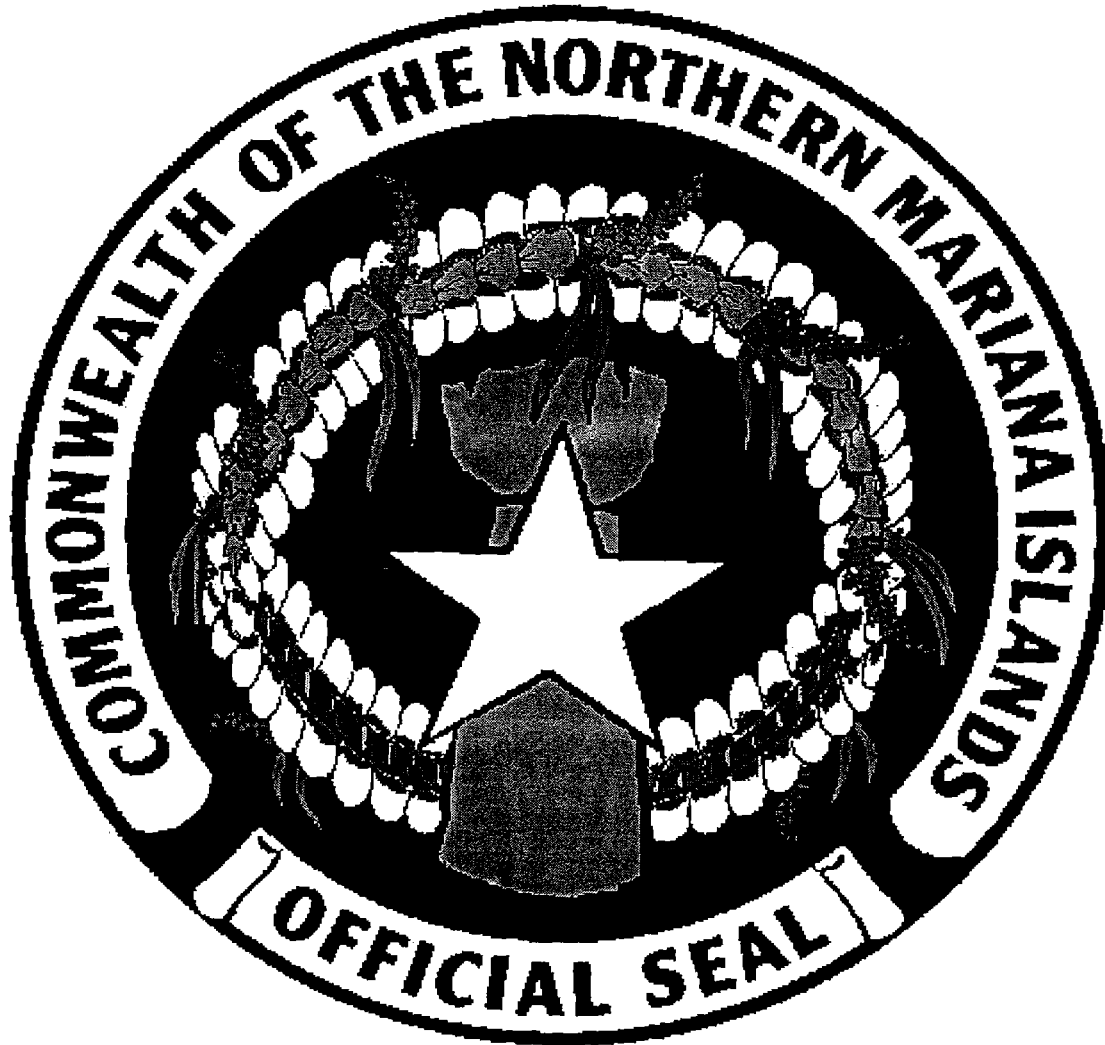


COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
SAIPAN, TINIAN, ROTA and NORTHERN ISLANDS



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COMMONWEALTH REGISTER
VOLUME 33
NUMBER 04
APRIL 21, 2011

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Commonwealth of the Northern Marianas Islands
Department of Public Health
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**PUBLIC NOTICE OF EMERGENCY REGULATIONS
ADDING CERTAIN PROCEDURES TO THE SCHEDULE OF FEES OF THE COMMUNITY
GUIDANCE CENTER (“CGC”)**

EMERGENCY ADOPTION AND IMMEDIATE EFFECT: The Secretary of the Department of Public Health of the Commonwealth of the Northern Mariana Islands (“Secretary”) finds that:

- (1) The attached rates for the Community Guidance Center’s Schedule of Fees shall be adopted immediately on an emergency basis because the public interest so requires for the reasons stated below (1 CMC § 9105(b)(2)); and
- (2) The same regulations shall be adopted, after a proper notice and comment period, as permanent regulations pursuant to the attached Notice of Proposed Rules and Regulations in compliance with the Administrative Procedure Act, 1 CMC § 9104(a).

AUTHORITY: The Department of Public Health is empowered by the Legislature to adopt rules and regulations regarding those matters over which it has jurisdiction. 1 CMC § 2605 (Rules and Regulations). See also Executive Order 94-3 (effective August 23, 1994, reorganizing the Executive branch).

The Administrative Procedure Act, § 9104(b) and (c), provides that an agency may adopt an emergency regulation upon fewer than 30 days notice if it states its reasons in writing:

- (1) If an agency finds that the public interest so requires, or that an imminent peril to the public health, safety, or welfare requires adoption of a regulation upon fewer than 30 days’ notice, and states in writing its reasons for that finding, it may, with the concurrence of the Governor, proceed without prior notice or hearing or upon any abbreviated notice and hearing that it finds practicable, to adopt any emergency regulation. The regulation may be effective for a period of not longer than 120 days, but the adoption of an identical regulation under § (a)(1) and (a)(2) of this section is not precluded.
- (2) No regulation adopted is valid unless adopted in substantial compliance with this section

TERMS AND SUBSTANCE: These Rules and Regulations provide for the adoption of new rates for the services and procedures provided at the Community Guidance Center (CGC). Specifically, they provide the fees charged for certain services and procedures at CGC.

SUBJECTS AND ISSUES INVOLVED: These Rules and Regulations:

- (1) Add the attached fees to the Community Guidance Center's Schedule of Fees.

ADOPTION OF EMERGENCY REGULATIONS FOR 120 DAYS: The Department of Public Health has followed the procedures of 1 CMC § 9104(b) to adopt these Proposed Regulations on an emergency basis for 120 days.

REASON FOR EMERGENCY ADOPTION: DPH finds that the public interest requires adoption of these regulations on an emergency basis, for the following reasons:

The Community Guidance Center provides the listed services to the community. CGC had not heretofore charged for these services.

Due to the current economic crisis and the reduction in central government financial support for CGC/DPH, CGC/DPH must charge these additional fees immediately in order to have funding to continue to provide these services for its clients.

FILING AND PUBLICATION: These Proposed Rules and Regulations shall be published in the Commonwealth Register (see 1 CMC § 9104(a)(1) and posted in convenient places in the civic center and in local government offices in each senatorial district. (1 CMC § 9104 (a)(1)).

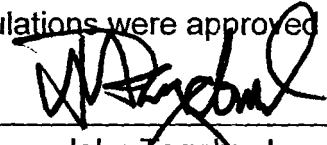
DPH shall take appropriate measures to make these Rules and Regulations known to the persons who may be affected by them (1 CMC § 9105(b)(2)).

IMMEDIATE EFFECT: These emergency rules and regulations become effective immediately upon filing with the Commonwealth Register and delivery to the Governor. (1 CMC § 9105(b)2)).

COMMENTS: No comments are required for these emergency rules and regulations. However, the related Notice of Proposed Rules and Regulations (proposed permanent regulations identical to these emergency regulations) will specify comment procedures.

These emergency regulations were approved by the Secretary of Health.

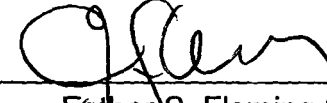
Submitted by:



John Tagabuel
Acting Secretary of Health

4/20/11
Date

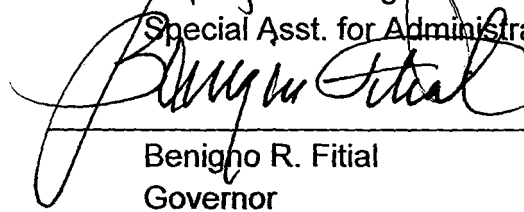
Received by:



Esther S. Fleming
Special Asst. for Administration

4/20/11
Date


Concurred by:



Benigno R. Fitial
Governor

4/21/11
Date

Filed and
Recorded by:



Esther M. San Nicolas
Commonwealth Register

04-20-2011
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. (1 CMC § 2153(f).



Edward T. Buckingham
Attorney General

04-20-11
Date

BEHAVIORAL HEALTH SERVICES FEE SCHEDULES (2011)

| Procedure Code | Procedure Code Description | MD, Psychiatrist Rate | Doctoral Level Rate | Masters Degree Level Rate | Bachelors Degree Level Rate |
|----------------|--|-----------------------|---------------------|---------------------------|-----------------------------|
| 90801 | Individual psychological diagnostic assessment and evaluation on face to face (60-90 minutes) and reporting | 247.80 | 247.80 | | |
| 90804 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive 20-30 minutes face to face w/patient | | 68.36 | | |
| 90805 | With medical evaluation and management services | 115.47 | | | |
| 90806 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, 45-50 minutes face to face w/patient | | 84.06 | | |
| 90807 | With medical evaluation and management services | 135.90 | | | |
| 90808 | Individual psychotherapy, insight oriented, behavior modifying and/or supportive, 60-90 minutes face to face w/patient | | 107.61 | | |
| 90809 | With medical evaluation and management services | 149.32 | | | |
| 96101 | Psychological testing includes psychodiagnostic assessment of intellectual abilities, emotionality, personality, and psychopathology on face to face 60-90 minutes w/patient | | 186.76 | | |
| 99211 | Medication Management (Prescription filling only) | 50.28 | | | |
| 99212 | Medication Management | 73.33 | | | |
| 99244 | Psychiatric diagnostic assessment and evaluation | 156.74 | | | |

| | | | | | |
|-------|---|-------|---------|--------|--------|
| | face to face w/patient | | | | |
| H0001 | Alcohol and/or drug assessment | | | 63.70 | |
| H0005 | Alcohol and/or drug services; per individual on group counseling 60-90 minutes | | | 35.00 | 35.00 |
| H0015 | Individual substance abuse intensive outpatient treatment per day | | | 115.00 | 115.00 |
| H0022 | Alcohol and/or drug intervention service | | | 68.36 | 68.36 |
| H0046 | Individual mental health counseling services, NEC 45-50 minutes face to face w/patient | | | 68.36 | 68.36 |
| H2027 | Alcohol/drug psychoeducational service on group (60-90 minutes) per individual | | | 25.00 | 25.00 |
| H2035 | Individual alcohol and/or drug counseling 45-50 minutes | | | 99.40 | 99.40 |
| S9445 | Violence prevention class (anger management), patient education, NEC. per session (60-90 minutes per individual | | | 25.00 | 25.00 |
| S9446 | Life skills class is group patient education, NEC per session Per individual | | | 35.00 | 35.00 |
| S9454 | Stress management class individual per 60-90 minutes class session | | | 25.00 | 25.00 |
| | | | | | |
| S9484 | Crisis mental health intervention services (per 15 minutes) | 55.00 | 35.00 | 35.00 | 25.00 |
| T1023 | Intake and Assessment per encounter face to face w/patient | | 115..36 | 115.36 | 92.86 |



Commonwealth of the Northern Mariana Islands
Department of Public Health
Office of the Secretary of Public Health



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jkvsaipan@gmail.com

NOTICE OF CERTIFICATION AND ADOPTION OF REGULATIONS

RULES AND REGULATIONS REPEALING AND REENACTING MEDICAL REFERRAL SERVICES RULES AND REGULATIONS; AND MODIFYING REGULATIONS TO ENSURE THE PRESENT AND FUTURE FISCAL VIABILITY OF THE MEDICAL REFERRAL PROGRAM

ACTION TO ADOPT PROPOSED REGULATIONS: On January 24, 2011, as required under 1 CMC § 9104(a), the Commonwealth of the Northern Mariana Islands, Department of Public Health, published public notice of its intent to repeal and re-enact the medical referral services regulations and to modify the regulations to ensure the fiscal viability of the referral program. (See 33 Com. Reg. 031291 (Jan. 24, 2011)). The Commonwealth of the Northern Mariana Islands, Department of Public Health, HEREBY ADOPTS AS PERMANENT REGULATIONS the attached Regulations, pursuant to the procedures of the Administrative Procedure Act (APA), 1 CMC §§ 9102, 9104(a), 9105 and applicable regulations.

AUTHORITY: The Department of Public Health, under 1 CMC §§ 2603 and 2605, is empowered to maintain and improve the health conditions in the Commonwealth and is authorized to adopt rules and regulations regarding those matters over which it has jurisdiction.

SUBSTANTIVE CHANGES FROM PROPOSED REGULATIONS: In its notice of intended action published on January 24, 2011, the Department of Public Health published proposed regulations. (See 33 Com. Reg. 031291 (Jan. 24, 2010)(proposed regulations attached at 031228-031261)). No substantial substantive changes have been made to the final permanent regulations hereby adopted by the Department of Public Health. The only change made was in Section I.1.1. where it deletes the descriptive term "Emergency" and now includes the emergency regulations as also being superseded by the final permanent regulations now being adopted.

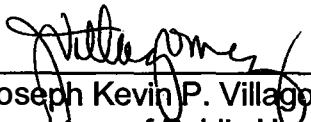
EFFECTIVE DATE: Pursuant to the APA, 1 CMC § 9105(b) and applicable regulations, these adopted Regulations are effective 10 days after compliance with 1 CMC §§ 9102, 9104(a) and 9105 and publication in the Commonwealth Register.

COMMENTS AND AGENCY CONCISE STATEMENT: Pursuant to APA, 1 CMC § 9104(a)(1), DPH gave proper notice of its intended action. Pursuant to 1 CMC § 9104(a)(2), DPH afforded all interested persons reasonable opportunity to submit data,


views, or arguments, in writing. The DPH notes that no data, views, or arguments were submitted in response to the notice of intended action. Upon this adoption of the Regulations, the DPH, if requested to do so by an interested person, either prior to adoption or within thirty days thereafter, will issue a concise statement of the principle reasons for overruling the reasons for and against its adoption, incorporating therein its reasons for overruling the considerations urged against its adoption.

ATTORNEY GENERAL APPROVAL FOR REGULATIONS: 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) (reviewed and approved, as to form and legal sufficiency) and are hereby being adopted without substantial substantive change.

I, Joseph Kevin P. Villagomez, Secretary of Public Health, hereby approve the attached Regulations, and further certify that the attached Regulations are a true copy of the regulations as adopted by the Department of Public Health.

Submitted by: 
Joseph Kevin P. Villagomez
Secretary of Public Health

3-23-11
Date

Filed and
Recorded by: 
Esther M. San Nicolas
Commonwealth Register

04.04.2011
Date

MEDICAL REFERRAL SERVICES
RULES AND REGULATIONS GOVERNING THE
ADMINISTRATION OF THE MEDICAL REFERRAL PROGRAM

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INTRODUCTION

The criteria and procedures established in these Rules and Regulations for patient medical referrals are designed to provide residents of the CNMI with a means of receiving medical care and treatment, which is not available within the Commonwealth. By sending patients approved for medical referral to established referral health care facilities for extended medical care and specialties and procedures attainable for enhanced patient health. In establishing this Medical Referral Program, it is incumbent upon the CNMI Government to manage the Program's operations to ensure that the health care benefits afforded to residents of the CNMI are provided in a reasonable and equitable manner. It is therefore an objective of these Rules and Regulations to contain the costs of medical referrals by excluding unnecessary referrals, minimizing inappropriate lengths of stay at the referral health care facility, and establishing a cost-sharing mechanism with the patient. The procedures set forth below are essential to a cost-effective health care program.

