items at the site(s) of display, demonstration or promotion, and any other reasonable restrictions to ensure that all relevant items are in fact used only for temporary display, demonstration or promotion and are re-exported from the Commonwealth at the close of the display, promotion or demonstration period. The Secretary of Finance may delegate the responsibility for imposition of a bond and implementation procedures to the Director of Customs Service.

(4) If it is later determined that the importation of any goods, commodities, resources or merchandise is taxable, the Department of Finance will impose such taxes at that time. The Secretary of Finance may waive interest and penalty upon imposition of tax.

(5) A copy of any written permit issued by the Secretary of Finance under this subsection shall be filed with the Customs Service upon the entry of the items into the Commonwealth in order to exempt such items from tax.

(6) As a general rule, applications under this subsection will not be approved from persons or firms already licensed to do business in the Commonwealth. The primary use of this subsection is intended for trade shows, business promotions, seminars, conventions, and regional sales meetings, and the like, held in the Commonwealth;

~~(d)~~(e) Educational Materials. Books, pamphlets and other educational materials purchased for non-business use by a public or private school or a library open to the public. This exemption includes only books, pamphlets and other educational materials purchased for non-business use directly by a public or private school, or a library open to the public and does not include books and other educational materials imported for the primary purpose of the resale of such items to a public school, private school, library open to the public, or any other person. Educational materials shall not include equipment and furniture such as video cassette recorder/player, audio cassette recorder/player, overhead projector, phonograph, movie projector, slide projector, and other instructional audio, video, and visual aids, chairs, desks, and other furniture;

~~(e)~~(f) Filming. Merchandise or other commodities brought in by a filming or advertising company where its sole purpose is to film commercials, video, or other movies in the Commonwealth for a brief period of time;

~~(f)~~(g) Films. Rented or leased motion picture films and video tapes brought in by a commercial movie or television company for telecasting or public viewing in a theater. This exemption shall not apply to motion picture films and video tapes which are brought

in for sale, lease or rental;

(g)(h) Items for Use by Persons with Disabilities. Items designed to accommodate disabled persons or to allow people with disabilities to function independently that are brought in for use by individuals with disabilities. Exempt items include, but are not limited to, wheelchairs, hearing aids, braille material, canes, walkers, prosthetic devices, braces, crutches, prescription lenses, eyeglasses, and vehicles that are modified for operation by, or transportation of, people with disabilities. Examples of vehicle modifications include hand controls, left side accelerator pedals, raised ceilings, and wheelchair ramps and lifts. This exemption shall not apply to merchandise, equipment, devices, and other items brought in for sale, lease, or rent to persons with disabilities. The Customs Director, at his discretion, may require the consignee to provide information for determining eligibility for exemption;

(h)(i) Infant Items. As determined by the Director, merchandise, equipment, devices, hygiene products, cribs, strollers, highchairs, diapers, lotions, creams, powders, baby foods, baby formulas, baby clothing, baby toys, and other products primarily intended for use in the daily and ordinary care of children aged 24 months or less;

(i)(j) New Residents or Returning Residents. Personal automobile(s), personal household goods, and other items imported or brought into the Commonwealth for the purpose of establishing a household. This exemption shall only apply to such items imported or brought from the state, territory, district or foreign country in which the individual was most recently a bona fide resident. The new resident or returning resident, as referenced below, must bring in or arrange shipment of the above designated personal automobile(s), personal household goods, and other items within six months of first establishing a household in the Commonwealth. For purposes of this exemption, returning residents include only those persons who have resided outside the Commonwealth for at least one year from the time they last resided in the Commonwealth;

(j)(k) Repair and In-flight Supplies. Engines, parts, testing equipment, other navigational tools, equipment, and in-flight supplies brought in by an airline or shipping line, to repair, maintain, or supply its own vessel or aircraft are exempt. For purposes of this exemption, in-flight supplies shall include only those supplies brought into the CNMI by such airline or shipping line;

(k)(l) Repairman Tools. Tools of repairman brought in to repair or maintain equipment sold, leased, or rented to consumers in the Commonwealth. Tools shall only be exempt under this subsection if such tools are exported from the CNMI within a reasonable time after the equipment is repaired or maintained;

(l)(m) Renewable Energy. Equipment, machinery, merchandise, devices, and other items which produce, or are components of a system that produces, electric power from wind, solar, water, landfill gas, waste, geothermal sources, ocean thermal, ocean current or wave energy, biomass, municipal solid waste, biofuels, or fuels derived from organic sources, hydrogen fuels, or fuel cells where the fuel is derived from renewable sources;

(m)(n) Energy Star Items. Refrigerators, stoves, ovens, and other devices for preserving or cooking food, which are certified ENERGY STAR by the U.S. Environmental

Protection Agency and the U.S. Department of Energy;

~~(n)~~(o) Disaster Relief. Non-commercial household appliances not intended for resale, including but not limited to the following: freezers, refrigerators, washers, dryers, and power generators, provided that each item is not more than \$6,000. Notwithstanding any provision of law, this exemption shall be applied once per household separate and apart for each item, for the duration of the declaration of disaster pursuant to 4 CMC § 5142(a) or within 30 days of said declaration, whichever period is longer;

~~(e)~~(p) Tax Exempt Organizations. Items brought into the CNMI by an organization granted tax-exempt status by the CNMI Division of Revenue and Taxation, which are for use in furtherance of the organization's tax-exempt purpose. In order to qualify for this exemption, the organization must present to the Customs Division a copy of the letter issued by the CNMI Division of Revenue and Taxation granting the organization tax-exempt status. While an application for tax-exempt status is pending with the Division of Revenue and Taxation, the organization is not exempt from taxes imposed under chapter 4, division 1, of title 4 of the Commonwealth Code; however, if the organization is later determined by the Division of Revenue and Taxation to be exempt from taxation, the organization may apply pursuant to the procedures established by the Customs Division for a refund for all taxes imposed under chapter 4, division 1, of title 4 of the Commonwealth Code imposed after (but not before) the organization submitted its application to the Division of Revenue and Taxation;

~~(p)~~(q) Visitors. Items brought into the Commonwealth by visitors if such items are for the visitor's personal use and consumption and are in a reasonable quantity; and

~~(e)~~(r) U.S. and CNMI Government. Goods, commodities, resources or merchandise of the U.S. government or CNMI government, their agencies or instrumentalities. However, this exemption shall not extend to goods, commodities, resources, or merchandise of private parties with whom the U.S. government or CNMI government does business such as federal or CNMI contractors.

OFFICE OF THE ATTORNEY GENERAL
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
Caller Box 10007
Saipan, MP 96950

**PUBLIC NOTICE OF PROPOSED RULES AND REGULATIONS
OF THE OFFICE OF THE ATTORNEY GENERAL**

PROPOSED RULES AND REGULATIONS: The Commonwealth of the Northern Mariana Islands, Office of the Attorney General, in accordance with Public Law 23-19, is proposing to promulgate new regulations for the administration and enforcement of the National Opioid Settlement Funds.

The Proposed Regulations include the following subject areas:

- (1) To establish a Council to oversee the allocation and distribution of the National Opioid Settlement Funds;
- (2) To establish and implement criteria in accordance with the Act and the National Opioid Settlement Agreement;
- (3) To ensure that the funds are used for their intended purpose; and
- (4) To audit the funds and file required reports.

Copies of the proposed regulations may be obtained from the Office of the Attorney General, 2nd Floor Hon. Juan A. Sablan Memorial Building.