I. MEDICAL REFERRAL PROGRAM

1.1 Title 140, Subchapter 140-10.7, as amended, of the Northern Marianas Administrative Code, and any emergency regulations, are hereby repealed, reenacted and superseded by the following Medical Referral Services Rules and Regulations.

1.2 There is hereby established a Medical Referral Program within the Department of Public Health which shall facilitate the referral of patients to recognized referral health care facilities outside the CNMI for extended medical care as set forth in these Rules and Regulations. A list of recognized "referral health care facilities," as referenced throughout these Rules and Regulations is included as Appendix A hereto. Other medical facilities may be only considered if referred by a recognized facility or it specializes in a medical care of an approved patient condition. Financial assistance for medical care outside the CNMI, and related costs, shall be available as provided in these Rules and Regulations to the extent that funds for the program are appropriated by the CNMI Legislature. If in any fiscal year, appropriated funding for the Medical Referral Program is exhausted prior to the end of the fiscal year, the Medical Referral Program shall cease operations until additional funding is appropriated or

reprogrammed for its operations by the current administration.

II. Medical Referral Services (MRS)

There is hereby established Medical Referral Services within the Department of Public Health, which shall be headed by a Medical Referral Services Administrator/Manager appointed by the Secretary of Public Health. The duties and responsibilities of the Medical Referral Services shall include the following:

2.1. Assisting the patient's primary care physician to ensure that all necessary non-medical documentation is included with a patient's petition for medical referral prior to the patient's case being submitted to the Medical Referral Committee for review.

2.2. Making all arrangements for patient medical referral including verifying that sufficient funds exist to cover any medical referral costs chargeable to the Medical Referral Program, scheduling doctor appointments, arranging for air and ground transportation and accommodations.

2.3. Communicating with the other CNMI Referral, Liaison or other Representative Offices to verify and confirm arrangements for a patient's arrival or departure to/from the city where the referral health care facility is located and to obtain continuous updates on the medical status of referral patient.

2.4 Maintaining records of the names of patients petitioning for medical referral; the patient's diagnosis; patient's approved and denied medical referral; the names of any escorts accompanying patient; the names of the referral health care facility physicians to whom patients are sent; the treatment to be provided to the patients and the costs associated with the medical referrals.

2.5 Maintaining records of the names of patients including the following: the number of cases considered for medical referral within a fiscal year; the number of cases approved and disapproved; the medical justification for the referrals; the medical justification for the denied cases and the alternatives offered to the patients; the status of patients sent on medical referral; a financial analysis depicting cost based on the medical treatment provided to patients; a summary of the type of cases approved for

medical referral and of the treatment and care provided at the referral health care facility.

2.6 Reviewing patient medical bills from the referral health care facility providers, verifying the validity of the medical bills and approving for payment those medical bills, which are the financial responsibility of the Medical Referral Program.

2.7 Prepare Medical Referral Services annual budget for submission to the Secretary of Health.

2.8 Performing other duties and responsibilities as assigned by the Secretary of Public Health.

III. MEDICAL REFERRAL COMMITTEE

3.1 **Composition.** There is hereby established a Medical Referral Committee, which shall be comprised of six (6) medical staff voting members appointed by the Secretary of Public Health and licensed by the Medical Profession Licensing Board. A minimum of four (4) of the voting members shall be clinically privileged Commonwealth Health Center (CHC) medical staff, who practice in various specialty areas. Remaining members may be appointed from private clinics. A representative from each of the following Department of Public Health divisions or units shall attend the Medical Referral Committee meetings to facilitate the medical referral process but shall not be voting members of the Committee: Medical Referral Services; Social Services; Utilization Review; Medicaid Office and Vocational Rehabilitation Services. Three (3) voting members must be present to establish a quorum and official business to be conducted. The Secretary of Public Health shall serve as an ex-officio member of the Committee.

3.2 **Chairperson.** At the beginning of each fiscal year, the Medical Referral Committee shall elect a Chairperson from amongst the CHC medical staff voting members to serve for a one-year term. The Chairperson shall schedule regular meetings of the Medical Referral Committee and advise each voting member and non-voting participant of the date and time of the meeting at least one week prior to the

scheduled date of the meeting. The Chairperson may also call emergency Medical Referral Committee meetings whenever necessary or upon the request of the voting members of the Committee or the Secretary of Public Health.

3.3 Case Review. It shall be the sole responsibility of the Medical Referral Committee to screen and evaluate medical cases brought before the Committee on a petition for medical referral, including requests for additional patient treatment not initially authorized and requests from referral health care facility physicians to refer the patient to a second referral health care facility for additional care. After a complete case evaluation the Medical Referral Committee shall determine whether a referral for medical care is warranted.

3.4 Final Decisions. Decision of the Medical Referral Committee shall be final, except as provided in Section 6.4 of these Rules and Regulations. This is to ensure that medical referral decisions are based on the medical condition of the patient only.

3.5 Review of Emergency Medical Referral Cases. All medical referral cases approved on an emergency basis pursuant to Section 6.2 of these Rules and Regulations shall be reviewed by the Medical Referral Committee at the next regular meeting for assessment of whether the referral was justified. Any referral found to be unjustified by the Medical Referral Committee shall be treated as an unauthorized medical referral and an official notice of the committee's decision must be sent to the referring physician and the concurring MRC member.

3.6 Modifications to These Rules and Regulations. Prior to the end of each fiscal year or sooner if circumstances dictates, the Medical Referral Committee shall submit a list of recommended changes to the Medical Referral Program Rules and Regulations, if any, to the Secretary of Public Health.

3.7 Approval of Reports. The Medical Referral Committee shall approve all written and financial reports relating to the Medical Referral Program before they are submitted to the Secretary of Public Health, the Governor or the Commonwealth Legislature, when practical.

IV. Program Eligibility

For a patient to be eligible for consideration for medical referral through the Medical Referral Program each of the criteria set forth in Sections 4.1 and 4.2 must be satisfied:

4.1 Medical Criteria

(a) The patient must be evaluated by a CNMI licensed physician, who is the primary care provider. Medical specialist visiting the CNMI to provide limited term health care services shall not initiate a patient medical referral.

(b) After a thorough diagnosis of the patient's case and full utilization of the resources available within the CNMI, including consideration of forthcoming visits by medical specialists the primary care physician must determine that the health care services required to satisfactorily treat the patient's illness or condition cannot adequately be provided within the CNMI.

(c) The patient's illness or condition including diagnosis and prognosis must substantiate the need for the medical referral. The primary care physician must be prepared to demonstrate to the Medical Referral Committee that the medical referral would significantly benefit the patient's health outcome.

4.2 Residency Criteria

(a) The patient must be a United States Citizen residing in the CNMI or other individual who has established legal permanent residence in the CNMI at the time the patient submits a petition for medical referral.

(b) For purposes of these Rules and Regulations "residence" shall mean "the place where a person maintains an abode, with the intention of remaining permanently, or for an indefinite period of time legally." It shall be the responsibility of the patient or patient representative to demonstrate residence in the CNMI to the satisfaction of the Medical Referral Services staff. In determining the residence of a patient, Medical Referral Services staff shall

consider the patient's overall situation in the CNMI, including the following:

- (i) Country of origin and the number of days spent in the CNMI each year;
- (ii) Proof of permanent employment status within the CNMI;
- (iii) Enrollment in a CNMI school;
- (iv) Possession of a valid CNMI driver license;
- (v) A registered CNMI voter
- (vi) Public utilities billings under patient's name
- (vii) CNMI postal address under patient's name;
- (viii) Whether a CNMI Territorial Personal Income Tax Return form 1040-CM and form W-2CM Wage and Tax Statement was filed with the division of revenue and tax, department of finance for prior years;
- (iv) Enrollment in CNMI welfare programs such as the Medicaid, WIC, Food Stamps or Low Income Housing Energy Assistance; and
- (x) Any other evidence considered by Medical Referral Service staff as indicative of permanent residence within the CNMI

4.3. Persons Ineligible for Participation in the Program

The following categories of persons are ineligible for participation in the Medical Referral Program;

- (a) Non U.S. Citizen;
- (b) Former residents of the CNMI who are no longer residing in the CNMI;
- (c) Persons who have entered the CNMI under tourist, work or student visas;
- (d) Persons who establish residency in the CNMI for the sole purpose of obtaining a medical referral;

- (e) Residents of the CNMI and their dependents who are traveling abroad;
- (f) Residents of the CNMI and/or their dependents who exercise their right to obtain medical care outside the CNMI government health care system and obtain medical care which has not been previously authorized by the Medical Referral Committee; and
- (g) Persons who have entered the CNMI or are residing in the CNMI in violation of Immigration laws.
- (h) Persons who refused treatment on prior referral for same medical diagnosis.

V. The Medical Referral Program Covered Benefits

Subject to the payment guidelines set forth in Section 11 of these Rules and Regulations, the Medical Referral Program provides for the following medical, ancillary costs, transportation, escort, and maintenance benefits for a patient authorized for a medical referral:

5.1. Medical Costs

- (a) **Inpatient Medical Care.** Inpatient medical care at a referral health care facility for the following health care services:
 - (i) Necessary admission to special units such as intensive care or coronary care;
 - (ii) necessary admissions to the operating room and recovery room;
 - (iii) anesthesia services;
 - (iv) X-rays radiology services, and other such investigatory services;
 - (v) radiation therapy;
 - (vi) blood transfusions;

- (vii) laboratory tests;
- (viii) regular nursing care services;
- (ix) prescribed rehabilitative therapy;
- (x) medical supplies such as casts, surgical dressings and splints;
- (xi) drugs furnished by the referral health care facility during the hospital stay;
- (xii) use of appliances such as wheelchairs;
- (xiii) a semiprivate room (2 to 4 beds to a room);
- (ix) all hospital meals, including those which require special preparation for particular diets.

(b) Outpatient Care. Outpatient medical care at a referral health care facility for the following health care services:

- (i) services in an emergency room or outpatient clinic, including ambulatory and surgical procedures;
- (ii) blood transfusions furnished to the patient on an out-patient basis;
- (iii) laboratory tests;
- (iv) X-rays, radiology services and other such investigatory services;
- (v) radiation therapy;
- (vi) medical supplies such as splints and casts;
- (vii) drugs and biological products which cannot be self-administered,

(c) Professional Fees. Fee's for professional health care services

specifically authorized by the Medical Referral Committee in the Treatment Authorization form. Professional fees for health care services beyond those approved by the Medical Referral Committee, or for the health care services of medical specialists not listed in the Treatment Authorization Form, are not covered under the Medical Referral Program unless the written authorization of at least two members of the Medical Referral Committee is obtained prior to the rendering of such additional health care services in non-emergency situations.

5.2. Ancillary Costs.

(a) Prescribed Drugs. Drugs prescribed for the cure, mitigation, or prevention of disease, or for health maintenance if:

(i) Prescribed in writing by a licensed referral health care facility physician, or other referral health care facility licensed practitioner authorized to prescribe drugs under state law;

(ii) dispensed by a licensed pharmacist or licensed practitioner authorized to dispense drugs who records and maintains the written prescription in the pharmacy records; and

(iii) they cannot be dispensed without a prescription (i.e., over-the-counter drugs excluded).

(b) Durable Medical Equipment. Durable medical equipment provided by the referral health care facility which is essential for the management of the patient's condition during transfer to the CNMI. Examples of durable medical equipment covered by this subsection are portable oxygen equipment, cardiac monitoring equipment or mechanical ventilators. Such durable medical equipment provided to patients under the Medical Referral Program shall become the property of the Commonwealth Health Center and must be turned over by the patient after it is no longer needed. Patients who fail to deliver to the Commonwealth Health Center any durable medical equipment provided to

them by the referral health care facility after they are no longer using it shall be charged the replacement value for the equipment.

5.3 Transportation Costs

(a) Air Transportation. Medical Referral Services to assist on the least expensive round trip air transportation on regular commercial airlines considering the patient's medical condition for travel to the referral recognized health care facility (see Appendix A) as follows:

(i) Patient individually earning over \$50,000 per annum MRS will assist with 0% of air transportation;

(ii) Patient individually earning between \$25,000-\$50,000 per annum, MRS will assist with only 50% of air transportation;

(iii) Patient individually earning below \$25,000 per annum or falls under the indigent level as a family unit, MRS will assist 100% of air transportation;

(b) Ambulance Transportation. The cost of medically necessary ambulance transportation for the medical referral patient from the Commonwealth Health Center to the Saipan International Airport; from the city airport in which the referral health care facility is located to the referral health care facility; transport to other health care facility for special treatment not available at designated health care facility and as otherwise approved by the Medical Referral Committee.

5.4 Patient Escorts. Medical personnel and/or one family member or close friend to serve as a patient escort in the following situations, as authorized by the Medical Referral Committee:

(a) Physician, Nurse or Respiratory Therapist Escort. The Medical Referral Committee, in conjunction with the patient's primary care physician,

shall determine whether it is necessary for a physician escort, registered nurse escort, respiratory therapist escort or two of the above, to accompany the patient to the referral health care facility to ensure adequate medical care in transit. The following guidelines shall be considered by the Medical Referral Committee and the primary care physician in deciding whether a medical escort is needed:

(i) Physician Escorts. A physician escort should accompany a medical referral patient whenever there is a high likelihood that the patient's medical condition could change during the transport and it may be necessary for the physician to make a diagnosis, stabilize the patient, or provide acute treatment for the patient:

(ii) Nurse Escorts. Any medical referral that has been approved by the Medical Referral Committee and that requires a nurse escort must utilize a Registered Nurse who holds a current Advance Cardiac Life Support (ACLS) certification. Patients requiring medical referrals and a nursing escort are in a medically compromised state and must be escorted by nurses capable of handling their medical needs apparent at the time of transport. These medical needs may include, the insertion of an intravenous line, the addition of medication to an IV line, and the administration of narcotics. Per DPH's Position Descriptions, only registered nurses can perform the aforementioned functions. ACLS certification is mandated so that, in the event of an emergency, the registered nurse can provide care to any patient experiencing cardiac arrest. With ACLS certification, the registered nurse should be able to monitor cardiac rhythms, understand and administer appropriate medication, and provide shock treatment, provided proper instruments are available on the transporting vehicle, and the patient is stable and his or her medical condition is unlikely to change.

(iii) Respiratory Therapist Escort. A respiratory therapist escort should accompany a medical referral patient whenever the patient will require respiratory therapist services (e.g., patient in respiratory failure who

requires a ventilator or other breathing assistance), and the patient is stable and his or her medical condition is unlikely to change.

(iv) The patients primary care physician in conjunction with the Director of Medical Affairs and the appropriate Nurse or Respiratory Therapist Supervisor, shall decide which members of the Commonwealth Health Center medical staff, nursing staff and/or respiratory therapist staff shall accompany the patient. In those cases where a physician, nurse, and/or respiratory therapist escort accompany the patient, it shall be such escort's responsibility to:

- (1) Assist and attend to the patient during the flight;
- (2) ensure that the patient's medical documents are turned over to the appropriate personnel from the referral health care facility; and
- (3) ensure that all medical instruments, pillows sheets, and other hospital supplies used during the medical transport are accounted for and returned to the Commonwealth Health Center.

(v) Transport Fees for Physician, Nurse, and Respiratory Therapist Escorts. Physician, nurse, and/or respiratory therapist escorts accompanying the patient on the medical referral shall each be entitled to receive a lump sum transport fee, in lieu of a per diem allotment, for the first 24 hours of travel, based on the location to which the patient is being medically referred. The transport fee, which is intended to cover payment for any hotel accommodations and food required by the physician, nurse and/or respiratory therapist escorts during the transport, shall be based on the following schedule:

- | | |
|-----------------|-----------|
| (1) Guam | \$175.00* |
| (2) Philippines | \$200.00* |

| | |
|-------------------|------------------|
| (3) Hawaii | \$250.00* |
| (4) Japan | \$275.00* |

**Same fees if originating from above destinations to CNMI.*

If, because of unavailability of seats on the airline, the physician, nurse and/or respiratory therapist escorts are unable to return to the CNMI within a 24 hour period, they shall then be entitled to receive the standard government per diem allotment for the hours following the first 24 hours of travel.

(b) Family Escorts. Fifty percent (50%) of the least expensive round trip air transportation accompanying patient; medically necessary ambulance transportation accompanying patient; accommodations for one non-medical escort, such as a family member or close friend of patient, as provided by these Rules and Regulations. Unless specifically determined by the Medical Referral Committee to be unnecessary, the Medical Referral Committee may approve one medically and physically fit family or friend escort for patient in those cases where the patient is unable to travel independently because of:

- (i) Physical disability, frailty, minor or age;
- (ii) psychiatric disability or mental deficiency;
- (iii) blindness or deafness;
- (iv) language barrier;
- (v) fecal or urinary incontinence requiring the patient to seek assistance to use the toilet;
- (vi) the patients inability to feed himself or herself or to perform other activities of daily living; or
- (vii) the strong possibility that the patient will die at the referral health care facility as a result of the severity of the illness or condition;
- (viii) the patient has been admitted as an inpatient and will be

undergoing major surgery which involves general anesthesia.

If no medical escort accompanies the patient, it shall be the responsibility of the family or friend escort to perform those duties set forth in subsections 5.4(a)(iv)(1)-(3) above. Family escort is responsible to assist and represent the patient at all times if patient is medically not in the capacity to soundly make proper judgment. Patient is not entitled to an escort if either the patient or the intended escort received or earned income is more than \$50,000 in the twelve (12) months immediately preceding the date of approval for medical referral.

5.5 Maintenance Costs

(a) Accommodations, Ground Transportation. Accommodations, ground transportation as follows:

- (i) In-Patient Referrals. Room and board for in-patients are provided through the referral health care facility.
- (ii) Out-Patient Referrals. Out-patients on medical referral shall receive reasonable accommodations not to exceed the contracted rate for the State of Hawaii, and daily ground transportation at \$15.00 where no actual ground transportation is provided.
- (iii) Patient Escorts. Authorized family or friend escorts shall receive reasonable accommodations at CNMI government expense, except that whenever possible, the escort shall share a room with the medical referral patient. Authorized family or friend escorts shall be provided daily ground transportation at \$15.00 where no actual ground transportation is provided.

(b) Right To Refuse Government Room and Board. Medical referral patients and authorized family or friend escorts have the right to refuse CNMI Government arranged accommodations. However, if a patient and/or family or

friend escort make independent arrangements for accommodations, the CNMI government shall not be liable for any expenses incurred with respect to the accommodations during the medical referral.

VI. PROCEDURES FOR MEDICAL REFERRAL

6.1 Non-Emergent Referral Cases. All non-emergent patient cases which may be appropriate for medical referral shall comply with the following procedures:

(a) **Physician Assessment.** Once the patient's primary care physician has made a thorough evaluation of the patient's illness or medical condition and determined that the patient satisfies the medical criteria for medical referral as provided in Section 4.1 of these Rules and Regulations the primary care physician shall discuss the patient's case with the chairperson of the applicable medical department, or if the primary care physician is the chairperson then with another physician in the applicable medical department, to obtain a second opinion on whether the patient's case is appropriate for a petition for medical referral. If both physicians concur that the patient's case should be forwarded to the Medical Referral Committee for review, the primary care physician shall contact the appropriate physician specialist at a referral health care facility to discuss the patient's case and to assess the available treatment at the referral health care facility.

(b) **Medical Referral Documentation.** If, after a complete assessment of the patient's case as specified above in Section 6.1(a), the primary care physician determines that the patient's case is appropriate for a petition for medical referral, the primary care physician shall confirm with Medical Referral Services staff that the patient satisfies the eligibility criteria for medical referral set forth in Section 4.2 of these Rules and Regulations. If the patient is found to be eligible, the primary care physician shall obtain and attached any relevant laboratory and/or X-ray reports, and complete the following forms:

(i) Patient Referral Record

- (ii) Air Travel Medical Form
- (iii) Patient's History and Referral Note
- (iv) Medical Referral Checklist

The primary care physician shall make sure all forms listed above are properly completed with all required signatures, notes are transcribed and signed, other supporting reports, films and test results are attached before submitting to the Medical Referral Office.

(c) **Case Presentation.** The primary care physician shall present the patient's case to the Medical Referral Committee at the next regular Committee meeting. It shall be the responsibility of the primary care physician to present the prepared documentation, explain the patient's illness or medical condition and why medical referral is appropriate and answer any questions raised by the Medical Referral Committee.

(d) **Medical Referral Committee Determination.** The Medical Referral Committee shall consider the primary care physician's presentation, review the documentation, assess whether the patient's condition can be adequately treated with the resources available within the CNMII and decide whether medical referral of the patient is warranted. The decision of the Medical Referral Committee shall be final, except as provided in Section 6.4. The Medical Referral Services Administrator shall promptly advise the primary care physician of the Medical Referral Committee's decision regarding the patient's case. The Medical Referral Services Administrator shall subsequently send written notice of the Medical Referral Committee's decision to the primary care physician for consultation with his/her patient.

(e) **Medical Referral Arrangements.** The primary care physician shall provide the Medical Referral Office staff with the time frame and method for transferring the patient to the referral health care facility. The Medical Referral Service in coordination with other MRS staff responsible for that area shall make all medical, travel, and accommodation arrangements in the city where the

referral health care facility is located. The patient must have a confirmed appointment with the referral healthcare facility physician prior to departing the CNMI. Self arranged referral for an approved medical referral patients in accordance with the committee's approval condition are eligible for reimbursement subject to regular benefits allowed by the rules and regulations upon submission of all original supporting documents.

(f) Execution of Medical Referral Authorization Documentation. If the patient's case is approved for medical referral, two voting members of the medical referral committee shall sign the Patient Referral Record. After all arrangement is completed and confirmed, the Medical Treatment Authorization form shall then be forwarded to the Medical Referral Services, Manager and Secretary of Public Health for signature before the patient departs.

(g) Documents To Be Prepared By Patient. Prior to the patient's departure from the CNMI, the Medical Referral Service staff shall require the patient, or patient representative, to complete the following forms:

- (i) Release of Liability (four specific types)
- (ii) Treatment Authorization
- (iii) Promissory Note (if applicable)
- (iv) Subrogation of Claims Form (if applicable)
- (v) Power of Attorney (when appropriate)
- (vi) Affidavit By Recipient Of Assistance
- (vii) Indigent Medical Assistance Application (when applicable)
- (viii) Release of Medical Records

(xiv) Indigent Eligibility Certification

6.2 Emergency Referral Procedures. In those cases where the primary care physician determines that the patient is in a critical medical condition and must receive emergency medical care which cannot adequately be provided in the CNMI, thereby justifying immediate evacuation of the patient to the referral health care facility, the following procedures shall be followed:

(a) **Expedited Approval.** The patient's primary care physician, after consultation and obtaining at least one of the voting Medical Referral Committee member's approval, may refer the patient without the case being reviewed by the full Committee.

(b) **Notice to Referral Health Care Facility.** The primary care physician shall contact the appropriate physician specialist or another available physician, at the referral health care facility to report the imminent patient referral and to discuss the clinical details of the patient's case. When required, the primary physician must also coordinate with Medical Referral Service staff for administrative approval at such facility.

(c) **Medical Referral Documentation.** The primary care physician shall prepare the forms required to be completed with all supporting documents attachment such as films, lab reports and others as set forth in Section 6.1(b).

(d) **Medical Referral Arrangements.** Medical Referral Service staff shall immediately contact the commercial airline's office or a travel agency to make the referral patient's travel arrangements. Copies of the CNMI government travel request and travel authorization shall be delivered to the commercial airline or travel agency as soon as possible. Medical Referral Service staff shall send a Travel Advisory to the Medical Referral Service Coordinator or Representative in the city where the referral health care facility is located to include the following; patient's name, sex, age, diagnosis, flight number, estimated time of arrival, and whether an ambulance stretcher, and/or other supportive devices required upon arrival. Any medical and/or family escort

names must also be included on the travel advisory.

(e) **Funding Approval.** Travel Authorizations for patient emergency medical referral during non-working hours shall be executed by the Secretary of Public Health next business day following the emergency medical referral.

(f) **Medical Evacuation.** If an emergency medical referral is necessary and commercial airline transportation is unavailable, the Medical Referral Manager or his designee, in his discretion, may contact the United States Coast Guard, Navy or Air Force on the Territory of Guam or the State of Hawaii. Before contacting any of the United States Armed Forces, the Medical Referral Manager or designee must ensure that:

- (i) The medical case involves an immediate life-threatening situation;

and
- (ii) that there will be no commercial flight available for transport in the time period specified by the primary care physician for medical referral.

Once the Medical Referral Manager or its designee contacts one of the divisions of the U.S. Armed Forces requesting assistance on a medical referral case, the primary care physician must be available to provide the Officer-In-Charge of the U.S. Armed Forces contacted, or Chief Military Medical Officer with the details of the medical case and the requirements for the evacuation. The Medical Referral Manager or designee, shall advise the Secretary of Public Health about the details of all emergency medical evacuation cases at the earliest and reasonable time.

6.3 Approval for Medical Referral: All medical referrals to health care facilities outside the CNMI must receive prior approval from the Medical Referral Committee. An otherwise eligible person who is already receiving medical care at a CNMI Medical Referral Program approved facility/provider will not be disqualified from prospective or

future medical referral benefits simply because he or she does not return to Saipan first. Instead, the Medical Referral Committee will evaluate the request at the point in time made as to prospective or future benefits only. Benefits will not be paid retroactively, i.e. for periods of time prior to application and Medical Referral Committee approval. No other eligibility or Medical Referral program requirements are affected by this change in the regulations. Prospective or future limited accommodation benefit may be authorized for self referral patients who otherwise would be eligible under the medical referral program. The medical care to be delivered must meet all other medical referral standards, including but not limited to, that the medical care cannot be provided in the CNMI. A patient already on medical referral at a referral health facility may not be transferred to a second referral health care facility without the express authorization of the Medical Referral Committee, except in cases of emergencies. In all cases, the attending physician at the approved referral center/provider must communicate directly with the patient's CNMI attending physician.

6.4 Denial of a Presented Referral Case. If a patient's medical referral petition is denied by the Medical Referral Committee, the Medical Referral Manager shall inform the primary care physician of the Committee's decision. If the referring physician is not satisfied with the committee's decision, he or she may submit the patient's case for reconsideration at the next Committee meeting, provided additional facts are added for discussion.

VII. TRANSFERS FROM ROTA, TINIAN, AND THE NORTHERN ISLANDS

7.1 Medical Transfer from Rota, Tinian and the Northern Islands. All residents of Rota, Tinian, and the Northern Islands in need of medical care or follow-up medical appointments which cannot be adequately provided at the Rota Health Center, Tinian Health Center, or the Northern Islands medical facility; respectively shall be transferred to the Commonwealth Health Center or Private Health Providers on Saipan. If the patient is in need of additional medical care which cannot be provided at the Commonwealth Health Center the case shall be presented to the Medical Referral Committee for evaluation as set forth above in Section 6.

7.2 Emergency Evacuation From Rota. Notwithstanding Section 6.3 of these Rules and Regulations and because of the Rota Health Centers proximity to the Territory of Guam, the Rota resident physician may request that emergency medical cases be evacuated directly to a Guam referral health care facility after confirming through a member of the Medical Referral Committee that the required medical services cannot be provided at the Commonwealth Health Center. Any such emergency referral directly to a Guam referral health care facility must be authorized by the Secretary of Public Health, or in his absence, by an Emergency Department physician prior to the patients transfer.

7.3 Authority To Transfer. Only a CNMI licensed physician, or in the absence of a CNMI licensed physician, another licensed medical professional authorized by the Resident Director of the health center to make medical transfer decisions, may approve the transfer of patients from the Rota Health Center, Tinian Health Center, or Northern Islands medical facility to the Commonwealth Health Center. No other individual, regardless of office or title, may authorize the transfer of a patient from Rota, Tinian, or the Northern Islands to the Commonwealth Health Center.

7.4 Responsibility For Payment of Medical Care. Residents of Rota, Tinian, Saipan, and the Northern Islands are equally responsible for the payment of medical bills they incur for medical services rendered to them. All medical bills incurred by residents of Rota, Tinian, and the Northern Islands while patients at the Commonwealth Health Center, that are not covered by health care financial support or a third-party payer, shall be the financial responsibility of the patients.

7.5 Room and Board. Patients transferred from the Rota Health Center, the Tinian Health Center, or the Northern islands medical facility to the Commonwealth Health Center for out-patient services may be provided a room at the Rota/Tinian Guest House, depending on availability, and meal tickets redeemable at the Commonwealth Health Center cafeteria. Meal tickets shall be issued by the Medical Referral Service Office. Room and Board not covered by health care financial support or a third party payer, shall be the financial responsibility of the patient.

7.6 Airline Transportation and Escorts. Rota, Tinian or the Northern Island

Mayors Offices respectively shall be responsible for the cost of airline transportation from Rota, Tinian, or the Northern Islands to the Commonwealth Health Center for authorized transfers. The respective Mayor offices shall be responsible for the cost of a medical and/or family escort in accordance with the criteria set forth in Section 5.4 of these Rules and Regulations.

VIII. FOLLOW-UP MEDICAL APPOINTMENTS

Medical referral patients are not automatically entitled to a follow-up medical appointment at a referral health care facility. Patient petitions for follow-up appointments shall be treated the same as initial petitions for medical referral, and shall be subject to the same standards and procedures as an initial medical referral.

IX. MEDICAL REFERRAL PROGRAM EXCLUSIONS

The following charges shall be excluded from coverage under the Medical Referral Program, and shall be the financial responsibility of the patient:

9.1 Any charges related to medical treatment or care which could have been adequately provided at the Commonwealth Health Center.

9.2 Any charges for occupational diseases or injury that are covered by workmen's compensation benefits.

9.3 Any charges incurred at a Veterans Administration facility except in emergency situations.

9.4 Any charges related to health care services provided by a government-funded public health program.

9.5 Any charges incurred for personal comfort items, including telephone, radios, private housing accommodations, movie and car rental.

9.6 Any charges related to nursing home-type care provided by an institution not

qualified as a hospital under state law.

9.7 Any charges related to cosmetic surgery except as required for repair of catastrophic injury or congenital malformation.

9.8 Most charges related to organ transplant surgery.

9.9 Any charges related to a patient obtaining a second opinion on a recommended treatment or procedure.

9.10 Any charges related to medical treatment, rendered for investigatory or experimental purposes, or medical treatment for which there is no established benefit to the patient's health.

9.11 Any charges for medical care not authorized by the Medical Referral Committee or charges for medical care provided by a facility or provider other than a recognized referral health care facility.

9.12 Other tertiary services that may be identified by the Medical Referral Committee as so expensive as to impact the overall financial integrity of the Medical Referral Program.

9.13 Any charges specifically excluded or limited by other policies of the Department of Public Health.

X. HUMANITARIAN AND EMERGENCY PROVISIONS

In the event a person who would be ineligible for medical referral pursuant to Section 4.2 of these Rules and Regulations is found by his or her primary care physician to require an emergency medical referral, the Medical Referral Committee may authorize Medical Referral Service to assist with the arrangements for medical care to be provided outside the CNMI. However, such patient or responsible party shall be required to pay for any medical referral

related costs incurred by the Medical Referral Program.

XI. REFERRAL FEES

11.1 Payment of Medical Referral Costs. The Medical Referral Program is the payer of last resort. Prior to departing the CNMI, every patient approved for medical referral or patient representative, shall provide the Medical Referral Service staff with proof of any and all health care financial support and/or third-party payers, such as a health insurance identification card, Medicaid identification card, or Medicare claim card, that are responsible for providing financial coverage for the costs associated with the patient's medical referral. Medical referral patients, or their representative, shall also execute a subrogation of claims form prior to their departure from the CNMI, authorizing the Medical Referral Service, through the Office of the Attorney General, to pursue any legal claims on behalf of the patient against third parties who may be liable for payment of the medical referral costs,

Medical Referral Service shall presume that the following entities or individuals are responsible for the costs associated with the patient's medical referral:

(a) Recipients of Benefits from Medicaid, Medicare Vocational Rehabilitation or Other Government Assistance Programs: 100% of the program coverage for the medical, ancillary, transportation, escort, and maintenance costs incurred in connection with the patient's medical referral shall be paid by the appropriate Federal and/or CNMI government program. Air transportation for federal program recipients is covered up to the States of California, Oregon and Washington. Any amount not covered by the government program shall be the patient's financial responsibility, except as provided in Section 11.1(f).