THE SUBJECTS AND ISSUES INVOLVED: Respondents (CNMI stakeholders who have experience in the subject matter involving substance use disorder, opioid use disorder, and drug & alcohol treatment) are encouraged to comment on any part of the proposed regulations. Comments are voluntary and feedback should reflect knowledge and understanding of the Act and the National Opioid Settlement Agreement. These rules and regulations include the following contents:

Part 100	Issuance of the Regulation, Definitions and Council Organization		
5-10-100	Overview	5-15-155	Resignation of a Non-Voting Member
5-10- 105	Authority		
5-10-110	Title	5-10-160	Committees
5-10-115	Purpose	5-10-165	Vacancies
5-10-120	Scope	5-10-170	Compensation
5-10-125	Definitions	5-10-175	Conflict of Interest
5-10-130	Opioid Proceeds Council	5-10-180	Meetings
5-10-135	Council Members	5-10-185	Powers, Duties and Responsibilities
5-10-140	Removal of Council Member		
5-10-145	Resignation of Council Member	5-10-190	Suspend Funding Assistance
5-10-150	Removal of Non-Voting Member	5-10-195	Reporting


Part 200 Administration, Fiscal/Financial Management and Use/Reporting of Funds

5-10-200	Council Administration and Administrative Staff	5-10-240	Allocation, Distribution and Use of Opioid Funds
5-10-205	Fiscal and Financial Management	5-10-245	Permissible Expenditures
5-10-210	Department of Finance Duties and Responsibilities	5-10-250	Non-Permissible Expenditures
5-10-215	Investment of Funds	5-10-255	National Opioid Settlement Agreement – Exhibit E
5-10-220	Credits to the Fund	5-10-260	Funding Opportunities and Awards
5-10-225	Tracking the Settlement Fund	5-10-265	Court Orders and Termination
5-10-230	Reporting	5-10-270	Miscellaneous Provisions
5-10-235	Audits		

DIRECTIONS FOR FILING AND PUBLICATION: These Proposed Regulations shall be published in the Commonwealth Register in the section on proposed and newly adopted regulations (1 CMC § 9102(a)(1)) and posted in convenient places in the civic center and in local government offices in each senatorial district, both in English and in the principal vernacular. (1 CMC § 9104(a)(1))

TO PROVIDE COMMENTS: Send or deliver your comments to Edward Manibusan, Attorney General at the following address: attorney_general@cnmioag.org. The mailing address is: Caller Box 10007, Saipan, MP 96950 or Fax to: 670-664-2349 with the subject line “OPIOID PROCEEDS REGULATIONS - COMMENTS.” Comments are due within 30 days from the date of publication of this notice. Please submit your data, views or arguments. (1 CMC § 9104(a)(2))

Submitted by:


Edward Manibusan
Attorney General

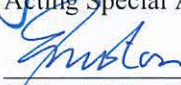
5/12/25
Date

Received by:


Jean Paul Reyes
Acting Special Assistant for Administration

05/13/2025
Date

Filed and
Recorded by:


Esther M. San Nicolas
Commonwealth Registrar

05.13.2025
Date

Pursuant to 1 CMC § 2153(e) (AG approval of regulations to be promulgated as to form) and 1 CMC § 9104(a)(3) (obtain AG approval) the proposed regulations attached hereto have been reviewed and approved as to form and legal sufficiency by the CNMI Attorney General and shall be published, 1 CMC § 2153(f) (publication of rules and regulations).

Dated the 12th day of May, 2025.


EDWARD MANIBUSAN
Attorney General

UFISINAN ABUGÂDU HENERÂT
COMMONWEALTH GI SANGKATTAN NA ISLAS MARIANAS
Caller Box 10007
Saipan, MP 96950

**NUTISIAN PUPBLIKU PUT I MANMAPROPONI AND AREKLAMENTU YAN REGULASIÓ SIHA
GI UFISINAN ABUGÂDU HENERÂT**

MANMAPROPONI NA AREKLAMENTU YAN REGULASIÓ SIHA: I Ufisinan Abugâdu Henerât i Commonwealth gi Sangkattan na Islas Mariânas, sigun yan i Lain Publiku 23-19, mapropoponi para u ma'implimenta nuebu na regulasió para i atministrasió yan gubietna i "National Opioid Settlement Funds".

I Maproponi na Regulasió umingklusu i tinâtti yi na árian suhetu siha:

- (1) Para u ma'istapblesi Kunsiliu para u linili'i i pinâttin salâppi' yan distribusió i "National Opioid Settlement funds";
- (2) Para u ma'istapblesi yan implimenta fondasió ni sumigun yan i Áktu kuntodu i "National Opioid Settlement Agreement";
- (3) Para u na'siguráo na i fondu manma'usa para i ma'intensiona na rason; yan
- (4) Para u ma'imbestiga i lepblun gâstan salâppi' yan dimânda ripot pine'lu siha.

Kopian i maproponi na regulasió siha siña machuli' gi Ufisinan Abugâdu Henerât, Sigundu Bibienda gi Hon. Juan A. Sablan Memorial Building.

SUHETU NI MASUMÂRIA YAN ASUNTU NI TINEKKA: I Rumispondi siha (i stakeholders CNMI ni manggai ikspirensia siha gi suhetu i asuntu ni tinitekka adiktâon binenun ámut, usun "opioide", yan inadahin hinemlu' para binenun ámut & atkahot) manmakumbibida para u fanmannâ'i hâlum upiñon gi kuatkuet na pâtti gi maproponi na regulasió siha. I upiñon siha baluntâriu yan i respondu siha debi di u riniflekta tiningu' yan kinumprendi i Áktu yan i "National Opioid Settlement Agreement". Esti na areklamentu yan regulasió siha ingklusu i tinâtti yi na sinahguan siha:

Pâtti 100 Ufisiât i Regulasió, Sustânsian i Palâbra yan i Otganisasió Kunsiliu

5-10-100	Sumâria Henerât	5-15-155	Risiknan i Ti Mambobota na
5-10-105	Áturidât		Membru
5-10-110	Titulu	5-10-160	Mankumité
5-10-115	Puntu	5-10-165	Mabababa na Pusiósion
5-10-120	Listan Che'chu'	5-10-170	Apâs
5-10-125	Difinisió	5-10-175	Kunfliktan i Intires
5-10-130	Risibun Kunsiliun Opioid Siha	5-10-180	Hunta Siha
5-10-135	Manmembrun Kunsiliu	5-10-185	Áturidât, Opbligasió yan
5-10-140	Mana'suhan Membrun Kunsiliu		Risponsibilidât Siha
5-10-145	Risiknan Membrun Kunsiliu	5-10-190	Suspendi Asistensian Fondu
5-10-150	Mana'suhan i Membru Ti Mambobota	5-10-195	Ripotti

Pâtti 200 Atministrasió, Áñu Fiskât/Minanehan Fainansiât yan Usan/Rinipottin i Fondu Siha

5-10-200	Atministrasió Kunsiliu yan	5-10-240	Pinâttin Salâppi', Distribusió yan
	Impli'áo Administrative		Usun i Fondun Opioid Siha
5-10-205	Áñu Fiskât yan Minanehan Fainansiât	5-10-245	Mansiña na Ginâsta Siha
5-10-210	Opbligasió yan Risponsibilidât i	5-10-250	Ti Mansiña na Ginâsta Siha
	Dipâtamentun Fainansiât	5-10-255	"National Opioid Settlement

5-10-215 "Investment" i Fondu Siha
5-10-220 "Credits" para i Fondu
5-10-225 Tinãttitiyin i Fondun "Settlement"
5-10-230 Ripotti
5-10-235 Imbestigan leplun gâstan salâppi'

5-10-260 Agreement" — Attikulu E
5-10-265 Uputunidât Fondu yan Premiu Siha
5-10-270 Otdin Kotti Siha yan Tetminasiôn
Difirentis Klâsin Suplika

DIREKSION PARA U MAPO'LU YAN MAPUPBLIKA: Esti i manmaproponi na regulasiôn siha debi na u mapupblika gi hâlum i Rehistran Commonwealth gi hâlum i seksiona ni maproponi yan nuebu ma'adâpta na regulasion siha (1 CMC § 9102(a)(1)), ya u mapega gi hâlum mankumbinienti na lugât siha giya i civic center yan gi hâlum ufisinan gubietnamentu siha gi kada distritun senatorial parehu yan i lingguâhin natibu (1 CMC § 9104(a)(1)).