(b) Health Care Insurance: 100% of policy limit coverage for medical, ancillary, transportation, escort, and maintenance costs incurred in connection with the patients medical referral as provided pursuant to the terms and conditions of the patient's health care insurance policy shall be paid by the insurance company (including HMO's and PPO's). If a patients health care insurance policy does not cover air transportation costs to the referral health care facility and maintenance costs, the Medical Referral Program shall pay

these costs as provided in Sections 5.3 and 5.5 of those Rules and Regulations. Except that in those cases where an insurance company prefers to make independent arrangements for its members' medical referral, the Medical Referral Program shall only be responsible for air transportation and maintenance costs up to the equivalent level of such cost for a medical referral to the State of Hawaii. Any amount not covered by the patient's health care insurance policy or this subsection shall be the patient's financial responsibility, except as provided in Section 11.1(f).

(c) **Nonresident Worker Health Medical Coverage.** The employer as provided by the Nonresident Workers Act, 3 CMC §4437(c) shall be 100% responsible for all expenses incurred in connection with the patient's medical referral. Medical Referral Services will only assist in coordination and logistics.

(d) **Third Party Acts Against A Patient.** The Medical Referral Service Office, with the assistance of the medical referral patient, shall use its best efforts to collect the costs incurred in connection with the patient's medical referral from any of the following:

- (i) any third-party found guilty of a physical crime against the patient which resulted in the patient's need for medical referral;
- (ii) any third-party tortfeasor whose actions injured the patient and resulted in the patient's need for medical referral; or
- (iii) such third-party's insurance company.

(e) **No Responsible Third-Party Payer.** 100% of the medical, ancillary and escort costs incurred in connection with the patient's medical referral shall be the patient's financial responsibility, or if the patient is a minor, then the financial responsibility of a chargeable adult, except as provided in Section 11.1(f). The Medical Referral Program shall pay the air transportation costs to the referral health care facility and maintenance costs, as provided in Sections 5.3 and 5.5 of these Rules and Regulations.

(f) **Exceptions For Indigent Patients.** The Medical Referral Program shall pay the applicable percentage of the medical referral costs for which an indigent patient is personally liable whenever the patient is able to establish to the satisfaction of the Medical Referral Service staff that he or she falls within the indigent standards set forth below:

(i) The Medical Referral Program shall pay 100% of the medical and ancillary costs, and 100% of the transportation, escort, and maintenance costs associated with the medical referral for those patients whose family gross income from all sources falls within the following levels:

| <u>Family Size*</u> | <u>Maximum Annual Income¹</u> |
|----------------------------|---|
| 1 | \$15,575 |
| 2 | \$ 20,950 |
| 3 | \$ 26,325 |
| 4 | \$ 31,700 |
| 5 | \$ 37,075 |
| 6 | \$ 42,450 |
| 7 | \$ 47, 825 |

***For family units of more than 7 members, add \$4,300 for each additional member.**

(ii) The Medical Referral Program shall pay 75% of the medical and ancillary costs, and 100% of the transportation, escort, and maintenance costs associated with the medical referral for those patients whose family gross income from all sources falls within the following levels:

¹ Maximum annual income levels are based on 125% & 150% respectively of the 2009 Poverty Level Guidelines for the State of Hawaii as measured by the Consumer Price Index, and are the levels published in the Federal Register in January 23, 2009 (volume 74, number14) by the Secretary of the Department of Health & Human Services, centers for Medicaid and Medicare Services pursuant to the Omnibus budget Reconciliation Act (OBRA) of 1981, §652 and §673(2),

| <u>Family Size*</u> | <u>Maximum Annual Income¹</u> |
|---------------------|--|
| 1 | \$ 18,609 |
| 2 | \$ 25,140 |
| 3 | \$ 31,590 |
| 4 | \$ 38,040 |
| 5 | \$ 44,490 |
| 6 | \$ 50,940 |
| 7 | \$ 57,390 |

***For family units of more than 7 members, add \$6,020 for each additional member.**

(iii) Any amount not covered by the Medical Referral Program shall be the financial responsibility of the patient or responsible party for minor patient.

(iv) The patient or patient representative, shall have the burden of providing the Medical Referral Office staff with verifiable documentation regarding the patient and the patients family unit, (such as filed family income tax returns, wage and salary forms for employed family members, and applications for family enrollment in public assistance programs), that establish that the patient and the patient's family unit fall within the indigent levels set forth above, and that the patient is thus eligible for financial assistance through the Medical Referral Program. The Medical Referral Service staff shall include the documentation provided by the patient to establish indigent eligibility in the patients medical referral file. Medical Referral Service shall be prepared to demonstrate to the Secretary of Public Health, the Governor, and/or the Legislature, upon request, that the patient satisfactorily established that he or she was Indigent, and required financial support to pay the medical referral cost.

11.2 Assignment of Rights. Every patient approved for medical referral shall assign any and all rights he or she may have to health care financial support or other

third-party payments to the Medical Referral Office up to the amount of the medical referral costs, and shall use his or her best efforts to secure such financial assistance for the entire medical referral costs. If, at any time, a medical referral patient receives a direct reimbursement from an insurance company or other third-party payer for medical bills arising from an authorized medical referral, such patient shall immediately endorse such payment to Medical Referral Service for deposit in the Medical Referral Program account.

11.3 Utilization Review.

(a) All medical bills incurred by a patient at the referral health care facility shall be subject to utilization review by the appropriate Commonwealth Health Center staff or contracted personnel. In those cases where a patient is referred to a referral health care facility in the State of Hawaii, it shall be the primary responsibility of the utilization review personnel employed by the Medical Referral Service to review the medical treatment and care provided to the patient, and to audit the medical bills prior to their payment by Medical Referral Service.

(b) If, during utilization review it is determined that:

(i) A patient is receiving, or has received, health care services which are unnecessary or are unauthorized by the Medical Referral Committee;

(ii) the patient's stay in the hospital has been unnecessarily extended;

(iii) irregularities or inconsistencies exist in the patient's medical bills;
or

(iv) there are other factors regarding patient care which may compromise the financial integrity or managed health care policy of the Medical Referral Program, such personnel or nurse performing the utilization review shall immediately notify Medical Referral Services Administrator in writing of the situation. The Medical Referral

Administrator, in conjunction with the Secretary of Public Health, shall promptly notify the referral health care facility in writing about the conclusions reached in the utilization review report regarding the specific charges for unauthorized or inappropriate services and advise the facility that the Medical Referral Program shall not be responsible for such charges.

11.4 Lifetime Cap. The Medical Referral Program shall pay expenses incurred for medical referral up to a lifetime limit of Fifty Thousand Dollars (\$50,000.00) per patient unless a case is certified by the Medical Referral Committee as catastrophic, then the lifetime expenditure limit may be increased not to exceed double the lifetime limit. Transportation costs for the referral patient and any authorized escort, maintenance expenses for patients receiving outpatient treatment, and maintenance expenses for an authorized escort shall not be included in the calculation of the patient's total lifetime limit of Fifty Thousand Dollars.

XII. LIMITED GOVERNMENT LIABILITY

12.1. Statutory Exemption. As provided in 7CMC §2204(d) of the Commonwealth Code, the CNMI Government shall not be liable for any claim arising from the Medical Referral Committees denial of or failure to make, a medical referral to a medical facility outside the CNMI.

12.2. Medical Referral Program Not Responsible For Unauthorized Services. The Medical Referral Program shall not be responsible for the medical, ancillary, transportation, escort or maintenance costs incurred by a patient whose off-island medical care was not authorized by the Medical Referral committee. Similarly, the Medical Referral Program shall not be responsible for the post of medical or health care services rendered to a patient at a health care facility or by a health care provider recognized by the Medical Referral Committee.

XIII. PENALTIES FOR VIOLATIONS OF THESE RULES AND REGULATIONS

Any person found by the Department of Public Health to have violated these Rules and

Regulations shall be liable for either;

- (a) A civil penalty of up to \$1,000.00; or
- (b) The costs incurred by the Medical Referral Program as a result of the violation whichever is greater, and court costs and attorneys fees incurred by the CNMI government in collecting such penalty incurred costs, for each violation of the Rules and Regulations.

XIV. Severability

If any provision of these Rules and Regulations or the application of any such provision to any person or circumstance should be held invalid by a court of competent jurisdiction, the remainder of these Rules and Regulations or the application of its provisions to persons or circumstances other than those to which it is held invalid shall not be affected thereby.

Appendix A

For purposes of these Rules and Regulations, the following health care facilities, and those health care providers and ancillary care providers associated with those facilities, shall be recognized referral health care facilities for medical referral patients from the CNMI:

TERRITORY OF GUAM

Cancer Center of Guam
Dededo Polymedic Clinic
Dr. Byungsoo Kim
Good Samaritan Clinic
Guam Memorial Hospital
Guam Pacific Medical Clinic
Guam Seventh Day Adventist Clinic
Guam Eye Clinic
Guam Medical Imaging Center
Guam Public Medical Clinic
Guam Radiology Consultants
Guam Pacific Medical Group
Guam Surgi Center
Guam Surgical Group
Hafa Adai Specialist
Island Eye Center
Island Surgical Center
Island Cancer Center
Naval Hospital Guam
Pacific Medical Group
Pacific Hand Surgery Center/Otho
Ass.
Pacific Surgical Arts

STATE OF CALIFORNIA

Anaheim Memorial Hospital
California Pacific Medical Center*
Children's Hospital of Los Angeles
Good Samaritan Hospital, Los
Angeles
Rady Children's Hospital(San Diego)*
UCSD
UCSF
UCLA

STATE OF HAWAII

Cancer Institute of Maui
Castle Medical Center
Hawaii Medical Center (St. Francis)
Kahi Mohala (mental Health)
Kapiolani Medical Center* (PIMS)
Kaukini Medical Center
Pacific Cardiology
Queens Medical Center
Renal Treatment Center
Rehabilitation Hospital of the Pacific
Shriner's Hospital For Crippled Children
Straub Clinic and Hospital (PIMS)
Tripler Army Medical Center

REPUBLIC OF THE PHILIPPINES

Asian Hospital and Medical Center
Makati Medical Center
Medical City Hospital
Philippine General Hospital
Saint Luke's Medical Center

STATE OF TEXAS

The Brown Schools of Central Texas*
(San Marcos Treatment Center,
Health Care Rehabilitation Center, etc.
MD Anderson Cancer Center

JAPAN

Aichi Children's Hospital*
Fukushima Memorial Hospital*
Nagoya City University Hospital

*Referral to these referral health care facilities shall be authorized only for Infant heart surgery, kidney transplant, or other highly sophisticated surgical procedures as substantiated and approved by the Medical Referral Committee

Commonwealth of the Northern Mariana Islands
BOARD OF PROFESSIONAL LICENSING
P. O. Box 502078, #1242 Pohnpei Court
Capitol Hill, Saipan, MP 96950
Tel No: (670) 664-4809 Fax No: (670) 664-4814
Email: bpl@pticom.com

NOTICE OF PROPOSED AMENDMENTS TO THE
BOARD OF PROFESSIONAL LICENSING REGULATIONS FOR
REAL PROPERTY APPRAISERS

INTENDED ACTION TO ADOPT THESE PROPOSED REGULATIONS: The Board of Professional Licensing (BPL) intends to adopt as permanent regulations the attached Proposed Regulations, pursuant to the procedures of the Administrative Procedure Act, 1 CMC § 9104(a). The regulations would become effective 10 days after compliance with 1 CMC §§ 9102 and 9104(a) or (b) (1 CMC § 9105(b)).

AUTHORITY: The Board of Professional Licensing has statutory power to promulgate and effect regulations pursuant to P.L. 14-95, as amended. See also Executive Order 94-3 (effective August 23, 1994, reorganizing the Executive branch).

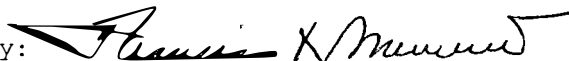
THE TERMS AND SUBSTANCE: The BPL must amend the regulations to meet guidelines adopted by the Appraisal Subcommittee (ASC) relating to the increase of the annual National Registry fee from \$25.00 per year to \$40.00 per year to be effective by January 1, 2012. U.S. states and territories are required to collect and transmit to the ASC the annual registry fee in order for a licensee to be reflected on the National Registry.

THE SUBJECTS AND ISSUES INVOLVED: These rules and regulations:

1. Increase the annual National Registry fee from \$25.00 per year to \$40.00 per year.
2. The increase of this fee would be effective by January 1, 2012.

DIRECTIONS FOR FILING AND PUBLICATION: The Board is soliciting comments regarding these proposed amendments which must be received by the Board within thirty (30) days of first publication of this notice in the Commonwealth Register. Interested persons may request copies of the proposed amendments by contacting us at 664-4809 or by email at bpl@pticom.com or come by our office located at Bldg. 1242, Pohnpei Ct., Capitol Hill, Saipan. Written comments on these amendments should be drop off at our office or sent to the BPL, P.O. Box 502078, Saipan, MP 96950.

Submitted By:

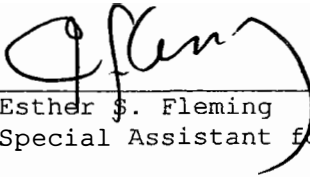


Francisco Q. Guerrero
Chairman, BPL

03/25/11

Date

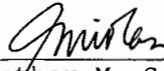
Received By:



Esther S. Fleming
Special Assistant for Administration

04/04/11
Date

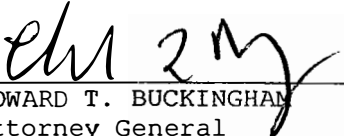
Filed and Recorded By:



Esther M. San Nicolas
Commonwealth Register

04.06.11
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).



EDWARD T. BUCKINGHAM
Attorney General

4-5-11
Date

Section 16.1(C) of the Regulations or Section 125-40-825(a)(1)(iii) of 125-40, NMIAC Title 125.

16.1 Fees.

(C) Registry Fee (2-year period at \$40 per year). \$80.00
(to be transmitted to the Appraisal Subcommittee)

Section 16.4(B) of the Regulations or Section 125-40-825(d)(2) of 125-40, NMIAC Title 125.

16.4 B. The registry fees shall be transmitted by the Board to the Appraisal Subcommittee ~~bi-annually~~ as required by regulations.

Commonwealth gi Sangkattan na Islas Marianas Siha
KUETPUN PROFESIONÁT MANLISENSIAN
P.O. Box 502078, #1242 Pohnpei Court
Capitol Hill, Saipan, MP 96950
Tel. No.: (670) 664-4809 Fax No. : (670) 664-4814
e-mail: bpl@pticom.com

**NUTISIAN I MANMAPROPONI NA AMENDASION SIHA PARA I KUETPUN PROFESIONÁT
MANLISENSIAN REGULASION PARA I REAL PROPERTY APPRAISERS**

**I AKSION NI MA'INTENSIONA NA PARA U MA'ADÁPTA ESTI SIHA I MANMAPROPONI NA
REGULASION SIHA:** I Kuetpun Manlisenjian Profesionát (BPL) ha intensiona na para u adápta komu
petmanenti na regulasion siha ni mañechettun i Manmaproponi na Regulasion siha, sigun gi manera
siha gi Áktun Administrative Procedure, 1 CMC § 9104 (a). I regulasion siha para u ifektibu gi
dies(10)dihas na tiempu dispues di makumplin i 1 CMC §§ 9102 yan 9104 (a) pat (b)
(1 CMC § 9105 (b)).

ÁTURIDÁT: I Kuetpun Manlisenjian Profesionát gai fuetsa ni para u macho'gui yan u huyung i
regulasion siha sigun gi Lai Pupbliku 14-95, komu ma'amenda. Atan lokkui' Etdin Eksakatibu 94-3
(umifektibu gi Agostu 23, 1994, ya mata'lun ma'otganisa i rámas Eksakatibu).