PARA U MAPRIBENIYI UPIÑON SIHA: Na'hânão para intrega hâlum upiñon-mu guatu as Edward Manibusan, Abugâdu Henerât gi tinãttiya na address: attorney_general@cnmioag.org. I mailing address sa': Caller Box 10007, Saipan, MO 96950 osino Fax guatu gi: 670-664-2349 yan i suhetu na rason "REGULASIÔN RISIBUN OPIOID SIHA – UPIÑON SIHA." I upiñon siha debi di fanhâlum gi hâlum trenta dihas (30) ginin i fetchan pupublikasiôn esti na nutisia. Put fabot na'hâlum imfotmasiun, upiñon, kinontra siha. (1 CMC § 9104(a)(2))

Nina'hâlum as:


Edward Manibusan
Abugâdu Henerât


5/12/25
Fetcha

Rinisibi as:


Jean Paul Reyes
Tempurâriu Ispisiât na Ayudânti para i
Atministrasiôn

05/13/2025
Fetcha

Pine'lu yan
Ninota as:


Esther M. San Nicolas
Rehistran Commonwealth

05.13.2025
Fetcha

Sigun i 1 CMC § 2153(e) (Inapruêba i regulasion siha ni Abugâdu Henerât ni para u macho'gui komu fotma) yan 1 CMC § 9104(a) (3) (hentan inapruêban Abugâdu Henerât) i manmaproponi na regulasion siha ni mañechettun guini ni manmaribisa yan manma'apruêba komu fotma yan sufisienti ligât ginin i CNMI Abugâdu Henerât yan debi na u mapupblika, 1 CMC § 2153(f) (pupublikasion i areklamentu yan regulasion siha).

Mafetcha gi diha 12th gi May, 2025.


EDWARD MANIBUSAN
Abugâdu Henerât

BWULASIYOL SOULEMELEMIL ALLÉGH LAPALAP
COMMONWEALTH TÉÉL FALÚW KKA EFÁNG LLÓL MARIANAS
Caller Box 10007
Saipan, MP 96950

**ARONGORONG TOULAP REEL PPWOMMWOL ALLÉGH ME MWÓGHUTUGHUT
REEL BWULASIYOL SOULEMELEMIL ALLÉGH LAPALAP**

PPWOMMWOL ALLÉGH ME MWÓGHUTUGHUT: Commonwealth Téél Falúw kka Efáng llól Marianas, Bwulasiyol Soulemelemil Allégh Lapalap, iye e angúungú fengál me Alléghúl Toulap 23-19, re ppwommw rebwe aronga ffél mwóghutughut ngáli administration me lemelemil “National Opiod Settlement Funds”.

E schuulong llól Ppwommwol Mwóghutughut ikka e amwirimwiritiw:

- (1) Ebwe itittiw eew “Council” iye ebwe ayoora lemelem reel isiisiwowul “National Opiod Settlement Funds”;
- (2) Ebwe itittiw táilil “criteria” iye e angúungú fengál me “Act and National Opiod Settlement Agreement”;
- (3) Ebwe itittiw bwe selaapi ebwe mwet ngáli mángemángil mwóghut; me
- (4) Ebwe yoor “audit” reel selaapi me ammwelil repoot.

Emmwel ubwe bweibwogh pappidil ppwommwol mwóghutughut me Bwulasiyol Soulemelemil Allégh Lapalap, 2nd Floor Kkayúl Hon. Juan A. Sablan Memorial.

KKAPASAL ME AUTOL: Respondents (CNMI stakeholders ikka re roong reel kkapas yeel e schuulong “substance use disorder”, “opioid use disorder”, me “drug & alcohol treatment”) re abwuraar rebwe ayoora ischil kkapas ngáli ppwommwol mwóghutughut. Ngare u mwuschel ubwe isiisilong ischil kkapas me palawal ebwe súllúngáli roong me metaff reel “Act and the National Opioid Settlement Agreement”. Ebwe schuulong llól autol allégh me mwóghutughut ikka e amwirimwiritiw.

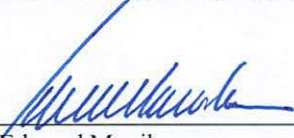
Part 100	Isiisiwowul Mwóghutughut, Weeweel me Council	Organization
5-10-100	“Overview”	5-15-155 “Resignation of a Non-Voting
5-10-105	Bwángil	Member”
5-10-110	“Title”	5-10-160 “Committees”
5-10-115	Bwulul	5-10-165 “Vacancies”
5-10-120	“Scope”	5-10-170 “Compensation”
5-10-125	Weeweel	5-10-175 “Conflict of Interest”

5-10-130	"Opioid Proceeds Council"	5-10-180	Yéélágh
5-10-135	Membrol Council	5-10-185	"Powers, Duties and Responsibilities"
5-10-140	"Removal of Council Member"		
5-10-145	"Resignation of Council Member"	5-10-190	"Suspend Funding Assistance"
5-10-150	"Removal of Non-Voting Member"	5-10-195	"Reporting"
Part 200	"Administration, Fiscal/Financial Management and Use/Reporting of Funds"		
5-10-200	"Council Administration and Administrative Staff"	5-10-240	"Allocation, Distribution and Use of Opioid Funds"
5-10-205	"Fiscal and Financial Management"	5-10-245	"Permissible Expenditures"
5-10-210	"Department of Finance Duties and Responsibilities"	5-10-250	"Non-Permissible Expenditures"
5-10-215	"Investment of Funds"	5-10-255	"National Opioid Settlement Agreement – Exhibit E"
5-10-220	"Credits to the Fund"	5-10-260	"Funding Opportunities and Awards"
5-10-225	"Tracking the Settlement Fund"	5-10-265	"Court Orders and Termination"
5-10-230	"Reporting"	5-10-270	"Miscellaneous Provisions"
5-10-235	"Audits"		

AFAL REEL AMMWELIL ME AKKATÉÉWOWUL: Ebwe akkatééwow Ppwommwol Mwóghutughut kkaal me llól Commonwealth Register llól táilil ppwommwol me ffél mwóghutughut (1 MC § 9102(a)(1)) me ebwe appaschetá llól civic center me bwal llól bwualsiyol gobetnameento llól senatorial district, fengál reel English me mwáliyaasch. (1 CMC § 9104(a)(1))

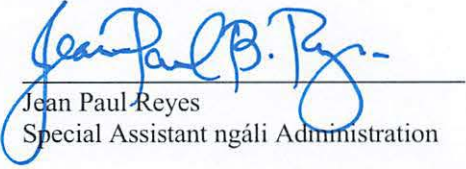
REEL ISIISILONGOL KKAPAS: Afanga ngare bwughiló yóómw ischil kkapas ngáli Edward Manibusan, Soulemelemil Allégh Lapalap reel féléfél yeel: attorney_general@cnmioag.org. Afangaló: Caller Box 10007, Saipan, MP 96950 ngare Fax me: 670-664-2349 fengál reel subject line bwe "OPIOID PROCEEDS REGULATIONS-COMMENTS". Ebwe toolong kkapas llól eliigh ráál mwiril aal akkatééwow arongorong yeel. Isiisilong yóómw data, views ngare angiingi. (1 CMC § 9104(a)(2))

Isáliyalong:


Edward Manibusan
Soulemelemil
Allégh Lapalap


5/12/25
Ráál

Bwughiyal:


Jean Paul Reyes
Special Assistant ngáli Administration

05/13/2025
Ráál

Ammwelil:



Esther M. San Nicolas
Commonwealth Registrar

05.13.2025
Ráál

Sáangi 1 CMC § 2153(e) (sáangi átirowal mwóghutughut sáangi AG bwe aa lléghló fféerúl) me 1 CMC § 9104(a)(3) (sáangi átirowal AG) reel ppwommwol mwóghutughut ikka e appasch bwe ra takkal amwuri fischiiy me aa lléghló reel fféerúl me legal sufficiency sáangi Soulemelemil Allégh Lapalap CNMI me ebwe akkatééwow, 1 CMC § 2153(f) (akkatééwowul allégh me mwóghutughut).

Ghikkill wóol 12th ráálil May, 2025.



EDWARD MANIBUSAN
Soulemelemil Allégh Lapalap

CNMI Opioid Proceeds Regulation

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Title 5

Office of the Attorney General CNMI OPIOID PROCEEDS REGULATION

5-10-100 Overview

The Commonwealth of the Northern Marianas (CNMI) Office of the Attorney General (OAG), in accordance with Public Law Public Law 23-19, is proposing to promulgate new Regulations to establish a Council (Opioid Proceeds Council) to fund and oversee the distribution and allocation of funds (Opioid Proceeds Fund) for substance abuse abatement programs.