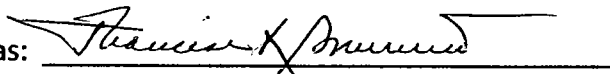
I SUSTÁNSIAN I PALÁBRA SIHA: I BPL debi na u amenda i regulasion siha ni para u afakcha' yan i giniha
siha ni ma'adápta ginin i Appraisal Subcommittee (ASC) ni u ma'achuli' yan i mahatsá gi sakkan i
National Registry na ápas ginin i \$25.00 pesos gi sakkan asta \$40.00 pesos gi sakkan ni para u ifektibu
gi Ineru 1, 2012. I U. S. states yan i territories manmadimánda para u rikohi yan u na'faloffan guatu gi
ASC i apas i annual registry nai siña i malisesensia para u fanannuk gi National Registry.

SUHETU NI MASUMÁRIA YAN ASUNTU NI TINEKKA: Esti na areklamentu yan regulasion siha:

1. U mahátsa i apas gi sakkan i National Registry gi \$25.00 pesos kada sákkán asta \$40.00 pesos gi sakkan.
2. I mahátsan esti na ápas para u ifektibu gi Ineru 1, 2012.

DIRIKSION PARA U MAPO'LU YAN MAPUPBLIKA: I Kuetpu mamamaisin imfotmasion sigun gi esti i
manmaproponi na amendasion siha ni debi na u marisibi ginin i Kuetpu gi halum i trenta (30) dihas na
tiempu gi primet na publikasion esti na nutisia gi halum i Rehistran Commonwealth. Háyi gai intires
na petsona siña manggágo kopia siha ni manmaproponi na amendasion siha ya á'agang ham gi
664-4809 pat i email gi bpl@pticom.com pat fáttu gi ufisinan mámi ni gaigi gi Bldg. 1242, Pohnpei Ct.,
Capitol Hill, Saipan. Tugi'i hálum put esti na amendasion siha ya u machuli' guatu gi ufisinan mámi pat
na'hánáo para i BPL, P.O. Box 502078, Saipan, MP 96950.

Nina'háalum as:


Francisco Q. Guerrero
Kabesiya, PBL

03/25/11

Fecha

Rinisibi as:



Esther S. Fleming
Espisiãt Na Ayudãnti Para l Atministrasion

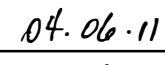


Fecha

Pine'lu Yan Rinikot as:

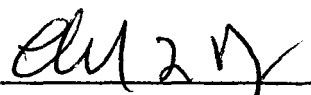


Esther M. San Nicolas
Rehistran Commonwealth

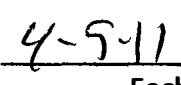


Fecha

Sigun i 1 CMC § 2153 (e), (Inapruedan Abugãdu Henerãt i regulasion siha ni para u macho'gui komu fotma) yan i 1 CMC § 9104 (a) (3) (inahentan inapruedan Abugãdu Henerãt) i manmaproponi na regulasion siha ni mañechettun guini ni manmaribisa yan manma'aprueda komu fotma yan suficiente ligãt ginin i Abugãdun Henerãt CNMI yan debi na u mapublika, 1 CMC § 2153 (f) (puplikasion areklamentu yan regulasion siha).



EDWARD T. BUCKINGHAM
Abugãdu Henerãt



Fecha

I Seksiona 16.1 (c) gi Regulasion siha pat Seksiona 125-40-825(a) (1) (i i) gi 125-40, NMIAC Titulu 125.

16.1 I Apas Siha

(C) Registry Fee (2-ãñus na tiempu gi \$40.00 gi kada sãkkan \$80.00
(para u mana'faloffan gi Appraisal Subcommittee)

Seksiona 16.4 (B) gi Regulasion siha pat i Seksiona 125-40-825 (d) (2) gi 125-40 NMIAC Titulu 125.

16.4 B. I apas i Registry debi na u faloffan ginin i Kuetpu guatu gi Appraisal Subcommittee dos biãhi gi sakkan komu madimãnda ginin i regulasion siha.

Commonwealth Téél falúw kka falúwasch Efang Marianas
BOARD OF PROFESSIONAL LICENSING
P.O. Box 502078, # 1242 Pohnpei Cout
Capitol Hill, Seipél, MP 96950
Tilifoon No: (670) 664-4809 Fax No: (670) 664-4814
Email: bpl@pticom.com

ARONG REEL POMWOL LLWEL KKAAL NGÁLI ALLÉGHÚL BOARD OF PROFESSIONAL LICENSING REEL LLAPAL MEEL FALUW

MÁNGEMÁNG IGHA EBWE FILLÓÓY POMWOL ALLÉGH KKAAL:

Mwiischil Professional Licensing (BPL) e tipeli ebwe schéshéél fillóóy pomwol allégh kka e appasch, bwelle reel mwóghutul Administrative Procedure Act, 1 CMC Tálil 9104 (a). Allégh kkaal ebwe kkamalló llól seigh (10) ráálil ngáre schagh e tabweey alléghúl 1 CMC Talil 9102 me 9104 (a) me (b) (1 CMC 9105 (b)).

BWÁNGIL: Mwiischil Professional Licensing nge eyoor bwángil ebwe akkaté me ghitipwotchuw allégh kkaal bwelle P.L. 14-95, iye aa ssiwel. Amweri tingóreyal Sów Lemelem 94-3 schéshéél Eluwel 23, 1994, liweli Executive branch).

ÓUTOL ME KKAPASAL: BPL ebwe siweli allégh igha ebwe tabweey aweweel Appraisal Subcommittee (ASC) ye ebwe fillóóy igha ebwe sásssár salapial National Registry kkada raagh reel \$25.00 ngali \$40.00 dóóla igha ebwe kkamalló wóól Shoow 1, 2012. U.S. States me territories rebwe mweiti ngáli igha rebwe bweibwogh me afanga ngáli ASC mille annual registry fee bwelle ebwe bwa schóóy lisensia kkaal llól National Registry

ÓUTOL ME KKAPASAL KKA EYOOR: Allégh kkaal ebwe:

1. Alapaló annual National Registry reel \$25.00 kkada ráágh ngáli \$40.00 doola.
2. Sásssáril abwós yeel ebwe kkamalló llól Schóów 1, 2012.

AFALAFAL ME AMMWELIL AKKATÉ: Mwiisch nge ekke tittingór ischil mángemángiir toulap reel pomwol lliwel kkaal iye rebwe bwughil llól eliigh ráálil ngare schagh aa akkatééló llól Commonwealth Register. Schóókka re tipeli nge emmwel rebwe tingór tilighial pomwol yeel ngáre re faingi numero ye 664-4809 me email reel bpl@pticom.com me ngáre mwetelo' reel bwulasiyo Bldg1242, Pohnpei Ct., capitol hill, Seipél. Ischil mángemáng ebwe isisilong llól bwulasiyo me afanga ngali BPL, P.O. Box 502078, Seipél, MP 96950.

Isaliyallong: Francisco Q. Guerrero
Francisco Q. Guerrero
Assamwool, BPL

03/25/11
Rál

Mwir sangi: Esther S. Fleming
Esther S. Fleming
Sów Alillisil Sów Lemelem

04/04/11
Rál

Ammwel sáangi: Esther M. San Nicolas
Esther M. San Nicolas
Commonwealth Register

04.06.11
Rál

Sáangi allégh ye CMC Talil 2153 (e) (alughulugh mereel AG reel allegh ebwe akkaté ighila me 1 CMC Talil 9104 (a) (3) (Bwughi alughulughul AG reel pomwol allégh kka e appasch ikka raa takkal amweri fischi me allégheló mereel CNMI Sów Bwungul Allégh Lapalap me ebwe akkatééló, 1 CMC Talil 2153(f) (Akkatéé allégh kkaal).

Edward T. Buckingham
EDWARD T. BUCKINGHAM
Sów Bwungul Allégh Lapalap

4-5-11
Rál

Tálil 16. 1 (c) mellól allégh kkaal me Talil 125-40-825 (a) (1) (i i i) llol 125-40, NMIAC Title 125.

- 16.1 Salapial.
 - (c) salapial registry (atol ruwoow ráagh reel faigh dóóla kada ráagh)
. . . . \$80.00
(ebwe atotoolong llól appraisal Subcommittee)

Tálil 16.4 (B) mellól allégh kkaal me Tálil 125-40-825 (d) (2) llól 125-40, NMIAC Title 125.

16.4 B Mwiisch ebwe atotoolong salapial registry reel Appraisal Subcommittee kkada ráagh iye e alléghewow.

**Northern Mariana Islands Retirement Fund
Commonwealth of the Northern Mariana Islands**

Richard S. Villagomez, Administrator
1st Floor, Honorable Lorenzo I. Deleon Guerrero Retirement Fund Building, Isa Drive, Capital Hill
P.O. Box 501247 CK, Saipan, MP 96950-1247
Tel. No. (670) 322-3863~10; Fax No. (670) 664-8080; E-mail: administrator01@nmiretirement.com

**NOTICE OF PROPOSED AMENDMENTS TO
THE ADMINISTRATIVE RULES AND REGULATIONS OF THE
NORTHERN MARIANA ISLANDS RETIREMENT FUND**

INTENDED ACTION TO ADOPT PROPOSED REGULATIONS: The Board of Trustees ("Board") of the Northern Mariana Islands Retirement Fund ("NMIRF"), intends to adopt as permanent regulations the attached Proposed Regulations pursuant to the procedures of the Administrative Procedure Act ("APA"), 1 CMC § 9104(a) as decided at the Board's regular meeting of March 11, 2011.

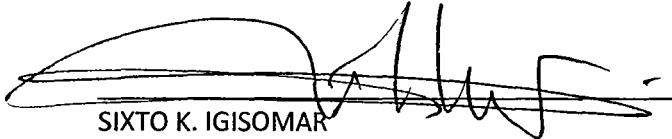
AUTHORITY: The Board has statutory authority to adopt rules and regulations for the administration and enforcement of the statutes governing their activities. 1 CMC § 8315(g).

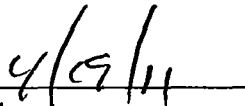
THE TERMS AND SUBSTANCE: Regulation history: Amdts Adopted 28 Com. Reg. 25536 (Mar. 30, 2006); Amdts Proposed 27 Com. Reg. 25353 (Dec. 30, 2005); Amdts Proposed 27 Com. Reg. 25043 (Oct. 24, 2005); Amdts Adopted 16 Com. Reg. 11694 (Feb. 15, 1994); Amdts Proposed 15 Com. Reg. 11162 (Dec. 15, 1993).

THE SUBJECT AND ISSUES INVOLVED: The Proposed Amendment sets forth the procedure for the Board to consider and vote each year whether the retirees will receive a cost of living adjustment ("COLA") or an annual retirement bonus that does not compound, as required by P.L. 17-32.

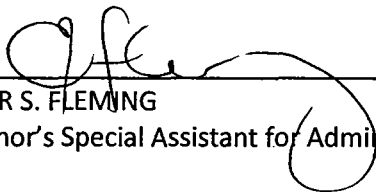
DIRECTIONS FOR FILING AND PUBLICATION: The Board is soliciting comments regarding these Proposed Amendments. Written comments must be received by the Board within thirty (30) days of first publication of this notice in the Commonwealth Register. Comments may be sent via mail or email to the Fund. Interested persons may request copies of the Proposed Amendment by contacting the Fund by phone or email or may download a copy from the Fund website at: <http://www.nmiretirement.com/>

Submitted by:


SIXTO K. IGISOMAR
Chairman, Board of Trustees NMIRF


Date


Received by:



ESTHER S. FLEMING
Governor's Special Assistant for Administrations

4/20/11
Date

Filed and Recorded by:



ESTHER M. SAN NICOLAS
Commonwealth Registrar

04-20-2011
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 § 2513(f) (publication of rules and regulations).



EDWARD T. BUCKINGHAM
Attorney General

4-20-11
Date

**PROPOSED AMENDMENTS TO THE ADMINISTRATIVE REGULATIONS
OF THE NORTHERN MARIANA ISLANDS RETIREMENT FUND**

110-10-401 Cost of Living Allowance (COLA)

- (a) ~~All~~Eligible -class I and class II retirees and surviving spouses in receipt of an retirement or disability annuity from the Fund ~~shall~~may have their annuity adjusted for COLA as determined by the Board.
- (b) The determination of the Board of Trustees whether or not to approve a COLA for a particular year shall occur at or about its first regular Board Meeting following the passage into law of each fiscal year's budget; and shall be based on factors consistent with the fiduciary obligations of the Board and shall include, but not be limited to, the availability of funds specifically appropriated for the purpose.
- (c) In the event that a COLA adjustment is determined by the Board, an eligible retiree or surviving spouse is entitled to such adjustment commencing on January 1 subsequent to the anniversary of the members retirement date upon attaining the following ages:
- (1) Class I retirees: 55 years
 - (2) Class I surviving spouses with eligible surviving children: 62 years
 - (3) Class I surviving spouses without children: 55 years
 - (4) Class II retirees: 55 years
 - (5) Class II surviving spouses: 55 years
 - (6) Disability annuitants: upon conversion to retirement annuity at 62 years
- (d) The COLA rate shall be set by the Board of Trustees each year, using as a guideline the rate used by the United States of America Social Security System for its beneficiaries, and shall only be applied to the first thirty- thousand dollars (\$30,000) of each beneficiary's annuity amount. Once the Board of Trustees adopts the COLA rate, it will be the same rate applied throughout the calendar year.
- (e) Notwithstanding any law or regulation to the contrary, each year the Board of Trustees may authorize by a vote of 2/3 of its membership to grant an annual retirement bonus ("ARB") instead of a COLA (as permitted by P.L. 17-32). The decision to grant an ARB instead of a COLA pursuant to subsection (b) above shall be based in large part upon the present level of funding of the Retirement Fund. The Board shall not approve a COLA for any year until such time as an actuary determines that the Retirement Fund is at full funding level, and projected to be able to pay all accrued liabilities as they become due. An ARB will not be compounded or otherwise operate to increase the annuity amount of a retiree, disability annuitant or survivor spouse from year to year.
- (f) No COLA or ARB actually paid shall exceed the amount appropriated by the Legislature and will only be paid to members once the funding has been transmitted to the Retirement Fund by the Treasurer of the Commonwealth.

**Northern Mariana Islands Retirement Fund
Commonwealth of the Northern Mariana Islands**

Richard S. Villagomez, Administrator
1st Floor, Honorable Lorenzo I. Deleon Guerrero Retirement Fund Building, Isa Drive, Capital Hill
P.O. Box 501247 CK, Saipan, MP 96950-1247
Tel. No. (670) 322-3863~10; Fax No. (670) 664-8080; E-mail: administrator01@nmiretirement.com

**NOTISIAN PLANEHAN PARA UMA AMENDA I ADMINISTRATIVE RULES
AND REGULATIONS PARA I NORTHERN MARIANA ISLANDS
RETIREMENT FUND**

INTENSIONAN AKCION PARA UMA ADAPTA I PROPOSITUN

AREKLAMENTO: I Board of Trustees gi Northern Mariana Islands Retirement Fund (“NMIRF”), man ma intentiona para uma adopta ya hu petmanente I areklamento ginen I Administrative Procedure Act (“APA”), 1 CMC § 9104(a) gi anai man asodda’ gi Matso 11, 2011.

ATORIDAT: Gai atoridat I Board para uma adopta Rules & Regulations para I administracion ya para uma tatiyi i lai ni ha gobebietna i chechoniha gi halom 1 CMC § 8315(g).

I PROBENSION YAN SUSTANSIA: Historian I areklamento siha: Amdts Adopted 28 Com. Reg. 25536 (Mar. 30, 2006); Amdts Proposed 27 Com. Reg. 25353 (Dec. 30, 2005); Amdts Proposed 27 Com. Reg. 25043 (Oct. 24, 2005); Amdts Adopted 16 Com. Reg. 11694 (Feb. 15, 1994); Amdts Proposed 15 Com. Reg. 11162 (Dec. 15, 1993).