5-10- 105 Authority

1. Public Law 23-19 authorizes the CNMI Attorney General to promulgate regulations consistent with this Act and the National Opioid Settlement Agreement.
2. The Office of the Attorney General, as the clearing house of the settlement monies, shall serve as the Lead Agency to oversee the establishment, implementation, execution and operation of the Council and the administration of the Opioid Litigation Proceeds Fund.

5-10-110 Title

The title of the Regulation shall be the CNMI Opioid Proceeds Regulation.

5-10-115 Purpose

1. To regulate the use and distribution of the opioid proceeds settlement fund monies that the CNMI receives from the National Opioid Settlement Agreement. The opioid proceeds settlement funds shall be referred to as the Opioid Litigation Proceeds Fund (“Fund”).
2. To establish by regulation the Opioid Proceeds Council (“OPC”) that will oversee the administration of the Opioid Litigation Proceeds Fund created under the Act and the National Opioid Settlement Agreement to ensure that proceeds received by the Commonwealth are allocated and spent on substance use disorder and opioid use disorder abatement, infrastructure, programs, services, supports, and resources for prevention, treatment, recovery, and harm reduction; and, to ensure accountability and transparency in allocating monies from for the Fund.

5-10-120 Scope

1. The regulations shall apply to all matters pertaining to the allocation, distribution and use of the monies and proceeds received from the National Opioid Settlements.

2. In administering the fund, the OPC shall be guided by the provisions set forth in the National Opioid Settlement Agreement on matters not covered by these regulations.

5-10-125 Definitions

The following words have the following meanings, unless some contrary meaning is required:

1. Act – means Public Law 23-19
2. Approved Uses - means forward-looking strategies, programming, and services to abate the opioid epidemic that fall within the list of uses in Exhibit E (Schedule A and B). Approved uses shall be consistent with the terms of the National Opioid Settlement Agreement’s section of “Approved Uses” and shall include the reasonable administrative expenses associated with the administration-of the Opioid Settlement Funds.
3. Awardee/Recipient (used interchangeably) – an entity to which a grant is awarded to and is accountable to the Opioid Proceeds Council for the use of the Opioid Litigation Proceeds Funds.
4. Commonwealth or CNMI – means the Commonwealth of the Northern Mariana Islands.
5. Conflict of Interest – means the personal or financial association involving a Council member, or the member’s immediate family, that may have the potential to influence a Council member’s actions, recommendations and decisions related to the disbursement of funds or any other Council activity.
6. Controlling Court Order – refers to the Court Orders of the Opioid Settlement cases.
7. Council - means the Opioid Proceeds Council established by this Act.
8. Council Member(s) - means the members of the Opioid Proceeds Council.
9. Council Members, Non-Voting – Members of the Opioid Proceeds Council who do not yield any voting power or authority in the matters involving the Opioid Litigation Proceeds Fund.
10. Council Members, Voting– the three members of the Opioid Proceeds Council named in this Act that have the power and authority to vote on matters involving the Opioid Litigation Proceeds Fund and all other matters regarding the monies received from the National Opioid Settlements.
11. Fund - means the Opioid Litigation Proceeds Fund established by this Act; the monies received from the National Opioid Settlement Agreement.

12. Evidence Based – means an activity, practice, program, service, support or strategy that meets one of the following criteria:
- a. Meta-analyses or systematic reviews that have found the strategy to be effective;
 - b. Evidence from a scientifically rigorous experimental study, such as a randomized controlled trial, that demonstrates the strategy is effective; or
 - c. Multiple observational studies from U.S. settings that indicate the strategy is effective.

As used in this definition, “effective” means an activity, practice, program, service, support, or strategy that helps individuals avoid the development and progression of substance use disorders and/or drug-related harms; reduces the adverse consequences of substance use among persons who use substances; or manages, slows the progression of, or supports recovery from a substance use disorder or co-occurring mental health disorder.

13. Harm Reduction – means a program, service, support, or resource attempts to reduce the adverse consequences of substance use among persons who continue to use substances. Harm reduction addresses conditions that give rise to substance use, as well as the substance use itself, and may include, but is not limited to, syringe service programs, naloxone distribution, and education about Good Samaritan laws.
14. Infrastructure - means the resources (such as personnel, buildings, or equipment) required for a region, county, city, and locality thereof, or not-for-profit organizations therein, to provide substance use disorder and opioid use disorder prevention, treatment, recovery, and harm reduction programs, services, supports, and resources.
15. Medication-Assisted Treatment (MAT) - is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.
16. National Opioid Settlement Agreement - means a national opioid settlement agreement concerning alleged misconduct in the manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic by pharmaceuticals.
17. National Opioid Settlement Fund or Opioid Settlement Fund (used interchangeably) – refers to all funds allocated by the National Opioid Settlement Agreement(s) to the State or Territory Governments for purposes set forth in the National Opioid Settlements Agreements and any other settlement money received from the opioid litigation cases.
18. Non-Permissible Expenditure – means the non-allowable expenses that are (a) neither approved by the Opioid Proceeds Council and (b) neither listed as approved strategies or approved uses as outlined in the National Opioid Settlement Agreement.

19. Opioid Drugs - A class of drugs naturally found in the opium poppy plant. Some prescription opioids are made from the plant directly, and others are made by scientists in labs using the same chemical structure. Common prescriptions include:
 - a. Hydrocodone (Vicodin®)
 - b. oxycodone (OxyContin®)
 - c. Percocet®)
 - d. Oxymorphone (Opana®)
 - e. Morphine (Kadian®, Avinza®)
 - f. Codeine
 - g. Fentanyl
20. Opioid Abatement/Remediation (used interchangeably) - refers to programs, strategies, and other actions that address the use or misuse of opioids in order to treat or mitigate opioid use disorders and other effects of the opioid epidemic.
21. Opioid Use Disorder (OUD) - Opioid use disorder (previously referred to as opioid abuse or opioid dependence) is defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as a “problematic pattern of opioid use leading to clinically significant impairment or distress.” OUD occurs when an individual misuses or overuses certain medications that are designed to relieve pain or cause feelings of euphoria.
22. Permissible Expenditure – means the allowable expenses outlined as Strategies and Approved Uses in the National Opioid Settlement Agreement including the permissible expenditures listed in the Act and approved by the Opioid Proceeds Council.
23. Prevention – refers to the primary, secondary and tertiary efforts to avoid the development and progression of substance use disorders and/or drug-related harms.
 - a. Primary prevention involves promoting positive youth development and helping individuals avoid the risk factors for, and development of, addictive behaviors through both universal and individualized efforts. Primary prevention incorporates efforts in support of individualized health care, including the safe prescribing of opioid and other controlled medications. Primary prevention also encompasses efforts to avoid adverse childhood experiences and to avoid or delay the onset of substance use among persons under 21 years of age.

- b. Secondary prevention consists of uncovering potentially harmful substance use prior to the onset of problems or substance use disorder symptoms.
 - c. Tertiary prevention entails treating the medical consequences of substance use and facilitating entry into substance use disorder treatment so further disability is minimized. Prevention strategies include continuing treatment and avoiding a return to substance use so that patients who have been treated successfully may remain in remission.
24. Recovery - means an active process of continual growth that addresses the biological, psychological, social, and spiritual disturbances inherent in addiction and includes the following factors:
- a. The goal of improved quality of life and enhanced wellness as identified by the individual;
 - b. An individual's consistent pursuit of abstinence from the substances or behaviors towards which pathological pursuit had been previously directed or which could pose a risk for pathological pursuit in the future;
 - c. Relief of an individual's symptoms, including substance craving;
 - d. Improvement of an individual's own behavioral control;
 - e. Enrichment of an individual's relationships, social connectedness, and interpersonal skills; and
 - f. Improvement in an individual's emotional self-regulation.
25. Substance Use Disorder (SUD) - means a pattern of use of alcohol or other substances that meets the applicable diagnostic criteria delineated in the Diagnostic and Statistical Manual of Mental Disorders (DSM–5) of the American Psychiatric Association, or in any subsequent editions.
26. Virtual – when used with respect to a meeting, means by electronic means that provide for real-time communication to and from the participants in such a manner that each participant can hear and/or read the comments of each other.

5-10-130 Opioid Proceeds Council

The Commonwealth of the Northern Marianas Islands (CNMI) Opioids Proceeds Council referred to as “OPC” is the oversight authority of the funds for the abatement and remediation of opioid and substance use disorder in the Commonwealth. The Opioid Proceeds Council shall be managed by the members of the Council.

5-10-135 Council Members

1. Council Members are not employees of the Council and shall be composed of the following:
 - a. Attorney General or designee;
 - b. Commonwealth Healthcare Corporation – Chief Executive Officer (CEO) or designee; and
 - c. Governor or his designee
2. Non-Voting Members

The Council may approve the membership of non-voting members. Non-Voting Members may include any individual from entities that are involved in substance use disorder treatment.

3. Organization
 - a. Officers - Officers shall be comprised of the voting members. The officers shall serve on the Council for the entire duration of their respective offices. The following officer positions shall consist of:
 - b. Chairperson - Shall preside over all meetings, appoint committees, affix their signature in the name of the Council and serve as the expenditure authority of the fund.
 - c. Vice-Chairperson - Shall preside as Acting-Chairperson in the absence of the Chairperson and shall hold all powers of the Chairperson while in acting capacity.
 - d. Secretary - Shall preside as the acting Chairperson in the absence of the Chairperson and Vice-Chairperson and shall have the full powers of the Chairperson while in acting capacity. The Secretary shall be responsible for recording of minutes, publishing notices, and maintaining the books and records of the Council. The secretary shall sign all orders and other decisions on which the Council's signature is required.
 - e. Treasurer - Shall be responsible for the maintenance of the Council's accounts, reporting and auditing of the Council's funds.

5-10-140 Removal of Council Member

A voting council member may not be removed unless the member violates any laws of the Commonwealth.

5-10-145 Resignation of Council Member

A member may resign from their position at any time by providing a written notice to the Council.

5-10-150 Removal of Non-Voting Member

A non-voting member may be removed at any time by a majority member of the Council.

5-15-155 Resignation of a Non-Voting Member

A non-voting member may resign from their position at any time by providing a written notice to the Council.

5-10-160 Committees

The Council may provide by resolution for standing and ad hoc committees. The chair shall appoint the members of the committees.

5-10-165 Vacancies

Any vacancy in the Council shall be filled by appointment of the respective appointing authority.

5-10-170 Compensation

1. Members of the Council shall be compensated pursuant to the Act.
2. Members may be reimbursed for actual and necessary expenses for travel to attend a Council meeting, which shall take place in the CNMI.

5-10-175 Conflict of Interest

In compliance with the Ethics Code at 1 CMC §§ 8501-8577, members must disclose to the Council any conflicts, refrain from participating in discussions and recuse themselves from voting on any matter before the Council if the member has a conflict of interest.

5-10-180 Meetings

1. Meetings shall be conducted according to the Robert's Rules of Order.
2. The Chairperson or majority of the Council members may call for a meeting.
3. The Chairperson shall determine the place of meeting. The location shall be properly noticed to the Council members and the general public.

4. The Council may meet in person or virtually. Access to virtual meeting shall be provided to the Council Members.
5. Meeting shall be held quarterly.
6. The Council shall function in a manner consistent with the Open Government Act, as amended and codified at 1 CMC §§ 9901-9917.
7. Quorum and Voting
 - a. Quorum - A majority of the members shall constitute a quorum for the transaction of business.
 - b. Voting - If there is a quorum, then all actions of the Council shall be taken by an affirmative vote of the majority of the voting members present at the meeting. Every vote of the Council shall be recorded in the minutes.

5-10-185 Powers, Duties and Responsibilities

The Council shall have the following powers, duties, and responsibilities:

1. Award financial assistance from the Fund in a manner that distributes funds equitably among all community service providers that engage in opioid abatement and substance use disorder strategies within the Commonwealth.
2. Provide financial support from the opioid fund in the form of grants, donations, or other assistance, for opioid prevention and opioid and substance use disorder treatment efforts that aim to reduce opioid use disorder and the misuse of opioids.
3. Administer the Fund in accordance with the provisions of this Public Law 23-19 and as set forth in the National Opioid Settlement Agreement.
4. Establish an office which will serve as the principal place of business.
5. Recommend and approve policies and procedures for the administration of the Council and for the application, awarding, and disbursement of monies from the Fund, to be used for the purposes set forth in this Act.
6. Establish specific criteria and procedures for awards from the Fund, that include:
 - a. Notices of availability of Funding.
 - b. Requirements for the submission of funding requests.

- c. Evaluate funding requests in accordance with the criteria established by the Council, the provisions of the law, regulations and guidelines set forth in the National Opioid Settlement Agreement.
- d. Evaluate and measure the implementation, execution and results from awards.
- e. Recommend and approve goals, objectives, and their rationales, sustainability plans, and performance indicators relating to substance use disorder prevention, treatment, recovery, and harm reduction efforts.
- f. Approve awards of monies from the Fund exclusively for permissible expenditures set forth in the Act and this regulation.
- g. Monitor the expenditure of awarded funds and the efficacy of programs funded.

5-10-190 Suspend Funding Assistance

The Council may suspend the allocation of monies to a recipient found to be substantially in non-compliance with Council policies and procedures, rules, or regulations. The Council may resume allocation once the Council has determined the recipient has adequately remedied the cause of such suspension.

5-10-195 Reporting

- 1. Not later than October 31 of each year the Council shall provide a written report to the Governor, Speaker of the House of Representatives and Senate President.
- 2. The report shall detail Council activities during the prior calendar year. The report shall be published on a website established by the Council.
- 3. The report shall document all expenses associated with managing, investing and disbursing monies of the fund.

5-10-200 Council Administration and Administrative Staff

- 1. Employ an executive director and staff to support the meetings, functions of the Council, and direct the day-to-day activities including records management of all monies deposited into the proceeds fund, expenditures, all applications and awards, and annual reports as required by the Act.
- 2. Contract for other professional services to assist the Council in the performance of its duties and responsibilities.

5-10-205 Fiscal and Financial Management

The Department of Finance (DOF) shall be responsible for the fiscal and financial management of the fund as required under the Act. The DOF shall establish the Opioid Litigation Proceeds Fund which shall be separate from the General Fund

5-10-210 Department of Finance - Duties and Responsibilities

1. Funds shall be administered by the DOF.
2. The DOF shall disburse funds upon the approval of the Council.
3. The DOF shall not make or refuse to make any disbursement approved by the Council.
4. The DOF shall observe the Council's decisions regarding disbursement of monies from the Fund so long as a disbursement is a permissible expense.

5-10-215 Investment of Funds

1. The investment of funds shall be under the direction of the Attorney General.
2. The Secretary of Finance shall be responsible for the investment and reinvestment of the Fund monies.
3. The Secretary of Finance shall publish an annual report on or before January 31st of each year itemizing any and all investment and reinvestments made within the preceding year.

5-10-220 Credits to the Fund

The following shall be credited to the fund:

1. All proceeds received from the National Opioid Settlement Agreement;
2. Monies appropriated by or transferred to the Fund by the Legislature;
3. Gifts, donations, grants, bequests, and other monies received by the Commonwealth on the Fund's behalf; and
4. Any interest of monies in the Fund.

5-10-225 Tracking the Settlement Fund

The Council shall track all anticipated monies the CNMI will receive each year for the entire funding duration. Tracked information are intended for:

1. Budgetary purposes;

2. Maintaining compliance with the Opioid Settlement Agreement of permissible expenditure; and
3. Provide future projection of proposed spending plan goals and objectives.

5-10-230 Reporting

1. The Council shall provide annual reports of abatement expenditures and documents supporting the expenditures.
2. Funds expended shall be verified to ensure that funds are utilized in a manner consistent with the strategies and approved uses of the National Opioid Settlement Agreement.

5-10-235 Audits

The Council shall retain the services of an independent Certified Public Accountant to conduct an annual audit of the Council's financial records, internal controls and processes.