THE SUBYEKTO NI I TINEKTEKA: I propositu para u ma amenda ha nana’i i Board para uma considera yan ma bota kada sakkan kao i retirees u fan resibi i cost of living adjustment (COLA) pat sino kada sakkan i retirement bonus ni ti ma na kahulo sinangan I lai, P.L. 17-32.

DIREKSION PARA MA NA FAN HALOM YAN MA PUBLISA: I Board man mangagagao I publiku na yanggen guaha hafa minalagon niha pat sino hinasso siha pot este siha ni para u ma amenda na areklamento, pot fabot, tugihi siha gi halom trentai dias (30 days) diesdi ki anai ma publisa este na notisia gi halom i Commonwealth Register. Siña ha ma na hanao gi Post Office pat u mana hanaon email para I Fund. Yanggen guaha interesao para u taitai pat u guaha copen-niha ni este na areklamento, siña ma agang pat ma email i Fund pat sino ma download i copeha ginen i website i Fund gi: <http://www.nmiretirement.com>.

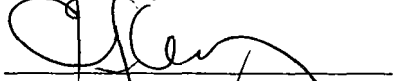
Submitted by:



SIXTO K. IGISOMAR
Chairman, Board of Trustees NMIRF

4/9/11
DATE

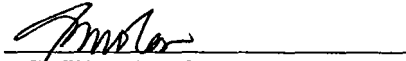
Received by:



ESTHER S. FLEMING
Governor's Special Assistant for
Administration

4/20/11
DATE

Filed and Recorded by:



ESTHER M. SAN NICOLAS
Commonwealth Registrar

04.20.2011
Date

Ginen 1 CMC § 2153(e) (AG para u ma apreba este na areklamento para uma proklama mona) yan 1 CMC §9104(a)(3) (Appreban i AG) este na areklamento ni ma propositu esta ma taitai yan ma apreba gi areklamenton lai ginen I CNMI Attorney General ya u ma publisa, 1 CMC § 2513(f) (publication of rules and regulations)



EDWARD T. BUCKINGHAM
Attorney General

4-20-11
Date

**Northern Mariana Islands Retirement Fund
Commonwealth of the Northern Mariana Islands**

Richard S. Villagomez, Administrator

1st Floor, Honorable Lorenzo I. Deleon Guerrero Retirement Fund Building, Isa Drive, Capital Hill

P.O. Box 501247 CK, Saipan, MP 96950-1247

Tel. No. (670) 322-3863~10; Fax No. (670) 664-8080; E-mail: administrator01@nmiretirement.com

**FÉÉRÚL AWEWEL MÁNGÁMÁNG EBWE LIWEL ADMINISTRATIVE
RULES AND REGULATION ME LÓLL NORTHERN MARIANA ISLANDS
RETIREMENT FUND**

PWOMOL FÉEFFÉR RE BWE ADÓPTA-LI AWEWE: Schóól Board of Trustees (“Board”) lóll Northern Mariana Islands Retirement Fund (“NMIRF”) re bwe adóptááli féérúl aweewe iye re bwe atabweey ngare Proposed Regulations sáangi yaar awee me lóll Administrative Procedure Act (“APA”), 1 CMC § 9104(a) ighiwe re schú nge raa bwungúw lóll yaar mwiisch-we wóól March 11, 2011.

ATORIDAAD: Board nge iir schagh mille e yoor yaar atoridaad bwe re bwe adoptááli aweewe wóól administadod me re bwe pipiyy bwe re atabweey yaar féfféér. 1 CMC § 8315(g).

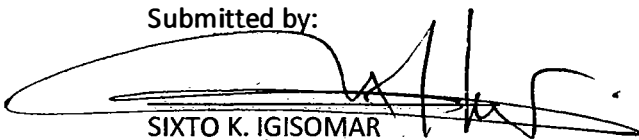
TOOL ME ÓWTOOL AWEWE: Fasúl aweewe: Amdts Adopted 28 Com. Reg. 25536 (Mar. 30, 2006); Amdts Proposed 27 Com. Reg. 25353 (Dec. 30, 2005); Amdts Proposed 27 Com. Reg. 25043 (Oct. 24, 2005); Amdts Adopted 16 Com. Reg. 11694 (Feb. 15, 1994); Amdts Proposed 15 Com. Reg. 11162 (Dec. 15, 1993).

NGÚLÚWAL ME ÓWTOL MÁNGÁMÁNG: Féérúl aweweel mángámáng ebwe liiwel nge Board emmwel re bwe konsideraay me re bwe bootá-li alongal ráágh bwe ngare schóól retirees re bwe maresibii-li Cost Of Living Allowance (COLA) me ngare ayeghúghúl ráágh re bwe ghal bwughi bonus we e kke tumwógh-tá (compounded) ngare ilaal ówtol aweel re bwe attabwei sáangi P.L. 17-32.

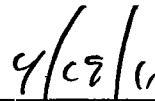
E FAISÚL ATOTOLONGOL MÁNGÁMÁNG E BWE TOOWOW REER

TOWLAP: Board e ghal tingar ngáliir towap re bwe isiis-long yaar mángáng reel aweel liiwel kkaal. Eyoor eliigh ráál u bwe ischii-tiw meeta yóómw mángámáng sáangi lóll ráálil iye e toowow arongorong-yel ngali Commonwealth Register reel email me lóll Post Office ngali Fund. Schóó kka re mwuschel e bwe yoor kopiyaal liiwel (Amendment) nge re bwe tilifonaar schóól Fund me bwal email ngáliir me emmwel re bwe toolong lóll yaar website nge ra download-li reel: <http://www.nmiretirement.com/>

Submitted by:

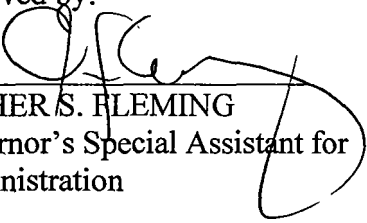


SIXTO K. IGISOMAR
Chairman, Board of Trustees NMIRF




DATE

Received by:


ESTHER S. FLEMING
Governor's Special Assistant for
Administration

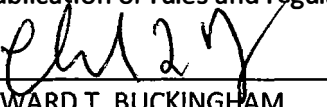
4/20/11
DATE

Filed and Recorded by:


ESTHER M. SAN NICOLAS
Commonwealth Registrar

04.20.2011
Date

Sáangi 1 CMC § 2153(e) (Bwe AG e aprebáli allégh bwe e bwe afatatiw bwe ebwe yoor apélúghúlúgh me reer towlap) me 1 CMC § 9104(a)(3) (yaal AG aprebáli) féérúl awewel allégh iye aa árághi me a aprebáli bwe ebwe toowow reel towlap, 1 CMC § 2513(f) (publication of rules and regulations).


EDWARD T. BUCKINGHAM
Attorney General

4-20-11
Date

**FÉÉRÚL AWEWEL MÁNGÁMÁNG EBWE LIWEL ADMINISTRATIVE
RULES AND REGULATION ME LÓLL NORTHERN MARIANA ISLANDS
RETIREMENT FUND**

110-10-401 Cost of Living Allowance (COLA)

(a). Alongéer **Eligible Class I** me **Class II** retirees nge schóólimwal iye e schiwel melaw nge re ghal resibiiy yaar salapi me retirement me schóó kkewe raa semwaay nge re bwal ghal resibiiy retirement. Schóól Fund mille re bwe fééri efaisúl yaar isiss-wow salapiyal COLA sáangi alleghúl me reer Board.

(b). Allégh me mángámáng me reer Board of Trustees ngare re aprebáli me re se aprebáli COLA lóll ráágh we nge re bwe fééri alongal bweletál yaar mwiisch lóll alongal ráágh sáangi bwal yaal fiscal budget ngali ráágh ila re lo lóll. Aweewe kka re bwe sagharúw me yaar awelewel nge re bwe attabweey ngare yaar obligasional Board nge re sóbwal fischáli bwe mille e yoor lóll fundo nge re sáli ngali aweewe yeel.

(c). Ngare e ghal tooto bwe Board aa aprebáli COLA, nge aramas iye e retiree me ngare schóólimwal iye e melaw nge aa yoor allégh bwe lóll Enero 1 nge iyel ráálil iye re bwe ngalley bwe ngare e lo lóll bwe e fisch bwe e bwe retired.

(1) **Class I** retirees: 55 rághil

(2) **Class I** retiree nge schóólimwal iye e melaw me olighát kka re toolong fáál ital: 62 rághil

- (3) **Class I** retiree nge schóólimwal schagh, re se toolong olighát: 55 rághil
- (4) **Class II** retirees ye aa: 55 rághil
- (5) **Class II** retiree nge schóólimwal iye e melaw: 55 rághil
- (6) **Schó kkewe ra samwaay** nge re ghal resibiyy retirement: 62 raghil

(d). Alongal ráágh nge Board of Trustees re bwe allúghúw meeta COLA rate iye re bwe ngaleey retiree sáangi allégh re bwughi me reel United States of America Social Security System ngaliir schóó kka re ghal bwughi salapiyal. Milleel nge e mwetengáli bweletáál eliigh sangaras dóóla (\$30,000) iye re ghal ngalleer aramas kka re ghal resiibiyy yaar benefit. Ngare Board of Trustees ra alléghúúw nge ebwele ilaal tool rate iye retiree ebwele bwughi alongal ráágh.

(e). Igha mwo eyoor allégh iye ebwe liweli nge, alongal ráágh nge Board of Trustees emmwel ebwe fééru ngáre e yoor 2/3 membro re bootá-li bwe rebwe ngaleey annual retirement (ARB) bwe saabw COLA. Milleel nge sáangi allégh elo fáál subsection (b) bwe alongal nge elo ngáli fitoow salapi-ye eyoor lóll Retirement Fund. Board ressóbw aprebáli COLA ngare esóor salapiil Reirement Fund. Mille yaal yoor salapi nge ebwe abwóssuu-wow mille kka e-sáál abwóssuw-ló mwo. Iwe ARB nge essóbw abwóssuw retiree me schóó kkewe re semwaay bwe we e ghal (compound) téétá abwóssul alongal ráágh.

(f). Esemwel COLA me ARB re bwe fééru abwós iye ebwe aluuw-ló mille schóól Legislature ra isáliwow nge emmwel re bwe abwós ngare salaapi ra ngaleey schóól Treasurer of the Commonwealth bwe e isiss bwe yaal Retirement Fund.

**Northern Mariana Islands Retirement Fund
Commonwealth of the Northern Mariana Islands**

Richard S. Villagomez, Administrator
1st Floor, Honorable Lorenzo I. Deleon Guerrero Retirement Fund Building, Isa Drive, Capital Hill
P.O. Box 501247 CK, Saipan, MP 96950-1247
Tel. No. (670) 322-3863~10; Fax No. (670) 664-8080; E-mail: administrator01@nmiretirement.com

**NOTICE OF PROPOSED AMENDMENTS TO
THE ADMINISTRATIVE RULES AND REGULATIONS OF THE
NORTHERN MARIANA ISLANDS RETIREMENT FUND**

INTENDED ACTION TO ADOPT PROPOSED REGULATIONS: The Board of Trustees (“Board”) of the Northern Mariana Islands Retirement Fund (“NMIRF”), intends to adopt as permanent regulations the attached Proposed Regulations pursuant to the procedures of the Administrative Procedure Act (“APA”), 1 CMC § 9104(a).

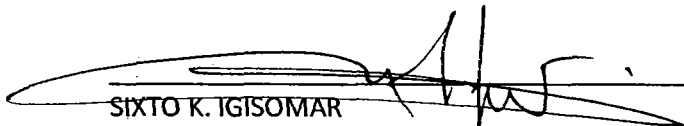
AUTHORITY: The Board has statutory authority to adopt rules and regulations for the administration and enforcement of the statutes governing their activities. 1 CMC § 8315(g).

THE TERMS AND SUBSTANCE: Regulation history: Amdts Adopted 29 Com. Reg. 26676 (July 18, 2007); Amdts Proposed 29 Com. Reg. 26561 (June 18, 2007); Amdts Adopted 28 Com. Reg. 25536 (Mar. 30, 2006); Amdts Proposed 27 Com. Reg. 25353 (Dec. 30, 2005); Amdts Proposed 27 Com. Reg. 25043 (Oct. 24, 2005); Amdts Adopted 16 Com. Reg. 12439 (Sept. 15, 1994); Amdts Proposed 16 Com. Reg. 11874 (May 15, 1994); Amdts Adopted 16 Com. Reg. 12323 (Aug. 15, 1994); Amdts Proposed 16 Com. Reg. 11921 (June 15, 1994); Amdts Adopted 16 Com. Reg. 11694 (Feb. 15, 1994); Amdts Proposed 15 Com. Reg. 11162 (Dec. 15, 1993); Correction Adopted 15 Com. Reg. 10820 (Sept. 15, 1993); Amdts Adopted 15 Com. Reg. 10571 (Apr. 15, 1993); Amdts Proposed 14 Com. Reg. 10203 (Dec. 15, 1992); Adopted 12 Com. Reg. 7444 (Nov. 15, 1990); Adopted 11 Com. Reg. 6624 (Nov. 15, 1989); Proposed 11 Com. Reg. 6298 (July 15, 1989).

THE SUBJECT AND ISSUES INVOLVED: The Proposed Amendment modifies the definition of “accredited institution of higher learning: and thereby provides a mechanism to restore recognition of degrees earned at foreign institutions for the purposes of awarding education service credit t members of the Defined Benefit Plan that earned such degrees prior to the repeal of the education service credit by P.L. 13-60, effective December 5, 2003. The Proposed Amendment also clarifies how the Fund will determine if such a degree is the equivalent of a similar U.S. degree.

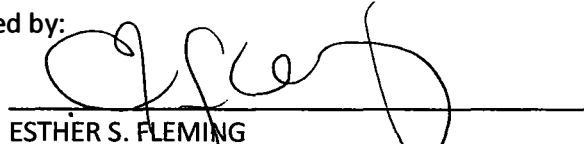
DIRECTIONS FOR FILING AND PUBLICATION: The Board is soliciting comments regarding this Proposed Amendment. Written comments must be received by the Board within thirty (30) days of first publication of this notice in the Commonwealth Register. Comments may be sent via mail or email to the Fund. Interested persons may request copies of the Proposed Amendment by contacting the Fund by phone or email or may download a copy from the Fund website at: <http://www.nmiretirement.com/>

Submitted by:


SIXTO K. IGISOMAR
Chairman, Board of Trustees NMIRF

4/28/11
Date

Received by:


ESTHER S. FLEMING
Governor's Special Assistant for Administration

4/20/11
Date

Filed and Recorded by:


ESTHER M. SAN NICOLAS
Commonwealth Registrar

04.20.2011
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 § 2513(f) (publication of rules and regulations).


EDWARD T. BUCKINGHAM
Attorney General

4-19-11
Date

**NOTICE OF PROPOSED AMENDMENTS TO THE
ADMINISTRATIVE RULES AND REGULATIONS OF THE
NORTHERN MARIANA ISLANDS RETIREMENT FUND**

**Amendments to PART 2. DEFINITIONS: Section 2.01 Applicability
[Codified as NMIAC § 110-10-010]:**

2.01. ***Applicability.*** The words and terms as used in these rules and regulations shall have the meanings indicated and shall include the plural unless the context clearly indicates otherwise. The definitions herein provided shall supplement the Public Laws referenced in Section 1.02 [NMIAC § 110-10-010]

(a) “**Accredited Institution of Higher Learning**” means an institution of higher learning that is either:

(1) Located in the United States of America, its commonwealths, possessions, or territories, that in the Fund’s judgment, has official authority to provide accreditations and has met established standards of quality. is included on the U.S. Department of Education’s Database of Accredited Postsecondary Institutions and Programs; or [NMIAC § 110-10-010(a)]

(2) Located outside the United States of America, its commonwealths, possessions, or territories, but for which an expert recommendation regarding United States Educational Equivalency to an associates or bachelors degree has been obtained from a credential evaluation service organization that is a member of either the Association of International Credential Evaluators (AICE) or the National Association of Credential Evaluation Services (NACES), provided that:

(i) the recommendation is sent directly to the NMI Retirement Fund by the expert and arrives in a sealed envelope; and

(ii) the cost of obtaining such a recommendation is paid by the member applying to receive the Education Service Credit.