5-10-240 Allocation, Distribution and Use of Opioid Funds

Annual Allocation of Funds shall be spent as follows:

1. Administration – 5%

Pay for the administrative costs associated with the program. These costs include administrative personnel salaries and wages, including benefits. To also include board meeting costs and other general overhead costs for administrative functions.
2. Operations – 10%

Pay for the operational costs associated with the program. These costs include day-to-day operations, such as office supplies, publication materials, equipment, transpiration. Also, included are contract/sub-contracts for special projects that are required to execute the program objectives.
3. Awards – 75%

Award and administer grants authorized in compliance with the terms of the opioid settlement agreements entered into between the CNMI and the manufacturers and distributors of opioids.
4. Investment – 10%

5-10-245 Permissible Expenditures

1. Permissible expenditures must be approved by the Council.
2. The following entities listed in the Act may receive monies from the Fund.
 - a. Hinemlu O'hala Enteramenti (H.O.P.E.) Recovery Center, under the Office of the Governor's Substance Abuse, Addiction and Rehabilitation Program;
 - b. Substance Abuse Treatment and Recovery Clinic, under the Community Guidance Center (CGC);
 - c. The Drug Court Division of the CNMI Judiciary;
 - d. Any government agency that engages in substance abuse treatment and prevention; and
 - e. Any non-profit that engages in substance abuse treatment and prevention.

5-10-250 Non-Permissible Expenditures

1. Expenditures not consistent with the strategies and approved uses of the National Opioid Settlement Agreement and this regulation.
2. Monies shall not be used to supplant funding for an existing program.

5-10-255 National Opioid Settlement Agreement – Exhibit E

Exhibit E of the TEVA Agreement serves as the guideline for opioid abatement and remediation strategies and approved uses recognized by the National Opioid Settlement Agreement. The Council shall refer to Exhibit E – Schedule A and B for spending guidelines.

5-10-260 Funding Opportunities and Awards

1. Notice of Funding Opportunity
 - a. Annual notice of funding opportunity shall be determined by the OPC.
 - b. Notice of funding shall be prepared by the OPC Staff and approved by the voting Council members prior to publication.
2. Notice of Award - Notice of funding awards shall be sixty days after the application deadline.
3. Application for Funding Assistance - Electronic and hard copy applications shall be made available on the date funding opportunity announcement is published.

4. Eligibility

- a. Local government agencies and non-profit organizations that specialize in substance use disorders and opioid use disorders within the Commonwealth, including the entities listed in the Act.
- b. Evidence of Experience and Credentials. The requirements are:
 - i. Must provide direct client services utilizing evidence-based practices.
 - ii. Must comply with all applicable federal, local and state licensing, accreditation, and certification requirements, as of the due date of the application.

5. Proposed Project- Must be in alignment with the strategies and approved uses.

6. Evaluation of Projects

- a. Projects shall be reviewed, evaluated and scored according to the requirements listed in the Notice of Funding Opportunity.
- b. Evaluation guidelines prepared by the Council Staff must be approved by the voting Council members prior to publication.

7. Tracking and Reporting

- a. Awardees are required to submit semi-annual reports. Report deadline dates shall be specified in the Award Letter.
- b. The report shall include but not limited to:
 - i. Budget category expenditures to ensure compliance;
 - ii. Accomplishments, goals and objectives achieved for each approved activity (i.e., prevention, harm reduction, treatment, and recovery support);
 - iii. Barriers and efforts made to address such barriers;
 - iv. Data collection of measurable outcomes; and
 - v. Relapse and recidivism.

5-10-265 Court Orders and Termination

1. Controlling Court Order

The Council shall disburse and monitor monies from the Fund in a manner consistent with the limitations on uses of litigation proceeds set forth in any controlling court order.

2. Termination

The Council will terminate when all monies from the National Opioid Settlement Funds have been received and disbursed unless the Attorney General certifies that additional monies are anticipated.

5-10-270 Miscellaneous Provisions

1. Savings Clause

This Act and any repealer contained herein shall not be construed as affecting any existing right acquired under contract or acquired under statutes repealed or under any rule, regulation, or order adopted under the statutes.

2. Severability

If any provision in this regulation shall be held invalid by a court of competent jurisdiction, the validity of the remainder of the regulations shall not be affected.

3. Effective Date

The regulation shall take effect upon adoption by the Opioid Proceeds Council.

**Exhibit E (TAKEN FROM NATIONAL OPIOID
SETTLEMENT AGREEMENT)
List of Opioid Remediation Uses**

**Schedule A
Core Strategies**

Settling States and Exhibit G Participants may choose from among the abatement strategies listed in Schedule B. However, priority may be given to the following core abatement strategies (“*Core Strategies*”).¹

**A. NALOXONE OR OTHER FDA-APPROVED DRUG TO
REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

**B. MEDICATION-ASSISTED TREATMENT (“MAT”)
DISTRIBUTION AND OTHER OPIOID-RELATED
TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

¹ As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

C. PREGNANT & POSTPARTUM WOMEN

1. Expand Screening, Brief Intervention, and Referral to Treatment (“*SBIRT*”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“*OUD*”) and other Substance Use Disorder (“*SUD*”) / Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (“*NAS*”)

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“*OUD*”) and any co-occurring Substance Use Disorder or Mental Health (“*SUD/MH*”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:²

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“*MAT*”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“*ASAM*”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including *MAT*, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“*OTPs*”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

² As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“*DATA 2000*”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)**

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARF*”);
 2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (“CTP”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs (“PDMPs”), including, but not limited to, improvements that:
 1. Increase the number of prescribers using PDMPs;
 2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
 3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).

7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and

to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1178 Hinemlu' St. Garapan, Saipan, MP 96950



PUBLIC NOTICE OF PROPOSED AMENDMENTS TO THE CHCC CHARGEMASTER FOR VARIOUS FEES

INTENDED ACTION TO ADOPT THESE PROPOSED REVISIONS TO THE RULES AND REGULATIONS:
The Commonwealth Healthcare Corporation (CHCC) intends to adopt as permanent the attached additional Chargemaster pursuant to the procedures of the Administrative Procedure Act, 1 CMC § 9104(a). The additional Chargemaster will become effective 10 days after adoption and publication in the Commonwealth Register. (1 CMC § 9105(b))

AUTHORITY: The Board of Trustees may prepare and adopt rules and regulations to assure delivery of quality health care and medical services and the financial viability of the Corporation that will best promote and serve its purposes. 3 CMC Section 2826(c).

THE TERMS AND SUBSTANCE: These are new and revised fees.

THE SUBJECTS AND ISSUES INVOLVED: New and revised fees.

DIRECTIONS FOR FILING AND PUBLICATION: This Notice of Proposed Amendments to the Chargemaster shall be published in the Commonwealth Register in the section on proposed and newly adopted regulations (1 CMC § 9102(a)(1)) and posted in convenient places in the civic center and in local government offices in each senatorial district, both in English and in the principal vernacular (1 CMC § 9104(A)(1)) codified at NMIAC Sections 140-10.8-101. Copies are available upon request from Roxanne Ada, Director of Revenue.

TO PROVIDE COMMENTS: Send or deliver your comments to Roxanne Ada, Director of Revenue, roxanne.ada@chcc.health, Attn: *Amendments to the Chargemaster for Various Fees* at the above address, fax or email address, with the subject line "Amendments to the Chargemaster for Various Fees." Comments are due within 30 days from the date of publication of this notice. Please submit your data, views or arguments. (1 CMC § 9104(a)(2)).

P.O. Box 500409 CK, Saipan, MP 96950
Telephone: (670) 236-8201/2 FAX: (670) 233-8756

OFFICE OF THE ATTORNEY GENERAL
CIVIL DIVISION
STATE OF NEW YORK

IN SENATE
JANUARY 15, 1905

REPORT OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
JANUARY 10, 1904
RELATIVE TO THE
LANDS BELONGING TO THE STATE
AND THE MANNER OF
THEIR DISPOSITION
AND THE
MANNER OF
THEIR
DISPOSITION
AND THE
MANNER OF
THEIR
DISPOSITION

OFFICE OF THE ATTORNEY GENERAL
CIVIL DIVISION
RECEIVED
BY: QW DATE: 5/15/05

These proposed amendments to the Chargemaster, for Various Fees were approved by the CHCC Board of Trustees and the CHCC CEO.

Submitted by:



ESTHER L. MUNA

Chief Executive Officer



JUAN N. BABAUTA

Board Chair

05/14/25

Date

05/14/25

Date

Filed and
Recorded by:



ESTHER M. SAN NICOLAS

Commonwealth Registrar

05-15-2025

Date

Pursuant to 1 CMC § 2153(e) (AG approval of regulations to be promulgated as to form) and 1 CMC § 9104(a)(3) (obtain AG approval) the proposed regulations attached hereto have been reviewed and approved as to form and legal sufficiency by the CNMI Attorney General and shall be published, 1 CMC § 2153(f) (publication of rules and regulations).

Dated the 15 day of May, 2025.



EDWARD E. MANIBUSAN

Attorney General

FEE EDITS - 10/24-2/25													
REV CODE	CHARGE CODE	CPT MOD	Description	Reason for change	Previous Price	New Price	GRMC Fee	GMH Fee	Queens Fee	Average Hawaii (90th percentile)	Average National (90th Percentile)	MCR RATE	Comment
360	365000582970	33016	TC PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	NEW	\$ -	\$ 4,577.79	\$ -	\$ 2,081.78	\$ 4,374.00	\$ 4,353.82	\$ 10,871.18	\$ 1,525.93	
960	965001583114	33016	26 PERICARDIOCENTESIS W/IMG GUIDANCE WHEN PERFORMED	NEW	\$ -	\$ 665.85	\$ 732.84	\$ 732.00	\$ 3,776.00	\$ -	\$ -	\$ 221.95	
960	965002583356	49596	26 RPR AA HERNIA 1ST > 10 CM NCRCR/STRANGULATED	NEW	\$ -	\$ 2,966.13	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 988.71	
960	965002583357	27045	26 EXC TUMOR SOFT TISSUE PELVIS & HIP	Revised	\$ 1,359.75	\$ 2,237.31	\$ 2,237.31	\$ -	\$ -	\$ -	\$ -	\$ 745.77	Previous price below Medicare rate
960	965002583358	36818	26 ARVEN ANAST OPN UPR ARM CEPHALIC VEIN TRPOS	Revised	\$ 163.80	\$ 1,961.22	\$ 1,961.22	\$ 2,084.00	\$ -	\$ -	\$ -	\$ 653.74	Previous price below Medicare rate
960	965002583359	40808	26 BIOPSY VESTIBULE OF MOUTH	Revised	\$ 36.75	\$ 285.39	\$ 561.93	\$ 459.00	\$ 1,600.00	\$ -	\$ -	\$ 95.13	Previous price below Medicare rate
960	965002583360	31576	26 LARYNGOSCOPY FLEXIBLE W/BIOPSY	Revised	\$ 84.00	\$ 366.81	\$ 890.01	\$ 731.00	\$ -	\$ -	\$ -	\$ 122.27	Previous price below Medicare rate
960	965002583361	36590	26 RMLV TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSI	Revised	\$ 155.40	\$ 567.00	\$ 684.06	\$ 1,550.27	\$ 3,497.00	\$ -	\$ -	\$ 189.00	Previous price below Medicare rate
960	965001583120	43762	26 PERQ REPLACEMENT GTUBE NOT REQ REVJ GSTRST TRC	NEW	\$ -	\$ 105.18	\$ 756.27	\$ 310.14	\$ 1,004.00	\$ -	\$ -	\$ 35.06	
960	965001183916	38525	26 BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE	Revised	\$ 474.60	\$ 1,340.43	\$ 1,340.46	\$ 1,310.00	\$ 7,465.00	\$ -	\$ -	\$ 446.81	Previous price below Medicare rate
300	315000180980	87626	TC HPV SEP HI-RISK TYP&POOL RSLT	NEW	\$ -	\$ 210.60	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 70.20	
960	9650001183883	36831	26 THRMBC OPN ARVEN FSTL W/O REVJ DIAL GRF	Revised	\$ 739.20	\$ 1,711.29	\$ 1,757.43	\$ 1,623.00	\$ -	\$ -	\$ -	\$ 570.43	Previous price below Medicare rate
960	965001184031	45378	26 COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	Revised	\$ 242.55	\$ 539.34	\$ 1,096.05	\$ 956.00	\$ 2,121.00	\$ -	\$ -	\$ 179.78	Previous price below Medicare rate
960	965001284062	45380	26 COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	Revised	\$ 279.30	\$ 586.23	\$ 1,411.68	\$ 1,113.00	\$ -	\$ -	\$ -	\$ 195.41	Previous price below Medicare rate
960	965001284067	45385	26 COLSC FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	Revised	\$ 279.30	\$ 739.32	\$ 1,459.62	\$ 1,279.00	\$ -	\$ -	\$ -	\$ 246.44	Previous price below Medicare rate
960	965001284094	46020	26 PLACEMENT SETON	Revised	\$ 110.25	\$ 346.74	\$ 353.37	\$ 754.00	\$ -	\$ -	\$ -	\$ 115.58	Previous price below Medicare rate
960	965001184849	43251	26 EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH	Revised	\$ 194.25	\$ 571.98	\$ 1,620.75	\$ 915.00	\$ 3,665.00	\$ -	\$ -	\$ 190.66	Previous price below Medicare rate
360	365000283361	33207	TC INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	NEW	\$ -	\$ 20,930.66	\$ -	\$ 10,174.16	\$ 6,251.00	\$ 6,054.61	\$ 43,458.30	\$ 10,465.33	Cardiology Services
960	965002583362	33207	TC INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR	NEW	\$ -	\$ 1,473.75	\$ 1,396.71	\$ 1,577.00	\$ 6,251.00	\$ -	\$ -	\$ 455.39	Cardiology Services
360	365000289454	33208	TC INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	NEW	\$ -	\$ 20,930.66	\$ 29,606.08	\$ 14,721.00	\$ 6,251.00	\$ 8,765.65	\$ 51,108.00	\$ 10,465.33	Cardiology Services
960	965002583363	33208	TC INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT	NEW	\$ -	\$ 1,473.75	\$ 1,509.72	\$ 1,716.00	\$ 8,202.00	\$ -	\$ -	\$ 491.25	Cardiology Services
360	365000289397	33285	TC INSERTION SUBQ CARDIAC RHYTHM MONITOR W/PRGRMG	Revised	\$24,997.11	\$ 16,551.96	\$ 16,189.22	\$ 10,329.00	\$ 5,266.00	\$ 5,997.23	\$ 33,615.00	\$ 8,275.98	Cardiology Services - Price Update
360	365000289455	33206	TC INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	NEW	\$ -	\$ 20,930.66	\$ -	\$ -	\$ -	\$ -	\$ 44,296.00	\$ 10,465.33	Cardiology Services
960	965002583364	33206	26 INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL	NEW	\$ -	\$ 1,307.34	\$ 1,337.91	\$ 1,520.00	\$ -	\$ -	\$ -	\$ 435.78	Cardiology Services
730	365000289456	93247	TC EXTERNAL ECG REC<7D<15D SCANNING ALYS W/REPOR	NEW	\$ -	\$ 257.80	\$ 807.21	N/A	\$ -	\$ 446.00	\$ 1,134.00	\$ 128.90	Cardiology Services



Commonwealth Healthcare Corporation

Commonwealth gi Sankattan na Islas Mariñas
1178 Hinemlu' St. Garapan, Saipan, MP 96950



NUTISIAN PUBLIKU PUT I MANMAPROPONI NA AMENDA SIHA GI CHCC CHARGEMASTER PARA DIFIRENTIS NA ÂPAS

I AKSION NI MA'INTENSIONA PARA U ADÂPTA ESTI I MANMAPROPONI NA TINILAIKA GI AREKLAMENTU YAN REGULASION SIHA: I Commonwealth Healthcare Corporation (i CHCC) ha intensiona para u adâpta komu petmanienti i mañechettun na hina'halum Chargemaster sigun gi maneran i Âkton Administrative Procedure, 1 CMC § 9104(a). I hina'halum Chargemaster siempri umifektibu gi halum dies (10) dihas dispues di adâptasion yan publikasion gi halum Rehistran Commonwealth. (1 CMC § 9105(b))

ATURIDÂT: I Board of Trustees siña mapripâra yan adâpta i areklamentu yan regulasion siha para u mana'garantiha na manmannâ' i kuâlidât na inadahin hinemlu' yan setbisiun mediku yan i macho'cho'chu' na fainansiât nu i Corporation ni mäs ha na'adilantão yan sietbi i rason-ñiha siha. 3 CMC Seksiona 2826(c).