**Northern Mariana Islands Retirement Fund
Commonwealth of the Northern Mariana Islands**

Richard S. Villagomez, Administrator
1st Floor, Honorable Lorenzo I. Deleon Guerrero Retirement Fund Building, Isa Drive, Capital Hill
P.O. Box 501247 CK, Saipan, MP 96950-1247
Tel. No. (670) 322-3863~10; Fax No. (670) 664-8080; E-mail: administrator01@nmiretirement.com

**FÉÉRÚL AWEWEL MÁNGÁMÁNG EBWE LIWEL ADMINISTRATIVE
RULES AND REGULATION ME LÓLL NORTHERN MARIANA ISLANDS
RETIREMENT FUND**

PWOMOL FÉFFÉR RE BWE ADÓPTA-LI AWEWE: Schóól Board of Trustees (“Board”) lóll Northern Mariana Islands Retirement Fund (“NMIRF”) re bwe adóptáali féérúl aweewe iye ellégh bwe re bwe atabweey ngare Proposed Regulations sáangi yaar awee me lóll Administrative Procedure Act (“APA”), 1 CMC § 9104(a).

ATORIDAAD: Board nge iir schagh mille e yoor yaar atoridaad bwe re bwe adoptáali aweewe wóol administadod me re bwe pipiyy bwe re atabweey yaar féfféer. 1 CMC § 8315(g).

ÓWTOOL ME NGÚLÚWAL AWEWE: Fasúl aweewe: Amdts Adopted 29 Com. Reg. 26676 (July 18, 2007); Amdts Proposed 29 Com. Reg. 26561 (June 18, 2007); Amdts Adopted 28 Com. Reg. 25536 (Mar. 30, 2006); Amdts Proposed 27 Com. Reg. 25353 (Dec. 30, 2005); Amdts Proposed 27 Com. Reg. 25043 (Oct. 24, 2005); Amdts Adopted 16 Com. Reg. 12439 (Sept. 15, 1994); Amdts Proposed 16 Com. Reg. 11874 (May 15, 1994); Amdts Adopted 16 Com. Reg. 12323 (Aug. 15, 1994); Amdts Proposed 16 Com. Reg. 11921 (June 15, 1994); Amdts Adopted 16 Com. Reg. 11694 (Feb. 15, 1994); Amdts Proposed 15 Com. Reg. 11162 (Dec. 15, 1993); Correction Adopted 15 Com. Reg. 10820 (Sept. 15, 1993); Amdts Adopted 15 Com. Reg. 10571 (Apr. 15, 1993); Amdts Proposed 14 Com. Reg. 10203 (Dec. 15, 1992); Adopted 12 Com. Reg. 7444 (Nov. 15, 1990); Adopted 11 Com. Reg. 6624 (Nov. 15, 1989); Proposed 11 Com. Reg. 6298 (July 15, 1989).

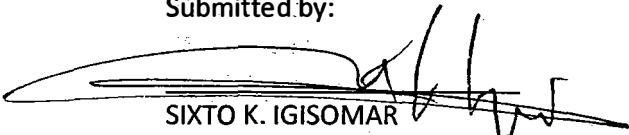
NGÚLÚWAL ME ÓWTOL MÁNGÁMÁNG: Mángámáng iye ebwe liwel nge ebwe afata meeta faal “accredited institution of higher learning” me ebwe yoor meeta iye ebwe affata reel schóól lúghúl kka re lo lóll membrool Define Benefit Plan nge eyoor yaar degree nge re bwe award ngáliir educational service credit. Sáangi P.L. 13-60, lóll December 5, 2003 aa yoor allégh yeel. Mille ebwe affata ló nge efaisúl Fund e bwe fferé mille e bwe aweweey me U.S. degree.

E FAISÚL ATOTOLONGOL MÁNGÁMÁNG E BWE TOOWOW REER

TOWLAP: Board e ghal tingar ngáliir towláp re bwe isiis-long yaar mángáng reel aweel liiwel kkaal. Eyoor eliigh ráál u bwe ischii-tiw meeta yóomw mángámáng sáangi lóll rááil iye e toowow arongorong-yel ngali Commonwealth Register nge emmwel ubwe email ngáliir me bwal afanga lóll Post Office ngali Fund. Schóó kka re mwuschel kopiyaal liiwel kkaal (Amendment) nge re bwe tilifonaar schóól Fund me bwal email ngáliir me emmwel re bwe toolong lóll yaar website nge ra download-li me lóll:

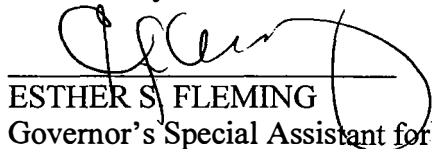
<http://www.nmiretirement.com/>

Submitted by:


SIXTO K. IGISOMAR
Chairman, Board of Trustees NMIRF

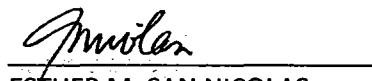
4/19/11
DATE

Received by:


ESTHER S. FLEMING
Governor's Special Assistant for
Administration

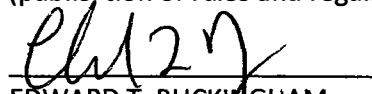
4/20/11
DATE

Filed and Recorded by:


ESTHER M. SAN NICOLAS
Commonwealth Registrar

04.20.2011
Date

Sáangi 1 CMC § 2153(e) (Bwe AG e aprebáli allégh bwe e bwe afatatiw bwe ebwe yoor apélúghúlúgh me reer towlap) me 1 CMC § 9104(a)(3) (yaal AG aprebáli) féérúl awewel allégh iye aa árághi me a aprebáli bwe ebwe toowow reel towlap, 1 CMC § 2513(f) (publication of rules and regulations).


EDWARD T. BUCKINGHAM
Attorney General

4-20-11
Date

**ARONGORONGOL FÉÉRÚL AWEWEL MÁNGÁMÁNG EBWE LIWEL
ADMINISTRATIVE RULES AND REGULATION ME LÓLL NORTHERN
MARIANA ISLANDS RETIREMENT FUND**

**Liwel me lóll PART 2. DEFINITIONS: Section 2.01 APPLICABILITY
[Codified as NMIAC § 110-10-010]:**

2.01. **Applicability.** Kapas iye re yááyá lóll allégh yeel nge eyoor meeta faal bwe re atolongeey plural bwe ngare ebwe ffat me re bwe reepiya. Bwe faal milleel nge e bwe ayooa me ebwe toolong faal lóll Public Laws sáangi ówtol Section 1.02 [NMIAC § 110-10-010]

(a)) **“Accredited Institution of Higher Learning”** aweweel nge imwal meleitei iye e llang-ló ngare college me universities me ngare:

(1). E lo wóol United States of America, lóll Commonwealth, me lóll territories bwe e toolong U.S. Department of Education Database of Accredited Postsecondary Institutions and Programs me ngare [**NMIAC § 110-10-010(a)**]

(2). E lo lúghúl United States of America, lóll Commonwealth, me lóll territories nge ebwe eyoor schóól expert-il fféerúl rekomendasion me reel United States Educational Equivalency reel associate me bachelors degree me e yoor yaal credential me reel evaluation service organization bwe e membrool ese-fil leeyil Association of International Services (AICE) me ngare National Association of International Evaluation Services (NACES) nge ebwe ayoor:

(i). Rekomendasion ebwe mwet-ngáli NMI Retirement Fund me reel schóól expert me ebwe lo lóll sealed envelop, me

(ii). Gastool abwóssul fféerúl rekomendasion yeel nge e bwe toowow me reel aramas iye eghal apply ebwe bweibwogh Education Service Credit.

[Aweewe kka e lo faal subsection yeel nge esóór liwel me lóll.]

**Northern Mariana Islands Retirement Fund
Commonwealth of the Northern Mariana Islands**

Richard S. Villagomez, Administrator
1st Floor, Honorable Lorenzo I. Deleon Guerrero Retirement Fund Building, Isa Drive, Capital Hill
P.O. Box 501247 CK, Saipan, MP 96950-1247
Tel. No. (670) 322-3863-10; Fax No. (670) 664-8080; E-mail: administrator01@nmiretirement.com

**NOTISIAN PLANEHAN PARA UMA AMENDA I ADMINISTRATIVE RULES
AND REGULATIONS PARA I NORTHERN MARIANA ISLANDS
RETIREMENT FUND**

INTENSIONAN AKCION PARA UMA ADAPTA I PROPOSITUN AREKLAMENTO: I Board of Trustees (“Board) gi Northern Mariana Islands Retirement Fund (“NMIRF”), man ma intentiona para uma adopta ya hu petmanente i areklamento ginen i Administrative Procedure Act (“APA”), 1 CMC § 9104(a).

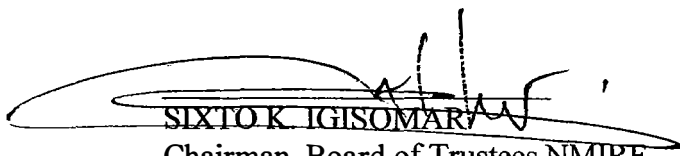
ATORIDAT: Gai atoridat i Board para uma adopta Rules & Regulations para i administracion ya para uma tatiyi i lai ni ha gobebietna i chechoniha gi halom 1 CMC § 8315(g).

I PROBENSION YAN SUSTANSIA: Historian i areklamento siha: Amdts Adopted 29 Com. Reg. 26676 (July 18, 2007); Amdts Proposed 29 Com. Reg. 26561 (June 18, 2007); Amdts Adopted 28 Com. Reg. 25536 (Mar. 30, 2006); Amdts Proposed 27 Com. Reg. 25353 (Dec. 30, 2005); Amdts Proposed 27 Com. Reg. 25043 (Oct. 24, 2005); Amdts Adopted 16 Com. Reg. 12439 (Sept. 15, 1994); Amdts Proposed 16 Com. Reg. 11874 (May 15, 1994); Amdts Adopted 16 Com. Reg. 12323 (Aug. 15, 1994); Amdts Proposed 16 Com. Reg. 11921 (June 15, 1994); Amdts Adopted 16 Com. Reg. 11694 (Feb. 15, 1994); Amdts Proposed 15 Com. Reg. 11162 (Dec. 15, 1993); Correction Adopted 15 Com. Reg. 10820 (Sept. 15, 1993); Amdts Adopted 15 Com. Reg. 10571 (Apr. 15, 1993); Amdts Proposed 14 Com. Reg. 10203 (Dec. 15, 1992); Adopted 12 Com. Reg. 7444 (Nov. 15, 1990); Adopted 11 Com. Reg. 6624 (Nov. 15, 1989); Proposed 11 Com. Reg. 6298 (July 15, 1989).

THE SUBYEKTO NI I TINEKTEKA: I propositu para u ma amenda ha na klaro i hafa kumeke ilegña “i accredited institution of higher learning: yan lokkue ha nannae instrumento para uma nanalo tatte ya u ma recognisa i degree ni ma risibi ginen foreign institution pot para uma na’e awarding education service credit para i membron i Defined Benefit Plan ni ma risibi i degree antes de i P.L. 13-60 ha laknos i education service credit gi Desiembre 5, 2003. Lokkue, i proposito ni para u ma amenda ha na klaru taimano i Fund para u ditetmina kao eyo na degree parehoña eyo na degree ginen I U.S.

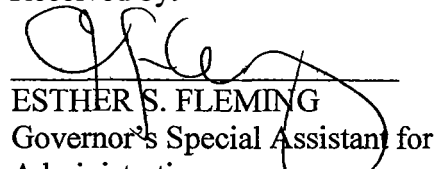
DIREKSION PARA MA NA FAN HALOM YAN MA PUBLISA: I Board man mangagagao I publiku na yanggen guaha hafa minalagon niha pat sino hinasso siha pot este siha ni para u ma amenda na areklamento, pot fabot, tugihi siha gi halom trentai dias (30 days) diesdi ki anai ma publisa este na notisia gi halom I Commonwealth Register. Siña ha ma na hanao gi Post Office pat u mana hanaon email para I Fund. Yanggen guaha interesao para u taitai pat u guaha copen-niha ni este na areklamento, siña ma agang pat ma email i Fund pat sino ma download i copeha ginen I website i Fund gi: <http://www.nmiretirement.com>.

Submitted by:


SIXTO K. IGISOMARY
Chairman, Board of Trustees NMIRF

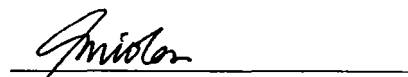
4/19/2011
DATE

Received by:


ESTHER S. FLEMING
Governor's Special Assistant for
Administration

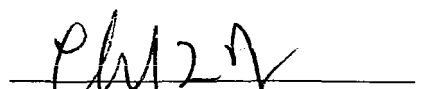
4/20/11
DATE

Filed and Recorded by:


ESTHER M. SAN NICOLAS
Commonwealth Registrar

04.20.2011
Date

Ginen 1 CMC § 2153(e) (AG para u ma apreba este na areklamento para uma proklama mona) yan 1 CMC §9104(a)(3) (Appreban i AG) este na areklamento ni ma propositu esta ma taitai yan ma apreba gi areklamenton lai ginen I CNMI Attorney General ya u ma publisa, 1 CMC § 2513(f) (publication of rules and regulations)


EDWARD T. BUCKINGHAM
Attorney General

4-20-11
Date

APR 09 1995

Directive No: 161

DIRECTIVE

TO: ALL EMPLOYEES AND DEPARTMENT HEADS
FROM: GOVERNOR
SUBJECT: AUSTERITY MEASURES

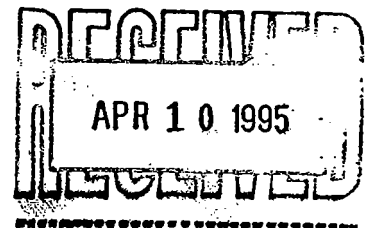
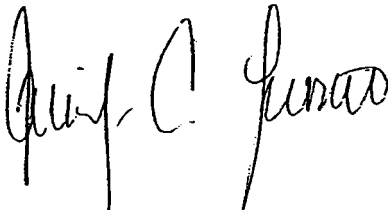
In keeping with the statements and objectives recently presented in my Budget Statement of Fiscal Year 1996, I direct the Secretary of Finance and the Special Assistant for Management and Budget to carry out the following austerity measures. Effective immediately and until further notice, all within grade increases are suspended, and conversions authorized but unfunded by Public Law 7-31 are also suspended. Merit increases for all employees are suspended until further notice.

New hiring is suspended across the board. The only exceptions permitted will be for critical positions in health, public safety, law enforcement, legal representation. Exceptions will be made for new positions and contracts required of approved federal programs and grants.

Government departments and agencies can help to control expenditures by conserving water and power consumption thereby reducing the government's utility obligations. There will be a reduction in government travel. From now on all travel authorizations will be reviewed by the Special Assistant for Budget and Management. Final approval rests with me. There will be no overtime except during emergency conditions. There will be no exceptions. Last year we expended over \$2.8 million in unbudgeted costs for overtime for public safety alone.

Professional service contracts will be limited to those that are necessary to implement ongoing reforms in the area of health, immigration, labor, and law enforcement and in furtherance of other executive initiatives.

Your cooperation is appreciated.



DIRECTIVE NO. 162

APR 25 1995

TO : Managing Director, Marianas Visitors' Bureau
Executive Director, Council for Arts and Culture

FROM : Governor

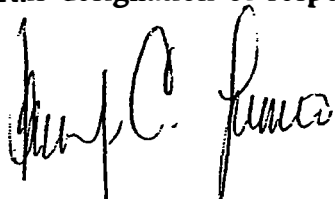
SUBJECT : Coordination with the Council for Arts and Culture and Marianas Visitors' Bureau

The success of our tourism activities relies much on our peoples' heritage and the beautiful islands we live in. Executive Order #26 resolves that the Council for Arts and Culture take active roles in the promotion and development of the arts and cultural activities within the Commonwealth. The Marianas Visitors' Bureau also addresses the promotion of our cultures through tourism activities. It is vital that these agencies work closely to ensure success of our activities in line with promotion of our arts and cultures.

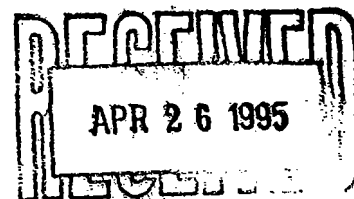
Therefore, the Marianas Visitors' Bureau should work together with the Council for Arts and Culture in all promotional activities so as to ensure that we maximize the success of our mutual goals.

To facilitate the important work ahead of you, I am designating a Board member of the Arts Council, namely Ms. Carmen Gaskins, as liaison to the Board of Directors for the Marianas Visitors' Bureau. Likewise, I am designating a Board member from the Marianas Visitors' Bureau, namely, Mr. Joe Ayuyu, as liaison to the Council for Arts and Culture Board of Directors.

This designation of responsibilities takes effect immediately.



FROILAN C. TENORIO



xc: Board of Directors, Council for Arts and Culture
Board of Directors, Marianas Visitors' Bureau
Department Secretary, Department of Community and Cultural Affairs
Department Secretary, Department of Commerce

DIRECTIVE No. 163

MAY 30 1995

TO : All CNMI Government employees

FROM : Governor

SUBJECT: New law on government vehicles

The government vehicle law which I recently signed includes stiff penalties for government employees who misuse or abuse the privilege of driving a government vehicle, including fines of up to \$500 and/or imprisonment for three days. I observe violations daily and am hereby informing you that this will not continue. Law enforcement personnel are also advised that I expect this law to be enforced to the letter.

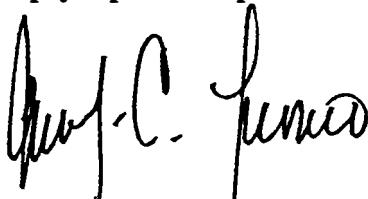
The most important matter established by our new law is that government vehicles are to be used for official government business only. This may sound very simple, but for those who do not know, going drinking in nightclubs, dropping children at school and hauling windsurfers to the beach—among only a few examples—do not qualify as official business.

All government vehicles must be clearly marked as such and carry government license plates. Government employees who drive outside of government working hours must have authorization to do so and had better be able to show that the purpose of the trip is to do official business.

Only government employees, elected officials and law enforcement personnel may drive government vehicles. Official guests and visitors to the Commonwealth may be allowed to drive government vehicles as a courtesy. However, your husband/wife or children are never authorized to drive a government vehicle assigned to you.

Elected officials are generally exempt from provisions of this law, including the requirement that vehicles be used only for official business. However, window tinting is prohibited in all government vehicles with the single exception of certain law enforcement vehicles.

Let me remind you one more time. Official government vehicles will be used for the benefit of the public and do not constitute a right given to you in exchange for your government service. Act responsibly if you want to continue enjoying the privilege of taxpayer paid transportation.



FROILAN C. TENORIO

DIRECTIVEDATE: JUL 12 1995
No. 164

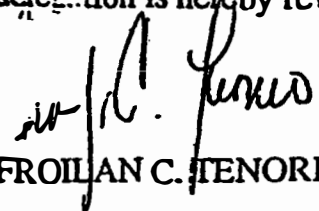
TO : All Resident Department and Activity Heads, Rota and Tinian
FROM : Governor
SUBJ. : "Enforcement" Agencies

The recent court decision in Inos v. Tenorio states that the Mayors of Rota and Tinian have limited authority over "administration", but no authority over "enforcement", unless the Governor chooses to delegate power to them.

The Court's decision requires us to distinguish between "enforcement" agencies and "administrative" agencies.

We are reviewing the duties of the various agencies in order to determine which category they should be put in. Additional directives will be issued to clarify this matter.

Meanwhile, however it is clear that certain agencies are unquestionably "enforcement" agencies. The Department of Public Safety, the Department of Immigration and Labor, the Division of Customs, and the Division of Fish and Wildlife, and the Alcoholic Beverage Control Board are all primarily charged with enforcing the law, and the Mayor has no authority over them at all. I have made, and will make, no delegation of authority to the Mayors in these agencies. Any past delegation is hereby revoked.


 FROILAN C. TENORIO

RECEIVED 17 JUL 1995

~~JUL 17 1995~~ Directive No: 165

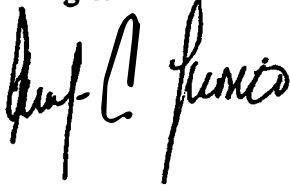
DIRECTIVE

TO: ALL EMPLOYEES AND DEPARTMENT HEADS

FROM: GOVERNOR

SUBJECT: MODIFICATION OF DIRECTIVE NO. 161

Effective immediately the Office of Management and Budget is directed to begin processing Within Grade Increases (WGI). All other austerity measures remain in full effect. Except that Labor is excluded from the application of these measures because of the need for dramatic changes in the division. The Special Assistant for Management & Budget has the authority to use his discretion in the allocation, reprogramming and transfer of funds between departments and agencies. Please extend your cooperation to him.



DIRECTIVE

DATE: SEP 22 1995
No. 166

TO : All Department and Activity Heads
FROM : Governor
SUBJ. : Housing Task Force

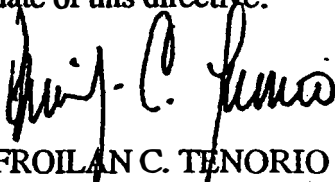
There is hereby established a Housing Task Force consisting of the following persons:

Juan S. Tenorio, Chairman
Joaquin I. Pangelinan
Edward M. Deleon Guerrero
Timothy P. Villagomez
Herman Q. Guerrero
Edward H. Manglona
Carlos A. Shoda
Evelyn Y. Tenorio
Eliceo D. Cabrera

The primary mission of the Housing Task Force shall be to investigate, identify, and recommend various means to mobilize capital to finance home ownership by the people of the Commonwealth.

The Housing Task Force shall also recommend innovative ways to make affordable housing available in connection with the homestead program. In addition, the Housing Task Force shall advise the Governor regarding the future of housing development in the Commonwealth, including the relationship between housing patterns and preservation of indigenous cultures.

The Chairman shall call an initial meeting of the Housing Task Force within two weeks of the date of this directive.



FROILAN C. TENORIO

DIRECTIVEDATE: OCT 17 1995
No. 167

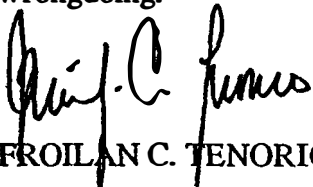
TO : All Department and Activity Heads
FROM : Governor
SUBJ. : Misuse of Public Office

It has come to my attention that certain law enforcement and licensing officials have misused their badges and/or positions to obtain "free" meals at Commonwealth restaurants and bars. As described to me, one such practice involves a group of people, including the government official, eating their meal at a restaurant and afterward, when the check is presented, the government official flashing his/her badge with the expectation that the check will be waived and that the meal will be on the house.

If this practice does, in fact, exist, I expect that it will cease immediately. As you are well aware, it is unlawful for government officials to use their positions to exert such benefits. I expect each of you to notify each and every employee that could possibly use their position for improper purposes, that such practice will not be tolerated. I would assume that, if such practice exists, it is not limited to the restaurant and bar industries.

By this memorandum I am also directing the Public Information Office to issue a press release notifying the public that the practice described above is unlawful and that any attempt by a public official to improperly use his/her badge or "office" should immediately be reported to the Attorney General's Investigation Unit for further investigation. The Secretary of Commerce is further directed to prepare a notice pertaining to this same subject matter that will thereafter be distributed to all business license applicants and current business licensees upon their license renewal.

Employees found to have unlawfully exerted their position shall be subject to employment termination and, at the discretion of the Attorney General's Office, prosecuted for criminal wrongdoing.



FROILAN C. TENORIO

DIRECTIVE

DATE: NOV 6 1995
No. 168

TO : All Department and Activity Heads
FROM : Governor
SUBJ. : No-Smoking Policy

On March 27, 1995, I was compelled to veto House Bill 9-94 which, if enacted, would have regulated and/or prohibited smoking in all public places including the workplace. Although I fully supported those provisions of the bill that prohibited smoking in publicly owned buildings and facilities, I could not support the bill because it proposed to regulate smoking at other establishments which would have had a detrimental impact on the Commonwealth's tourism industry. It was for this latter reason, and because the enforcement provisions of the bill were weak, that I vetoed H.B. 9-94.

I fully agree with the Legislature's findings in H.B. 9-94 that the use of tobacco products is detrimental to the health and well-being of the people of the Commonwealth. Numerous studies have led to the inescapable conclusion that smoking causes cancer, heart disease, emphysema and other respiratory diseases. If such health related illnesses only affected those persons who smoked, restricting smoking from the workplace might be a debatable topic (notwithstanding the fact that tobacco smoke causes damage to publicly owned property, leaves a distasteful odor objectionable to many, causes increased absences by employees who do smoke, and costs the Commonwealth considerable money in treating those employees with smoking-related illnesses/chronic diseases). It is well documented that non-smokers who are exposed to "second-hand smoke" are susceptible to the same tobacco-related illnesses that afflict smokers as well as potential aggravation of non-smoking related illnesses (e.g. asthma, upper respiratory infections, etc.).

It has been my desire that the Legislature would revise H.B. 9-94 and, in so doing, address my concerns about where smoking should be regulated. Since the Legislature has not yet acted on this subject, I am hereby implementing a no-smoking policy that will be effective as to all Executive Branch buildings, offices, facilities, and automobiles. Until such time that the Legislature passes revised legislation regarding smoking, it is my hope that the Legislature, the Judiciary, PSS, NMC, and the various Commonwealth municipal offices will also implement a no-smoking policy for their respective workplace environments.

The government cannot and should not control whether its employees smoke on their own time away from the office. However, the government can control whether smoking is permitted at the workplace. Smoking is not a right of employment. As provided in Article I, Section 9 of the Commonwealth Constitution, all persons have a constitutional right to a clean and healthful public environment in all areas including the air. This right must be protected and respected.

Therefore, effective January 1, 1996, a no-smoking policy shall go into effect for the entire Executive Branch of Government. Employees and visitors to Executive Branch facilities shall not be permitted to smoke in any building, office, hallway, restroom, elevator, waiting area, or any other private or common enclosed area controlled by the Executive Branch. This policy shall also apply to all Executive Branch motor vehicles. There shall be no exceptions to this policy which shall be in force 24 hours a day.

There shall be prominently posted at every entrance to and egress within every Executive Branch building and facility either a sign or a sticker indicating that smoking is not permitted within the building or facility. The Special Assistants for Administration and Planning shall coordinate the effort of determining where such signs/stickers are to be located and insuring that the signs/stickers are posted in English and other languages as may be appropriate for every Executive Branch building or facility. They will also, to the extent practicable, establish areas outside of publicly owned Executive Branch buildings (not immediately in front of any entryway to the building) where smokers may smoke and dispose of their cigarette and cigar butts. The Special Assistant for Planning shall be tasked with designing the signs and stickers. The Department of Public Works shall be charged with either creating or procuring the signs/stickers and placing them as directed by the Special Assistants for Administration and Planning.

It shall be the duty of each Department's Secretary, Division's Director or other supervisor to enforce the no-smoking policy. Where a Secretary, Director, or other supervisor may, in fact, violate the policy, it shall be an employee's right to notify the Director of Personnel to help enforce this policy. No person in a supervisory capacity may use their position to prevent or coerce an employee from attempting to have this no-smoking policy enforced.

I expect that this directive will be fully carried out and complied with. This directive shall be prominently posted in every Executive Branch building and facility and shall be immediately distributed to every employee. Any violation of this directive by an employee will subject that employee to a written warning, suspension, and possible employment termination for repeat violations. Employees shall be responsible for ensuring that visitors to their building, office, or facility respect this policy.

I am well aware that this no-smoking policy will be difficult for some employees to follow. That is why I am delaying the implementation of this directive until January 1, 1996. I hope that this advance notice will give employees time to adjust their habits and to seek help or counseling if needed or desired. Those employees desiring help can contact either Joseph Villagomez, the Drug Addiction Specialist at the Commonwealth Health Center (234-8950) or Josephine Sablan, Deputy Secretary of Public Health Administration (234-8950).

It is important that all employees work in as clean and healthful environment as can be provided. The Commonwealth should follow the example set by many cities and states in the United States and ban smoking to the practicable extent possible.



FROILAN C. TENORIO

- cc: Speaker of the House
- Senate President
- Chief Justice
- Presiding Judge, Superior Court
- All Mayors
- Chairman, Board of Education; Commissioner, PSS
- Chairman, NMC Board of Regents; President, NMC
- Chairman, All Municipal Councils
- Resident Representative to the U.S.

DIRECTIVE

DATE: DEC 26 1995
No. 169

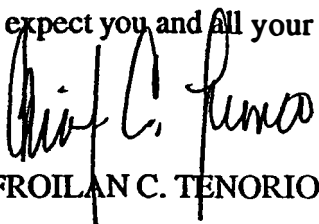
TO : All Department and Activity Heads
FROM : Governor
SUBJ. : Responses to the Public's Questions

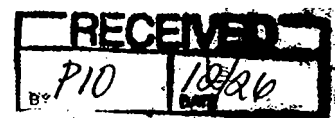
It has been brought to my attention that, on numerous occasions, some offices appear to be giving members of the public (our bosses) the run-around. When anyone calls your office, they deserve to speak to someone who knows the answers to their questions or will conscientiously make every effort to get the answers and let the inquirer know.

Those persons answering your telephones should be knowledgeable enough to know who can help callers. If they are not, remove them! There are instances of callers being "referred" to three or more wrong offices. These callers are more than justified in being frustrated. They can't help but feel the public servants they deal with either don't know what they're supposed to be doing or they are lazy and are only "passing the buck" to avoid a little extra work. Those conscientious employees on the end of the "buck passing" also become frustrated, especially when referring the caller to the appropriate department or division and are told "they referred me to you". In trying to be helpful, they take on the unnecessary burden of doing others' work.

When the public calls your office to ask information that is rightfully within your area of responsibility, do not ask them to call other offices. Take the necessary time to get the information they need. If that information is not readily available, take the caller's name and number and get back to him/her with the information in a timely manner. For example, I have been told that callers requiring information about taxes, licenses and other fees have called the Division of Revenue and Taxation and have been referred to Finance's main office; then to the Attorney General's Office; then to the Legislative Review Office; and so on. The same thing has happened with questions regarding labor laws or regulations. There is no excuse for this. I don't want to hear any more complaints from the public about this matter. If I do, you can be sure I will hold you personally responsible and take appropriate action.

I expect you and all your employees to adhere to this directive at all times.


FROILAN C. TENORIO



DIRECTIVE

NO: 170

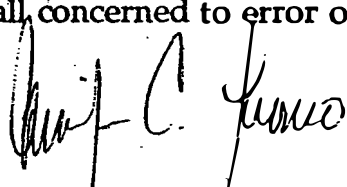
No. JAN 10 1996

TO: All Department and Activity Heads
FROM: Governor
SUBJECT: Proper Attire in the Work Place

In a continuing effort to increase the professionalism of our public servants, I am directing that all government employees, effective January 15, 1996, dress in proper attire that is suitable for the work place. No longer will blue jeans, spandex or stretch pants, shorts, t-shirts and other leisure wear be permitted to be worn by government employees while at the work site while on official time.

All activity and department heads shall inform their employees of this policy and make clear that any infraction of this directive will result in the employee taking the necessary leave from work to go home and return to work in appropriate attire. Time keepers shall be required to monitor all absences for any future review by the Public Auditor.

The only exception to this directive shall be those employees whose work requires them to do field work such as linemen at CUC, mechanic and maintenance staff. Employees are asked to consult with their immediate supervisor should they have any questions. When in doubt, I would advise all concerned to err on the side of appropriateness.



FROILAN C. TENORIO