I TEMA YAN SUSTÂNSIAN I PALÂBRA SIHA: Mannuebu na âpas siha.

I SUHETU NI MASUMÂRIA YAN ASUNTU NI TINEKKA: Nuebu na âpas siha.

DIREKSION PARA U MAPO'LU YAN PARA U MAPUPBLIKA: Esti na nutisia put i Manmaproponi na Amenda siha gi Chargemaster siempri mapupblika gi halum Rehistran Commonwealth halum i seksiona gi maproponi yan nuebu na manma'adâpta na regulasion siha (1 CMC § 9102(a)(1)) yan mapega gi halum kumbinienti na lugât halum i civic center yan halum i ufisinan gubietnamentu gi kada distritun senadot, parehu gi finu' Inglis yan i prinsipât na linguâhi natibu (1 CMC § 9104(A)(1)) codified gi NMIAC na Seksiona 140-10.8-101. Managuaha kopia yanggin marikuesta ginen as Roxanne Ada, i Direktot Reditu.

PARA U MAPRIBENIYI UPIÑON SIHA: Na'hânão pat intrega hâlum i upiñom-mu guatu as, i Direktot Reditu, roxanne.ada@chcc.health, Attn: "Amenda gi Chargemaster, para Difirentis na Âpas" gi sanhilu' na address, fax osino email address, yan i suhetu na râya "Amenda gi Chargemaster, para Difirentis na Âpas." I upiñon siha debi na u fanhâlum gi halum trenta (30) dihas ginen i fetchan publikasiön esti na nutisia. Put fabot na'hâlum i infotmasion, upiñon pat testimonion kinentrâm-mu siha. (1 CMC § 9104(a)(2)).

P.O. Box 500409 CK, Saipan, MP 96950
Telephone: (670) 236-8201/2 FAX: (670) 233-8756

Esti i manmaproponi na amenda siha gi Chargemaster, para Difirentis Åpas ginen maninaprueba ni i Kuetpun CHCC Trustees yan i CHCC CEO.

Nina'hålum as:



ESTHER L. MUNA
Chief Executive Officer

05/14/25

Fetcha



JUAN N. BABAUTA
Kabesiyun Kuetpu

05/14/25

Fetcha

Pine'lu yan
Ninota as:



ESTHER M. SAN NICOLAS
Rehistran Commonwealth

05.15.2025

Fetcha

Sigun i 1 CMC § 2153 (e), (Inaprueban Abugådu Hiniråt i regulasion siha ni para u macho'gui kumu fotma) yan i 1 CMC § 9104 (a) (3) (hentan inaprueban Abugådu Hiniråt) i manmaproponi na regulasion siha ni mañechettun guini ni manmaribisa yan manma'aprueba kumu fotma yan sufisient i ligåt ginin i CNMI Abugådu Heneråt yan debi na u mapupblika, 1 CMC § 2153 (f) (pupplikasion areklamentu yan regulasion siha).

Mafetcha gi diha 15 gi May, 2025.



EDWARD E. MANIBUSAN
Abugådu Hiniråt



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1178 Hinemlu' St. Garapan, Saipan, MP 96950



ARONGORONGOL TOULAP REEL PPWOMMWOL LIIWEL NGALI CHCC CHARGEMASTER NGALI AKKÁÁW ÓBWÓSS PUBLIC NOTICE OF PROPOSED AMENDMENTS TO THE CHCC CHARGEMASTER FOR VARIOUS FEES

MÁNGEMÁNGIL MWÓGHUTH REEL REBWE ADÓPTÁÁLI PPWOMMWOL SIIWEL NGALI ALLÉGH ME MWÓGHUTUGHUT: Commonwealth Healthcare Corporation (CHCC) re mángemángil rebwe adóptááli Chargemaster ikka e schuulong ikka e appasch bwe ebwe lléghló sáangi mwóghutughutúl Administrative Procedure Act, 1 CMC § 9104(a). Chargemaster ikka rebwe bwal aschuulong ebwe bwunguló seigh (10) ráál mwiril aal adóptááli me akkatééwowul me llól Commonwealth Register. (1 CMC § 9105(b))

BWÁNGIL: Emmwel bwe Board of Trustees rebwe ayoora mmwelil me adóptááli allégh me mwóghutughut reel ebwe ffat issisiwowul ghatchúl health care me alilisil mediku me mille financial viability sáangi Corporation iye ebwe ghatch le alisi fféerú aar angaang. 3 CMC Tálil 2826(c).

KKAPASAL ME WEEWEEL: Ikkaal ffél óbwóss.

KKAPASAL ME AUTOL: Ffél óbwóss.

AFAL REEL AMMWELIL ME AKKATÉÉWOWUL: Ebwe akkatééwow Arongorongol Ppwommwol Liiwel ngáli Chargemaster me llól Commonwealth Register llól tálil ppwommwol me ffél mwóghutughut ikka ra adóptááli (1 CMC § 9102(a)(1)) me ebwe appaschetá llól civic center llól bwulasiyol gobetnameento me llól senatorial district, fengál reel English me mwáliyaasch (1CMC § 9104(A)(1)) iye e itittiw me NMIAC Tálil 140-10.8-101. Emmwel ubwe tingór pappidil mille sáangi Roxanne Ada, Director-il Revenue.

REEL ISIISILONGOL KKAPAS: Afanga ngare bwughiló yóómw ischil kkapas ngáli Roxanne Ada, Director-il Revenue, roxanne.ada@chcc.health, Attn: Amendments to the Chargemaster, for Various Fees reel féféfé iye e lo weiláng, fax ngare email address, fengál wóól subject line bwe "Amendments to the Chargemaster, for Various Fees." Ebwe toolong ischil kkapas llól eliigh (30)

P.O. Box 500409 CK, Saipan, MP 96950
Telephone: (670) 236-8201/2 FAX: (670) 233-8756

ráál mwiril aal akkatééwow arongorong yeel. Isiisilong yóómw data, views ngare angiingi. (1 CMC § 9104(a)(2)).

Aa átirow ppwommwol liiwel kkaal ngáli Chargemaster, for Various Fees sáangi CHCC Board-il Trustees me CHCC CEO.

Isáliyalong:

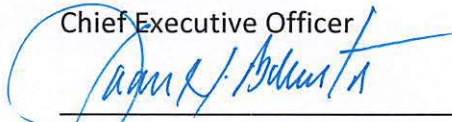


ESTHER L. MUNA

Chief Executive Officer

05/14/2025

Ráál



JUAN N. BABAUTA

Board Chair

05/14/2025

Ráál

Ammwelil:



ESTHER M. SAN NICOLAS

Commonwealth Registrar

05-15-2025

Ráál

Sáangi 1 CMC § 2153(e) (sáangi átirowal AG reel mwóghutughut kkaal bwe aa lléghlól reel fféerúl me ebwe arongowow) me 1 CMC § 9104(a)(3) (sáangi átirowal AG) reel ppwommwol mwóghutughut ikka e appasch bwe ra takkal amwuri fischiiy me aa lléghló reel fféerúl me legal sufficiency sáangi Soulemelemil Allégh Lapalap CNMI me ebwe akkatééwow, 1 CMC § 2153(f) (arongowowul allégh me mwóghutughut).

Ghikill wóól 15 ráálil May, 2025.



EDWARD E. MANIBUSAN

Soulemelemil Allégh Lapalap



COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CANNABIS COMMISSION



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PUBLIC NOTICE ON LIFTING MORATORIUM ON MARIJUANA PRODUCER LICENSE

Notice is hereby given that on February 28, 2025, the CNMI Cannabis Commission with a majority decision of 4 to 1 voted in favor to lift the Marijuana Producer Moratorium which took effect on January 04, 2024. All persons having interest may visit the CNMI Cannabis Commission office for more details.

Juan T. Iguel
Chairman, CNMI Cannabis Commission

04/01/2025
Date